



Inspection Report on

Tan Y Marian

**Morfa'r Garreg
Pwllheli
LL53 5BB**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

3 July 2024.

03/07/2024

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About Tan Y Marian

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Gwynedd Council Adults and Children's Services
Registered places	9
Language of the service	Both
Previous Care Inspectorate Wales inspection	8 August 2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People are supported to be as independent as possible in Tan Y Marian. People benefit from being cared for by a consistent staff group who know their needs well. People spoken with are happy with their care and feel they are amongst family. The home presents as clean and tidy and people can personalise their own rooms to a high degree. The décor in some communal areas is tired, we are told plans are underway to update and refresh the home. Medicines management is satisfactory, and people can access and receive health care in a timely way to remain as healthy as possible. The manager is visible, and staff spoken with say they are supportive and approachable. The Responsible Individual (RI) visits the home regularly and provides quality reports in line with the regulatory requirements. Action is required to ensure people can access information regarding the service which is available in an appropriate format for their needs.

Well-being

People are supported to be as independent as possible and can have daily choices. People attend day care services and go for days out with family members. People are encouraged to do daily activities such as their laundry and we saw a person had been potting up flowers in the courtyard. People have choices regarding their meals which are cooked on the premises. Most people were in the lounge and were talking to each other and care staff members. Both people and care staff said they are, "*like family*". People spoken with said they are happy living in the home. A person's relative said, "*I can't praise the home enough.*" People are happy with their rooms which are large and airy with their own choice of décor. Most staff can speak Welsh and give an active offer of the language to people. Personal plans acknowledge people's choice of first language and individual preferences, routines and personal history are recorded. Care staff are aware of local safeguarding protocols to keep people safe. People can access an advocate if they need one. There is no easy read guide regarding the service at present, this needs to be addressed to ensure people have information to make an informed decision about living in the home.

Care and Support

People receive person centred care according to their plan of care. A person told us they were, "*happy and having a good day.*" We observed care staff are skilful in supporting people who are displaying anxiety through their behaviours. Care staff speak to people in a respectful, friendly way and know people's needs well. People's personal plans are re-assessed on a quarterly and annual basis and are updated as people's condition changes. There is a consistent care staff group who provide people with continuity in their care.

People are assessed prior to admission to the home to ensure the service can meet their needs. Care staff meet people in their own homes to introduce themselves prior to admission. People are given time to consider if the service is appropriate for their needs. Health care professional visits are documented as are any instructions and outcomes. People can access health care advice in a timely manner to maintain their health. Falls and accidents are reported appropriately, and risk assessments are put in place to try and mitigate further risks. Sensitive information is kept in a locked office to ensure confidentiality.

We saw medication administration and storage is good in the home. No signature gaps were seen on people's medication charts. Medications are stored appropriately and used medications are disposed of safely. A good audit trail is maintained regarding medications which come in and go out of the home. Care staff receive medications administration training and competency testing. The local chemist provides support for the home and endeavours to deliver prescriptions in a timely way.

Environment

People spoken with are happy with their rooms which can be personalised to a high degree, we saw a person had been taken out shopping to choose new wallpaper for their room. The home presents as clean and tidy as are outside areas which have places for people to sit out in good weather. The service has identified communal areas requiring maintenance, plans are underway to update and refresh these areas. Facilities in the home are satisfactory and are compliant with the regulations.

People can access equipment needed for their care. Health and safety assessments and records for the home are frequently assessed and updated for people's safety. Utility checks such as water, gas and electricity are frequently reviewed and safety certificates were presented at our request. Fire checks are regularly performed and recorded. Indemnity insurance for the service is within date. The hygiene and infection control practices are good, and staff have access to personal protective equipment (PPE).

Leadership and Management

The RI visits the home regularly and provides quality reports in line with the regulations. The manager told us they are supported by the RI and receive training as required. Core policies are in place in the home, a clearer audit trail of policies and key documents would be of benefit to the service and Care Inspectorate Wales, these are to include review dates. The Statement of Purpose document is representative of the service and was last reviewed in 2023. Work is required to ensure people can access information regarding the service which is available in an appropriate format for their needs. This is an area for improvement, and we expect the provider to take action.

We saw employment practices are good and checks are in place to ensure care staff are appropriate to work with vulnerable adults. We saw from care staff records and were told by care staff that they receive training and regular supervision to support them in their role. Care staff spoken with said the manager is visible and supportive of their needs. Care staff are happy in their work and feel, "*part of a family.*" Care staff provide 24-hour care as per the work rota.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
19	The Statement of Purpose and Service Users' Guide has not been adequately updated and reviewed in order to meet the requirements of the regulations.	Not Achieved

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