



Inspection Report on

Tremora Cottage

Barmouth

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

20/02/2025

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About Tremora Cottage

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Treherne Care and Consultancy Ltd
Registered places	3
Language of the service	Both
Previous Care Inspectorate Wales inspection	12 September 2024
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The main purpose of this inspection was to look at the progress made in relation to areas of noncompliance identified at the previous inspection. We have not looked at all aspects of each theme. This will be carried out at the next full inspection of the service.

People continue to be happy living at Tremora Cottage. People like the care workers who support them, and they spend their time doing things which are important to them. People are supported by staff who are suitably trained and supervised. Action has been taken to ensure people have support in place to facilitate activities outside of the service. Care records are now reflective of the care and support needs of people and are reviewed as required.

Action has been taken to improve the oversight and governance of the service. All members of the management team, including the responsible individual (RI) carry out auditing and quality monitoring so any issues are identified and addressed in a timely manner.

The action taken to address the issues identified at the last inspection, means the risks to people have been eliminated or reduced as far as possible.

Well-being

People have choice and control over their day to day lives. People are encouraged to be independent and direct their own care and support. We saw people take the lead in choosing how they spend their time, what they want to eat and drink and where they want to go. People are encouraged to participate in activities they enjoy such as playing games, going out for day trips, visiting the local town, and staying connected with family and friends. Improvements have been made to care records which we found to be detailed, person centred and include specific guidance about health issues and risks. Records are reviewed on a regular basis and people are involved in this process.

People are supported with all aspects of their health and wellbeing. The provider ensures people access support from external health professionals when needed. Care workers spoke positively about the support from local health services, and we saw processes are in place to support people with ongoing health needs.

People are safe and protected from abuse and neglect. Care workers have completed training about how to safeguard people at risk and can refer to policies which support this practice. Information about people is up to date and relevant so care workers are properly informed about how to support people. Any legal restrictions in place for the wellbeing and safety of people are appropriately requested, recorded, and retained. The action taken to address the issues within the environment and the oversight of the service mean previous risks to people have been reduced or eliminated.

Care and Support

People receive care and support which is person centred and supports them to achieve their personal outcomes. Care records are created and reviewed with people, supported by care workers who know them well and professionals who provide external support. We looked at personal plans and found care needs are recorded in detail and include information from health professionals, including any risks and how to manage these risks appropriately. Care records show people are supported in line with their wants and wishes because daily records are reflective of the information about how people want to live their daily lives found in their personal plans. Improvements have been made to reviewing care records. This is now in line with the frequency stipulated in the regulations and means information in care records is accurate and up to date. Daily records are very detailed and provide an excellent account of what care and support has been delivered. Care workers can explain the importance of accurate record keeping.

Improvements have been made to the daily staffing structure at the service. We found staffing levels are now consistently in line with the assurances given in the services statement of purpose. This means people have access to care workers to support them in daily routines in their home or going out to access the community. The manager has ensured staffing arrangements mean people are supported by staff who have the required skills to meet their needs. Daily records show people are more active, going into the local town, using public transport, and going for day trips. Care workers encourage people to engage in activities they enjoy. We observed a calm and relaxed atmosphere where people were comfortable in each other's presence. People are asked about their language preferences, and we heard people conversing in Welsh and saw bilingual documentation.

Environment

People live at a service which is warm, well maintained, and secure. People can choose to spend time in their own rooms or in communal areas. People's personal rooms are decorated to their taste. Communal areas are pleasantly decorated and very clean. People can come and go from the service as they wish. People have access to a large outdoor space which they told us they enjoy in the summer as it overlooks the sea.

Improvements have been made to the management of health and safety at the service. All routine servicing has been carried out in respect of electrical, gas and water safety. Certificates of works completed are retained to evidence compliance. The manager has ensured weekly health and safety audits are carried out, so any issues are identified and addressed in a timely way.

Improvements have been made to the management of fire safety which supports the servicing and inspection carried out by external fire safety officers. In house fire checks are completed to check the functioning of fire alarms, fire doors and fire equipment. Fire evacuation drills have been carried out and recorded.

Leadership and Management

At the last inspection we identified issues with the ongoing support and development of care workers. At this inspection we found action had been taken to address this. The manager and care workers have worked hard to complete all mandatory training and continue to complete service specific training. This means people are supported by care workers who are confident and competent in their role. The manager has ensured care workers have had an annual appraisal of their work and ensures discussions consider all aspects of health and wellbeing, not just limited to professional development. The provider has ensured people are supported by a sufficient number of suitably trained staff who continue to learn and develop in their roles.

Since the last inspection, the RI has ensured they have visited the service to speak with people and look at areas of service provision. The RI creates a report following their visit to record the conversations which took place, and which areas and records were looked at. This information is shared with the management team as part of quality assurance processes. The manager told us the RI spends time talking to people and looking at records.

Significant improvements have been made to the overall management and governance of service provision. The service is supported by an experienced manager who has ensured the required systems of monitoring and auditing have been implemented. The action taken since the last inspection means people now live at a service which is well organised and supports their care and support needs. The senior management team have revised processes for monitoring quality which ensures actions identified are triaged based on level of risk and assigned a timescale for completion by a specific person. Actions are reviewed as part of each new audit process. The quality-of-care record collates information from several areas of governance to provide an overview of how the service is performing and any actions needed to drive quality. The provider has also developed processes of reflection to ensure lessons are learned from incidents which will improve future practice.

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
34	There are insufficient staff employed to ensure staffing is in line with the assurances in the statement of purpose and to meet peoples identified outcomes. The provider must ensure that at all times there are a sufficient number of suitably trained and supervised staff deployed to work at the service, having regard to the the statement of purpose and to support individuals to achieve their personal outcomes.	Achieved
73	The RI does not visit the service every three months. We identified issues that may have been identified and brought to the providers attention more swiftly had the RI visited more frequently. Oversight of the service is inadequate.	Achieved

26	The provider has not ensured the service provision is delivered in line with the Regulations and the providers processes, placing people at risk.	Achieved
6	The provider has not taken action to address all areas of non compliance identified at the last inspection and has failed to ensure the audit processes are effective in identifying areas for improvement and implementing change. The service provider must ensure the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	Achieved

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 inspection	N/A
44	There remains ongoing areas of health and safety to be addressed within the service which includes repairs to the roof and addressing the waste management system in the service. In service checks of health and safety and fire safety are not carried out on a regular basis. The provider must ensure there is a system of monitoring and auditing in place which ensures safety systems are working to keep people safe.	Achieved
16	The provider has not ensured personal plans are reviewed on a regular basis and updated when there is change to a persons needs. Personal plans must be reviewed at least every three months and updated along with risk management plans where people have a change to their care and support needs.	Achieved

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Date Published 01/04/2025