



## Inspection Report on

**Marbryn Residential Home**

**MARBRYN RESIDENTIAL HOME  
NORTH ROAD  
CAERNARFON  
LL55 1BA**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

11/06/2019

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## **Description of the service**

Marbryn is a care home situated in the centre of Caernarfon. It is within walking distance of shops, transport links and amenities. The home is owned and managed by Ms Belinda Downey who is a registered manager with Social Care Wales (SCW) and as the responsible individual (RI) with Care Inspectorate Wales (CIW).

The home is registered with CIW to provide personal care and accommodation for 18 adults. There were 17 people in residence on the day of inspection.

## **Summary of our findings**

### **1. Overall assessment**

People living in Marbryn experience a warm, friendly service. People receive continuity of care from a stable, well supported staff group. The home is fresh and clean. People and staff commented that it is a *“home from home.”*

### **2. Improvements**

This is the first post registration inspection under the Registration and Inspection of Social Care Act (Wales), 2016 (RISCA). Any resulting improvements will be reported in future inspections.

### **3. Requirements and recommendations**

The provider is meeting legal requirements. Section five of this report sets out our recommendations to improve the service.

These include:

- Health and Safety.
- Record keeping.
- Medicines management.

# 1. Well-being

## Summary

There is a warm, inclusive, atmosphere in the home. People are treated with dignity and respect. People can be as active as they wish to be and have daily choices. The service provides people with sufficient diet and hydration.

## Our findings

People feel at home and have friendly relationships with staff. We spoke with people living in the home who praised the staff, food and general atmosphere. One person told us, *"It's a home from home. The staff are wonderful."* We observed staff treated people with warmth and knew of their preferences and daily routines. People told us they were treated with dignity and respect. People told us they had daily choices such as when to get up, go to bed and when to eat. This was corroborated in people's personal plans which noted people's preferred daily routines, likes and dislikes. People's preferences are respected.

People are as active as they wish to be. People told us they had a choice of whether to stay in their rooms or go down to the lounge. People's rooms were comfortable and they enjoyed watching TV or listening to the radio. We saw arts and crafts that people had made. This included colourful bunting in the dining room that people had painted with floral designs. Staff showed us materials which they were going to make into raised soil beds for people to garden. Staff told us several people living in the home were knowledgeable about gardening and one person liked to take responsibility for caring for hanging baskets and watered them daily. People told us they were able to go out to the local shops or go out for the day with family and friends. We saw posters on the noticeboard in a corridor advertising events and visits from a bilingual singer. People can be as stimulated and active as possible.

People enjoy the food provided. The home has a four week rolling menu with a main meal at lunch time and lighter fare in the evening. We saw meals were cooked from fresh ingredients. People had two choices of meals but could also have an alternative if they did not like what was on offer. Special diets were catered for and the chef was aware of appropriate foods for people such as gluten free. People could use the kitchenette to make snacks and drinks and were supported to maintain their independence. We saw people making drinks which were available throughout the day. People told us the food was good and they enjoyed it. People have sufficient diet and drinks to maintain their health and enjoyment.

## **2. Care and Development**

### **Summary**

People receive timely, appropriate care. People have their rights safeguarded. The service is mindful of treating people in as safe a manner as possible.

### **Our findings**

People have the right care, at the right time and in a way that they prefer it. We saw people's personal plans were centred on their individual needs. A new reporting system had been devised and work done on personal plans to ensure they were person centred. They included people's likes, dislikes and preferred daily and nightly routines. We recommended aims and goals should also be completed concerning people's care needs, for instance, catheter care and insulin dependent diabetes. This would provide staff with an audit trail to measure people's progress and safe care. We saw evidence of good partnership working with allied health care professionals. We saw people had regular GP, chiropody and optician reviews, the outcomes for these visits were documented in people's care records. The service provides people with support to maintain their health.

People have their rights safeguarded. We saw evidence in people's personal plans that the Deprivation of Liberty Safeguarding (DoLS) was appropriately and effectively used for people. DoLS decisions and reviews were up to date. People told us they had daily choices and were free to go out as they wished. People's first language choices and ethnicity were documented in their personal plans. All staff could speak Welsh and English and the service offered an active offer of the Welsh language. People are supported to maintain their liberty and rights.

