



Inspection Report on

Ty Ross Care Home

**Ninian Street
Treherbert
Treorchy
CF42 5RD**

Date Inspection Completed

19/04/2023

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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	03 March 2022
Does this service provide the Welsh Language active offer?	Working towards: The service 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

Feedback from people living in Ty Ross is positive. Care staff are friendly, and approach people in a warm and inclusive way. Personal plans and risk assessments are in place, and contain person centred, relevant information for care staff to provide appropriate care. Personal plan reviews are completed. Medication is stored safely and administered as prescribed. The environment and its facilities are serviced and maintained. There is suitably accessible outside space. The manager has good oversight of events in the home and is passionate about dementia care. The Responsible Individual (RI) regularly contacts and visits the home, gathering feedback for monitoring and quality assurance.

Well-being

People have input into their care and can make choices about their day to day lives. Care staff initiate conversations with people throughout the day and encourage them to talk with each other. People's daily routines are flexible, and they are encouraged to spend time where they like in the home, doing activities as they wish. As much as possible people can walk around the home freely. The home has a 'meaningful occupation' lead, who gathers information about people's history, like and dislikes, to identify tasks and activities that they are likely to engage in and enjoy. On the day we visited, we saw people helping to set up the dining room for lunch and creating decorations for a coronation party being held in a couple of weeks. The manager has a dog, which is being trained as a therapy dog, to visit and spend time with people if they wish. Visitors are made to feel welcome and can visit at any time of day.

People are supported to be as healthy as they can be by receiving holistic care from a variety of health and social care professionals. We saw evidence of input from GP and community nurses, as well as specialists such as speech and language therapists, and dementia intervention workers. Medication is stored safely and administered as prescribed. There is a medication policy in place to guide care staff when needed.

There are measures in place to safeguard people from harm or abuse. Care staff have completed the required safeguarding training, and there is a safeguarding and whistleblowing policy in place at the home for additional guidance should care staff require. The manager is competent at referring possible safeguarding issues to the Local Authority team. Care staff are safely recruited and vetted prior to starting in their roles, and mandatory training is completed and refreshed regularly.

Ty Ross has a Welsh language policy in place, and care staff learn basic Welsh as part of their vocational qualification. People are asked about their language preferences on admission.

Care and Support

People gave positive feedback about their experience of living at Ty Ross. They told us: *“I like that there are things to do here, I like to be busy”, “The staff are lovely, and the food is good”* and *“I would talk to [manager] if I needed anything, I like her”*. There are a couple of people living in the home who do not get on, and care staff work to manage these dynamics in the communal areas. We observed care staff to interact with people in a warm, friendly and inclusive way; taking time to stop and engage in meaningful conversations.

Personal plans contain person-centred, relevant information that care staff use to ensure people receive the right care at the right time. Risk assessments identify potential hazards to individuals' health and safety and how care staff can minimise those risks. Monthly care plan reviews are completed but could include more information on how interventions are supporting people to achieve their outcomes. Care staff complete supplementary charts such as food and fluid intake, and report incidents such as falls, skin concerns or urinary tract infections. This information is monitored by management and is used to identify adjustments needed to people's care on any given day. Daily notes document people's general emotional and physical needs each day. Senior staff share information via handovers between shifts and also a communication book that is checked and responded to each day. Information or tasks are then shared with the rest of the care team. People have choice over their meals. We observed people being given many different variations on the meal options as they requested. Kitchen staff appear to know people and their preferences and were able to discuss this with care staff when plating people's meals.

Infection control practices are in place at the home. There is an infection control policy and procedure available in the home to staff should they need additional guidance. We saw personal protective clothing (PPE) used appropriately by staff throughout the day. Visitors are welcome at any time and are free to see people in communal areas or in their bedrooms. During our inspection visit we found the home was clean and tidy.

Environment

People live in an environment that supports their wellbeing. There are communal and individual spaces indoors, and two outdoor spaces that people can choose to spend their time in as they wish. Areas that could contain items hazardous to people health such as sluice room and medication room are locked. The home is secure from unauthorised visitors, and visitors record their arrival and departure in a visitors' book. The outside spaces are accessible, and there are plans for additional fencing to minimise any safety risks. As much as possible, people are encouraged to move freely around the home as part of positive dementia care.

We saw evidence of a rolling schedule of servicing and maintenance of utilities and facilities in the home to ensure they are fit for purpose and safe to use. Tasks such as fire alarm and equipment checks are completed by the full time maintenance person employed at Ty Ross, and other servicing, such as the lift and mobility equipment is contracted to external companies. People have personal evacuation plans (PEEPs) that are kept in a grab file for easy access in case of emergency. The home is having some ongoing redecoration and domestic and laundry staff ensure the home remains clean and tidy.

Leadership and Management

People receive care from a consistent staff team who are familiar with their needs. The staffing level at the home is good, and on the day we visited we saw care staff were visible most of the time, should someone need assistance. Care staff appeared to support people in an unhurried way and had time to engage in conversations with people throughout the day. Feedback from care staff was positive, although some care staff advised they were still adjusting to the transition from nursing care to fully dementia care. They told us: *“I think the senior team is strong now, we know much more about what our jobs are”, “[manager] will sit and go through everything with you, she is really supportive”* and *“it’s a big change in the people we care for now, I hope we are doing a good job for them”*.

Staff are recruited and vetted to ensure they are fit to practice in their roles. We sampled some staff personnel files and found all required recruitment information is gathered, and all staff work under a current Disclosure and Barring (DBS) check. Care staff complete both mandatory training, and training in areas specific to the people they support, for example dementia. The manager is very passionate about dementia care and is seeking out a wider variety of training models to share with the staff team. Staff have individual supervision sessions, which are one-to-one meetings with their line manager to discuss their professional development and any issues they may have. The deputy manager also completes care shifts to be able to experience how care staff are working and take any queries or concerns back to the manager.

Quality assurance processes are in place and have a meaningful impact on people’s day to day experience in the home. The manager completes regular audits on aspects of care such as medication, documentation, incidents, and accidents, to identify any patterns or trends. If a trend is identified, this is fed back to carers for them to adjust their interventions or monitor further. The RI visits the home regularly and has good oversight of the quality of care and environment. The manager and the RI have regular, open discussions about strengths and weaknesses in the service and goals they have to develop it further in the future.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 23/05/2023