



## Inspection Report on

**Ty Ross Care Home**

**Ty Ross Nursing Home  
Ninian Street  
Treherbert  
Treorchy  
CF42 5RD**

## **Date Inspection Completed**

18/04/2024

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## About Ty Ross Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Forest Gate Healthcare Ltd
Registered places	38
Language of the service	English
Previous Care Inspectorate Wales inspection	19 April 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People tell us they are happy living at Ty Ross Care Home. Personal plans are in place and care staff tell us they understand people's individual needs. The service liaises with a number of external professionals and referrals are made in a timely manner. A range of meaningful activities are available, and people's dietary requirements are understood. The service benefits from a stable staff team. Housekeeping, kitchen, and care staff have access to sufficient supplies and equipment. Overall medication is administered, recorded, and stored safely.

The environment is homely, secure, and well maintained. Care staff are happy working for the service and feel supported and valued. A range of policies help staff to provide safe and appropriate care. Robust recruitment processes ensure suitable staff are appointed. Staff benefit from training opportunities and supervision sessions. Positive infection control practices are in place and PPE (personal protective equipment) is available. Ongoing maintenance checks ensure equipment is fit for use. The RI (Responsible Individual) maintains oversight of the service.

## Well-being

The service offers choice and recognises individuality. Personal plans consider people's needs, preferences and how they would like their care to be provided. Resident meetings enable people to contribute to discussions and have their voices heard. Menu choices are offered, and preferences around particular foods and drinks are understood. Rooms reflect individual tastes and contain personal possessions. Daily routines are flexible to accommodate individual preferences, and people are able to access communal spaces and spend time in their bedrooms as they choose. A range of views are gathered during regular RI visits.

Care and support is provided in a way people like. People tell us they have good relationships with staff and feel supported and well cared for. Peoples level of independence is understood and recognised, personal plans include details such as '*I like to be independent*' and '*X likes to be self-sufficient*'. Personal plans are available to direct the level of care required and referrals are made to health and social care professionals when needed. Care staff we spoke with have a positive approach to care and are knowledgeable about the people they support. People receive their medication as prescribed which helps them to remain as healthy as they can be. A programme of activities is available to enable people to positively occupy their day. People are protected from harm and abuse. We found regular audits are undertaken by the manager to ensure care standards remain consistent and safe. Records show staff receive ongoing training to ensure they hold the right skills to provide appropriate care. Sufficient staff numbers ensure people's needs can be responded to in a timely manner. A range of policies support good practices. Supervision opportunities and an accessible management team means staff feel comfortable raising any worries or issues. Pre-employment checks ensure people are supported by a suitable staff team. Positive infection control measures are in place and staff tell us they have sufficient access to PPE.

The home environment is warm, clean, and suited to meet people's needs. The building is suitably furnished and safe from unauthorised access. A maintenance person is employed to undertake repairs and checks. Fire safety measures and drills are completed routinely and everyone living at the service has an emergency evacuation plan in the event this is needed.

The service has a Welsh language policy in place. We saw bilingual signage throughout the service. The manager told us they currently have four Welsh speaking staff and no residents speaking Welsh as their first language.

## Care and Support

Overall, plans detail peoples care and support needs. Plans we viewed outline peoples medical background and care needs. Some further work is required to ensure plans are sufficiently detailed when considering behaviours and risks. Reviews take place monthly to ensure plans remain up to date. People confirm they can participate in reviews, but we noted peoples feedback and individual outcomes are not always recorded. Records show referrals are made to a variety of healthcare professionals and monitoring forms are completed as outlined in people's personal plans.

Mixed feedback was provided in relation to meals and menus. Different dietary needs are catered for and understood by kitchen staff. People tell us they like the food provided and are always offered a choice. Comments include *"The food is ok I have no complaints"*, *"the meals are nice"* and *"I have a choice what to eat"*. Staff tell us *"The quality of cooking and presentation could be improved"*, *"Meals have improved a lot, but some improvements are still needed"* and *"Meals can be quite samey and need some improvement."* This feedback was discussed with the manager who is aware of these issues and is working towards improvements in this area.