The service is mindful of people's safety. Risk assessments were up to date for the building and facilities. We saw risk assessments had been updated for each individual, for instance moving and handling, nutrition, risk of falls. Each person had an up to date Personal Emergency Evacuation Plan, (PEEP), to ensure safe evacuation during a fire or emergency. People at risk of falls had low beds and sensor mats to ensure their safety as far as possible. We saw moving and handling equipment such as hoists were provided to ensure people were moved safely, these had been tested and serviced. Medication Administration Records (MAR) were colour coded to enable staff to give the medications at the correct times. We recommended that people's photos be added to the charts as per the regulation schedules to identify the correct person had the right medications. We saw a handwritten entry on the MAR sheet for a newly commenced antibiotic. This was checked and signed by one staff member. We advised the RI that two staff should check and sign handwritten prescriptions on the MAR sheet to ensure they were correct. The RI assured us this would be addressed. People receive safe care suitable to their needs.

### **3. Environment**

#### **Summary**

People benefit from living in a home which is well maintained and homely. The building is secure and the service is mindful of data protection.

#### **Our findings**

The home is comfortable and well maintained. There was a dedicated maintenance person working in the home. Décor was fresh and bright in rooms and corridors. We saw laminate flooring in corridors and rooms, staff told us this was easier to clean and maintain than carpet. People's rooms were personalised with photos and personal possessions. Facilities such as the laundry were compliant to the regulations and people were assured of receiving their own clothes back as room numbers were added on clothing labels. The kitchen had a hygiene rating of five which is the highest possible. People praised the environment and told us they felt at home. The home is suitable for its purpose.

The home is run with safety and security in mind. The home has a finger print security device to gain access through the main doors. Families are able to register on the system to gain access to the home. We were asked to sign in and out of the home and were asked for our identification. People's personal records and staff records were kept in a secure manner, there was a lockable office to store records and maintain confidentiality. Medications were kept in appropriate locked trolleys and cupboards. We recommended first floor windows and above should have restrictors to ensure people's safety. We recommended heaters in all rooms used by people should have covers to guard against scalds. The RI assured us these issues would be addressed. Security systems are satisfactory.

## 4. Leadership and Management

### Summary

Staff are well led, trained and supported. Staff recruitment is satisfactory. The RI has met legal requirements.

### Our findings

Staff receive support and training to enable them in their roles. Staff told us they were well supported, *"It's like a family here, you can talk to the manager like a friend and she listens."* We saw evidence of updated staff training. Staff told us, *"They encourage further education and training which I like. They are supportive."* Staff receive regular supervision to ensure good practice. Staff told us they worked well as a team and gave each other encouragement and support, *"We all get on and help each other."* We noted good relationships between people and staff, staff told us they enjoyed working at the home, *"I like coming to work it's so friendly, the residents are lovely, it's like looking after family."* Staff enjoy their work and are enabled to have good practice.

Staff employment practices are satisfactory. Staff files demonstrated safety checks were in date for staff to ensure they were appropriate to work with vulnerable people. Files contained employment histories, references and the required documentation as listed in the regulations. Staff received an induction and training prior to commencing work. Employment procedures in the home are compliant to regulations.

The service is measured as to its quality. The RI is also the manager for the home and is in the home on a daily basis. Staff confirmed this and stated they have good over-site of the service. The RI is compliant to legislation and tests the quality of the service by surveying people and staff views. An annual report is also supplied as per legislative requirements. The next audit will take place in August, 2019. The service is committed to continual improvement.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

Not applicable as this was the first post RISCA inspection.

### **5.2 Recommendations for improvement**

We recommend the following to encourage good outcomes for people.

- Window restrictors to be fitted to all first floor windows and above as per Health and Safety legislation.
- Heater covers to be fitted to heaters in all rooms used by people living in the home to prevent people from scalding.
- Medication Administration Record, (MAR), sheets should contain the person's photograph as per the regulations.
- Hand written entries for medications on MAR sheets should be checked and counter-signed by two members of staff.
- People's personal plans should contain aims and goals for their care. This helps staff to prioritise care and enables them to measure progress.



## 6. How we undertook this inspection

This was an unannounced, full inspection conducted as part of our inspection programme. We visited the home on 11 June 2019 between the hours of 12 and 4:30pm.

The following methods were used:

- We spoke with the manager/RI, five members of staff and two people living in the home.
- We used the Short Observational Framework for Inspection tool, (SOFI version 2). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We toured the home and facilities including a selection of people's rooms.
- We used information stored on the CIW system regarding the service.
- We looked at a broad range of records kept by the registered service. We concentrated on; three people's personal files; three staff records; the previous year's quality audit questionnaires; service risk assessments, people's risk assessments; menus, activity plans, Statement of Purpose.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

Type of care provided	Care Home Service
Service Provider	Belinda Downey
Manager	Belinda Downey
Registered maximum number of places	18
Date of previous Care Inspectorate Wales inspection	9 August 2017.
Dates of this Inspection visit(s)	11 June 2019.
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	This is a service that provides an “active offer” of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.
Additional Information:	

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