



# Inspection Report on

**Torestin Care Home**

**Torestin Home  
Tiers Cross  
Haverfordwest  
SA62 3DB**

**Date Inspection Completed**

13/11/2023

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## About Torestin Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Cherrywood Care Ltd
Registered places	44
Language of the service	English
Previous Care Inspectorate Wales inspection	16/09/2022
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

People living in Torestin are cared for by staff who are experienced and motivated to provide them with good care and support. People have positive relationships with the care staff who provide their care. Care staff have a clear understanding of people's needs and preferences. Care documentation is in place, with evidence that external support is accessed when required. People are encouraged to eat their meals in the dining room, but they do have choice about what they eat and where they prefer to eat. There are some opportunities available for people to take part in activities. The home's equipment and facilities are clean and appropriately maintained. Policies in place support good practice. Recruitment checks are undertaken and care staff complete an induction, they access training and receive supervision. The responsible individual (RI) has good oversight of the service and visits the home on a regular basis to speak with people and with staff. Quality monitoring audits are also completed to keep service delivery under review.

## Well-being

People and their relatives are generally happy with the care and support provided at Torestin. There is good information available for staff to understand how best to meet people's care and support needs. People and their relatives told us that they get on well with staff. The manager speaks regularly with people who live at the home and their families about what is important and how best to support them.

People are protected from abuse and harm. A safeguarding policy is in place and staff receive training in the safeguarding of adults at risk of abuse. The manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

Although we were told of numerous group activities which had taken place since the last inspection, for example, celebrating notable events such as the King's coronation, Halloween, and birthdays we were unable to ascertain that people are routinely offered the opportunity to take part in individual activities tailored to their particular needs and preferences. We were told however that this is an area which staff at the home are intending to further develop imminently.

People live in suitable accommodation which, overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. The building is well maintained and safety checks are completed when required. The environment is clutter free and hazards are reduced as far as possible.

## Care and Support

All people living at the service have personal care plans in place. These set out the best ways of supporting people to achieve their personal outcomes. Care plans are person centred, meaning they are specifically tailored to each individual. We examined a selection of care plans and found they are clear and concise. Risk assessments are also included. These highlight potential risks and strategies for keeping people safe. They also highlight the benefits of taking risks, allowing people to experience positive risk taking. Care staff we spoke to told us personal plans contain the right level of information for them to provide effective care and support. Personal plans are regularly reviewed to ensure they remain relevant.

People have good relationships with care staff. We observed some positive interactions between people and care staff during our inspection. It was evident care staff know the people they support well and are familiar with their needs and daily routines. We saw care staff engaging with people in meaningful conversations, speaking in a friendly, informed and respectful manner. People we spoke to provided positive feedback regarding care staff.

People are offered some opportunities to participate in activities within the home, for example, celebrating notable events such as the King's Coronation, Halloween and Christmas. People's birthdays are routinely celebrated and singers and entertainers are booked into the home for people to enjoy. We did not however see evidence that a variety of personalised activities, in which people can participate on an individual basis, was available. We were told that this is an area which the management intend to further develop and it will be considered during the next inspection.

Medication management systems are effective, ensuring medication is stored and administered safely. Medication is stored securely and temperatures are recorded. People have medication support plans detailing how and when they take their medication. They also contain information about their medication and any risks associated with it. There is a medication policy and care staff receive training to help them administer medication in line with best practice guidance. We examined a selection of medication recording records (MAR) and found they are completed accurately. This indicates people receive their medication in line with the prescriber's recommendations.

Written information is available for people to view. The statement of purpose sets out the service's aims and objectives and evidences how it can meet the range of needs which are catered for. People are informed about the ways in which any concerns or complaints can be reported.

## Environment

People live in a home which is suitable for their needs. There is a programme of redecoration and refurbishment in place. Some people have personalised their rooms with items of furniture, ornaments and photographs.

Access to the home is controlled by staff. Visitors are required to ring a doorbell which is answered by staff. All visitors are required to sign the visitor's book when entering and leaving the home.

People spend time either in their own room or in the numerous communal areas within the home. There are two lounge areas and a dining area. Communal rooms have been made homely and comfortable and we were told of plans to further enhance these rooms for people's further comfort and enjoyment. People are encouraged to take their meals in the dining room, which is spacious and light, and this offers an opportunity to socialise if people wish this. People also eat in the lounges or their own rooms if this is their preference.

An enclosed outside courtyard area, with seating and container plants, is available for people to sit and spend time in.

On the day of inspection the home was clean and free from clutter with no malodours noted.

## Leadership and Management

Care staff are subject to a thorough recruitment process. This is to ensure they are suitable to work with vulnerable people. Pre-employment checks include references from previous employers and Disclosure and Barring Service (DBS) checks. On commencement of employment, new employees must complete a structured induction which is aligned with the All-Wales Induction Framework. Care staff are required to register with Social Care Wales, the workforce regulator. This is to ensure they are suitably qualified.

Care staff receive mandatory and specialist training to meet the needs of people living at the service. Core training covers generic topics such as health & safety and safeguarding. Specialist training is specific to the needs of the people living at the service. We looked at records relating to training and found that most staff had received the required training, with those who had not being booked to undertake it. We also looked at records relating to supervision and appraisal and found care staff had received supervision within the last three months. Most of the care staff we spoke to said they feel well supported in their roles and that they can approach the manager at any time.

Governance and quality assurance measures help the service run smoothly. The Responsible Individual (RI) has good oversight of service provision. They visit the home regularly and meet with people and staff to discuss their experiences and gather their views to inform improvements. During these visits the RI also analyses records relating to staffing, care and support, and the environment.

Most care workers said that they enjoy their work and feel valued by their colleagues and by the management team. All care workers said that they would have no hesitation in raising any safeguarding concerns they might have regarding the people they care for and were able to describe the process they would use. Generally morale within the staff team was described by care workers as '*much improved*'. They attributed this in part to staffing levels having increased somewhat since the last inspection and to members of the management team being visible and approachable within the service.

### 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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21	The provider is not ensuring care and support is provided in a way which promotes and maintains the well-being of individuals	Reviewed
36	Care workers are not always receiving supervision and appraisal. Training is not up to date	Achieved

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