



Inspection Report on

Troed Y Rhiw

**Troed-y-rhiw House
Troed-y-rhiw Road
Mountain Ash
CF45 4LD**

Date Inspection Completed

22 December 2021

22/12/2021

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About Troed Y Rhiw

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rhondda Cynon Taff County Borough Council Adults and Children's Services
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Troed Y Rhiw Care Home is operated by Rhondda Cynon Taff County Borough Council Adults and Children's Services. The home is located in the village of Mountain Ash. The provider has an appointed responsible person to oversee the management operation of the home. The registered provider has appointed a manager who is registered with Social Care Wales.

People enjoy living at Troed Y Rhiw and have good relationships with care staff. People are happy with the support they receive. Care staff are considerate and polite, as well as dedicated to their work. There is a long-standing staff team in place and they know the needs and preferences of the people they care for. Management is visible and approachable.

Care staff have the information necessary to support people and feel well supported by the manager.

There are policies and procedures in place to keep people safe.

Management has good oversight of the service to ensure quality is maintained and improved.

Well-being

People live in an environment that is supportive and provides appropriate care for them. People feel listened to and supported in making choices and their rights are upheld.

People are involved in the planning of their care and the personal plans reflect their needs and wishes. Their individual circumstances determine the care and support they receive. People's particular vulnerabilities, and strategies for protecting them from harm, are identified in risk assessments, which are regularly reviewed.

People commented positively to us about the care they receive, and feel their wishes and dignity are respected. They spoke well of the care staff and told us they enjoyed living in the home. Management is approachable and has an open door policy. Communication with care staff, and people is good. To enable reflecting on the quality of care and making improvements, the service has various formal and informal opportunities for people, and their representatives, to ask questions and to give feedback. Up-to-date written information about the service, and access to advocacy, is available for the interested public.

Systems to safeguard people from harm and abuse are embedded in the service, and care staff have training to recognise signs of neglect, abuse and poor health, so they know their safeguarding responsibilities and can act appropriately.

Care staff are correctly recruited and vetted. They have supervision and say they feel well supported.

Care and Support

The service considers a wide range of information about people prior to them moving in to the service. Information is gathered from the person, relatives and relevant health professionals and an initial support plan developed.

We saw evidence that personal plans provide clear guidance to care staff as to the support needs and planned outcomes for individuals. Staff we spoke with told us that they feel the support plans are clear, reflect individual needs and give the information needed to support people. Where possible people are involved in developing their plan. The service works closely with specialist health care professionals.

People have positive relationships with support workers. People told us that they get on well with staff and enjoy living there. One person told us "*I enjoyed the Christmas party. We were dancing and singing*". We observed positive interactions and conversations with staff. People were taking part in a quiz when we were there. There is a weekly activity board that sets out possible activities. Staff told us that people are often spontaneous when it comes to activities and would make different choices on different days. Drinks and snacks are available throughout the day. Care staff say they have access to all the information needed to provide good quality care and to feed back any concerns or queries to management.

We examined medication administration records and found these to be up to date with no gaps in recordings. We evidenced training records and found that staff have training in the administration of medication and regular medication audits were undertaken. This was confirmed in discussions with staff.

The service helps to protect people from potential harm and abuse. Support workers have training, and there are policies in place, so they know what to do if someone they support is at risk. Support workers told us they have no problem reporting issues to management and are confident that the manager takes appropriate action. Staff can access policies and procedures easily.

Staff records such as application forms are kept centrally. However, we saw that staff files had front sheets with a recent photograph that recorded Disclosure and Barring Service numbers and dates and confirmation that references had been received.

There are appropriate infection control measures in place, to help keep people safe from the transmission of COVID 19. Support workers know about the requirements of Personal Protective Equipment (PPE).

Environment

People have accommodation that meets their needs. Each person has their own room and the rooms we saw had been personalised with people's own pictures and possessions. We noted bedrooms contain essential furniture and people are able to personalise their bedrooms with items of their choice such as photographs. All rooms are of single occupancy

People benefit from the procedures that are in place for maintaining a safe environment. The front door is locked, our identity was checked and we were asked to sign in. We saw documentation that evidenced that PAT testing (Portable Appliance Testing), gas safety tests, fire equipment and legionnaire testing has all been carried out within the required time scales by authorised contractors. We saw evidence of regular fire alarm tests, drills, equipment checks and emergency lighting checks

People have access to the patio area, and there is a 'dementia' garden. We observed people spending time on their own and with others in the communal areas. People live in a warm and inviting home.

The service is committed to have a good standard of cleanliness and hygiene. Substances hazardous to health are stored safely. Medicines and personal files are only accessible for those with authorised access, to ensure confidentiality and safety. People have a personal emergency evacuation plan specific to their individual support needs in case of an emergency. Staff receive fire training.

Leadership and Management

The provider ensures care staff are fit to work with vulnerable people. The staff files we saw evidence correct recruitment practices; however, we were unable to see candidates' application forms and were, therefore, unable to check if there were gaps in their employment history. New staff have comprehensive induction and mentoring. Staff hold relevant qualifications and receive on-going mandatory, and specialist, training. Staff we spoke with are positive about their training and said it supports them to feel proficient and at ease in their roles. Whilst the pandemic had an impact on staff receiving training, we evidenced that the range of training being offered provides staff with skills necessary to meet people's needs.

Staff have supervision to identify support they might require, discuss any issues and reflect on their performance. They told us they feel supported and appreciated by the management. They said *"I am very happy working here"*, *"the manager listens to us and is very supportive"* and *"we have a great team"*.

A selection of relevant reports and documentation showed us that measures and policies, such as for complaints, incidents, medication and safeguarding, are in place, and that they are regularly reviewed and updated. The service has up-to-date infection control measures procedures in place.

The standing arrangements for governance, auditing and quality assurance help the home to run well and deliver good care. These systems also allow the service to self-evaluate, and identify where developments might be beneficial. The responsible individual (RI) has good oversight of the service. The regulatory requirements of the role concerning three monthly and six monthly service visits are met. The service provides good information to the public. A detailed Statement of Purpose sets out the service's aims, value, and delivery of support. A written guide is available containing practical information about the home, and the care provided, although the written guide would benefit from being easier to read.

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

	inspection	
16	Regulation 16 (3)- Reviews of personal plans must show the extent to which a person has made progress towards their personal outcomes.	Achieved

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