



## 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**

**26 July 2022**

**Welsh Government © Crown copyright 2022.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Tan Y Marian

|  |  |
|--|--|
| Type of care provided                                      | Care Home Service<br>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                | <a href="#">Manual Insert</a><br>This was the first inspection for the service under The Regulation and Inspection of Social Care Act (Wales) 2016.  |
| Does this service provide the Welsh Language active offer? | Yes. 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 benefit from care given by care support workers who know their needs well. People are supported to be a part of the local community and to be as active as they can be. The service can offer a full active offer of the Welsh language. Care is offered in a person-centred way and people can influence the care given to them and make daily choices. People are supported to maintain contact with loved ones and celebrate special events with them.

The home is welcoming and homely. People can personalise their own rooms to a high degree. There is an ongoing programme of maintenance in the home to address the identified maintenance needs such as new flooring in certain areas. The home presents as clean and tidy.

The manager of the home is available most days and is supportive of staff. The responsible Individual (RI) oversees the service to ensure staff can perform their role and meet people's needs. The Statement of Purpose and Service User's' Guide have not been reviewed and updated annually as required by the regulations. Whilst this has not had an adverse impact on the service, we expect the provider to take action, and this will be tested in the next inspection.

## Well-being

People are central to their plan of care and can influence their daily lives. We saw photo albums of people on days out and celebrating special events with staff and family/friends. People can go on days out and frequently go out to the local town. People are supported to be active and participate in local events. We saw some people site their best friends as being the staff in the home. We observed staff and people have close and warm relationships, staff also treat people with dignity and respect. We observed people are given choices regarding meals and snacks and how to spend their day. The home has access to transport to take people on days out, some residents have their own vehicles also.

People are encouraged to be as active as possible to remain stimulated and included in the local community. People have a full active offer of using the Welsh language, many are first language Welsh speakers as are the staff. People spoken with praised the staff, one person told us in Welsh, that they were happy in the home and considered the staff to be friends, "*dwi yn hapus yma, mae y staff yn dda, mae nhw yn ffrindiau I mi.*" People told us they were supported to be independent and could make their own meals and do their own laundry as able. People can remain in contact with family and friends. People told us of celebrating their birthdays and going on days out with their families and said they were happy living in the home.

Care support workers can describe the safeguarding process should they need to use it. The quality of care given to people is audited to ensure they are not neglected in any way and that their needs are met. The service is aware of the notification process should they need to report any incidents.

The home presents as clean and tidy. There is an ongoing maintenance process to keep the home in good order. People can personalise their rooms to a high degree, people can choose their décor and furniture. Each room is different and reflected the personality of the person living there.

## Care and Support

People's personal care and support plans are personalised to their individual needs. We were able to see a pen portrait of the person, their likes, and dislikes. Plans gave sufficient detail to instruct care workers regarding people's care, although additional detail in certain plans would be of benefit. Care plans and assessments are not always reviewed and updated; the manager assured us this would be addressed as a matter of urgency. This will be tested in the next inspection.

People are supported to remain healthy. We saw from personal plans that care staff identify when people are unwell and respond appropriately. The manager said the GP holds weekly clinics and contacts the home regularly. The local pharmacy responds quickly to the home's needs and are flexible in their approach. People are assisted to attend health care appointments and any outcomes and instructions are documented in people's personal plans.

People have sufficient diet and nutrition. People can choose their preferred meals. People are also encouraged to cook their own meals as able. People's weights are monitored, as are other health indicators to ensure people are as healthy as possible. People spoken with said they enjoy their meals and can access drinks and snacks as they want them.

People have been protected during the Covid-19 pandemic. Visitors are asked for their Covid test results on admission to the home. People can access Covid-19 vaccinations if they choose to have them. We saw there was a good supply of Personal Protective Equipment (PPE) and that staff wear it appropriately.

## Environment

People are protected by means of environmental risk assessments. The required checks regarding fire, water and electricity safety are in place. Documentation is sometimes incomplete regarding outcomes of identified risks in the environment. The manager was able to explain outcomes during the inspection, a robust written audit trail is required to further evidence this and will be tested in the next inspection. People have personalised emergency evacuation plans to ensure their safe care should there be an emergency. Environmental risks for each resident are considered in their plans.

The home presents as clean and tidy. People help to keep their rooms tidy as able. The home has housekeeping staff to maintain hygiene within the home. There is an ongoing maintenance plan for the home, some flooring, furniture, and white goods have been replaced. The manager identified areas where maintenance is required, and flooring is to be replaced and assured us these are in hand to be replaced or made good.

Visitor Covid status is checked on admission to the home. Residents and staff are also frequently tested, and people can access Covid-19 vaccines should they choose to have them. There are plenty of Personal Protective Equipment (PPE) in place. There are hand-washing stations and hand sanitiser available for use. People have been supported throughout the Covid pandemic and staff have worked hard to maintain as safe an environment as possible for them.

## Leadership and Management

There is a clear managerial structure in the home. The Responsible Individual (RI) has supported the manager of the home by phone and virtually during the pandemic. The manager stated she feels supported by the RI. The RI is required to perform physical visits now the pandemic is subsiding, this will be tested in the next inspection.

Documentation such as the Statement of Purpose and Service User's Guide are out of date. These documents inform people about the care and services they can expect whilst living in the home. Amendments were also required to the documentation following the service's registration under the Regulation and Inspection of Social Care Act (Wales) 2016. These amendments have not been actioned. The manager assured us this will be done as soon as possible and was an oversight. Whilst we could see no immediate impact due to this on the service received by people, we expect the provider to take action, and this will be tested in the next inspection.

Staff spoken with said they were happy working in the home and felt well supported by the manager who was approachable and available to them. Staff said they received adequate training and supervision to enable them in their daily work, this was also evidenced by training and supervision documentation. Staff are safely recruited into the service and adequate checks are in place to ensure they are appropriate to work with vulnerable adults. The provider has not declared any financial difficulties to Care Inspectorate Wales (CIW).

### Summary of Non-Compliance

| Status              | What each means   |
|---------------------|---|
| <b>New</b>          | This non-compliance was identified at this inspection.  |
| <b>Reviewed</b>     | 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. |
| <b>Not Achieved</b> | Compliance was tested at this inspection and was not achieved.  |
| <b>Achieved</b>     | 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. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---------|--------|
|------------|---------|--------|

|    |  |     |
|----|--|-----|
| 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. | New |
|----|--|-----|

**Date Published** 24/10/2022