People like living at the service and feel well cared for. People tell us they feel comfortable living in the service and benefit from positive relationships with care staff. Feedback from people includes *"Staff are brilliant"* and *"They (staff) are good,"* *"I like it here"*, *"I have everything I need,"* *"they look after me,"* and *"I can't fault any of them"*. During the inspection we saw staff engage with people in a kind and friendly manner. Care staff tell us they understand potential risks to people's health and wellbeing and feel confident in providing the correct level of care.

A variety of activities are available. The activities team focus on offering enjoyable and meaningful activities including opportunities to assist with meal preparation, housekeeping, or DIY tasks. People tell us they enjoy taking part in a variety of activities, comments include *"We do bingo, colouring, music and sports days"*. Staff confirm *"People can do something every day"* and *"The meaningful occupation team are amazing in keeping people active"*. Records show visits from external entertainers, birthday, and holiday celebrations, as well as games and craft sessions.

Overall, medication charts and storage is well managed. On the whole we found medication records accurately completed. Regular audits are undertaken to identify and address any errors or gaps. Medication room temperatures are mostly check daily to ensure medication is stored correctly.

## Environment

The environment is well maintained and secure. We found the building free of clutter and hazards. Records show safety checks including gas and electricity testing takes place routinely. Fire alarm checks, emergency lighting and fire drills take place regularly. We saw generic risk assessments for the building and individual risk assessments for various activities undertaken by each person. Personal Emergency Evacuation Plans (PEEP) are in place. These are important as they guide staff on how to evacuate people in the event of an emergency. Records show equipment is serviced and maintained regularly and staff tell us they have access to sufficient resources to provide positive care.

People's wellbeing is supported by a pleasant environment. The service provides an environment with sufficient space for people to move around freely and make choices about where they want to spend their day. We saw the building benefits from ongoing refurbishment including replacement flooring and furnishings/equipment, freshening of paint work and wall murals.

There are effective infection prevention and control procedures. Rotas show there are sufficient housekeeping staff in place and staff tell us they have ample cleaning supplies and equipment. Care staff tell us there are adequate levels of personal protective equipment (PPE) available in the service. The kitchen has been awarded a food hygiene rating of three (generally satisfactory). The kitchen appears well appointed with sufficient supplies.

## Leadership and Management

Staff feel supported by the management team and receive ongoing supervision. Staff report positive relationships with the management team and feel valued by the service. Comments include *“The management team are flexible,” “I’m happy working for the service,”* Staff feel confident in approaching their manager with any queries or concerns, one staff member stated, *“I can talk to the manager anytime”*. Overall staff tell us they receive adequate supervision to support their professional development. Records we viewed show some previous gaps in the frequency of one to one supervision, the manager provided assurances they are aware of this and are working towards improvements.

Staff receive ongoing training and recruitment practices are safe. Both the training matrix and staff we spoke with evidence the service offers frequent face to face training opportunities, which enables staff to feel confident and skilled in their roles. Staff feedback includes *“We have regular training, almost every week we are doing something.”* We found recruitment files are in good order and contain the necessary information and checks to ensure potential employees are suitable to work within a care setting.

Rotas are well managed, and staff work effectively as a team. Staffing rotas evidence a consistent team of staff in place with no use of agency workers. On the day of inspection, we observed adequate staffing levels to ensure people’s needs and requests are met in a timely manner. Staff comments include *“Staff numbers are enough,” “Rotas are well managed” “if we are short (of staff) someone will cover.”* Care staff confirm they have clear roles and responsibilities which helps them to understand their duties and meet expectations. Staff appeared to work well as a team and tell us they are supportive of one another. Various staff members tell us *“We work well as a team”, “We try our best and work well as a team”, “We have really great staff”, “We have come a long way and things have improved” and “Our staff are fabulous, things have changed for the good”*.

A range of up-to-date policies and guidance is available to support safe practices. The manager completes regular audits and checks to support the day to day running of the service. Regular team meetings provide opportunities to share ideas, discuss concerns, or advise of any changes to policies and practices. The RI has systems to enable them to capture people’s views including visits to the service to gather feedback from various parties and to conduct environmental checks.

### 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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