



# Inspection Report on

**Torestin Care Home**

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

**Date Inspection Completed**

11/10/2024

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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	13/11/23
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 and their relatives are satisfied with the care and support provided at the service. They live in an environment which is warm, clean and suitable to meet their needs. People enjoy positive relationships with care staff who know them well. There are some opportunities for people to take part in activities within the home and discussions took place regarding how this could be strengthened.

Information is available for staff to understand how to best meet people's care and support needs. People have personal plans in place which are reviewed regularly. The staff team is supportive of one another and of the manager and have a mix of skills to adequately provide care and support to people. Care workers are knowledgeable, respectful and caring. Recruitment checks are carried out and care staff complete an induction, access training and receive supervision. Safety equipment is in place and health referrals are made when required to promote people's health and well-being.

There is an effective and visible management team at the service. The service provider has developed systems to enable them to capture people's views and put checks and processes in place to keep service delivery under review. The RI has good oversight of the service. She visits the home regularly and speaks with people and care staff in order to gain their views about how care and support is being delivered and any improvements or changes which might be made.

## Well-being

People and their relatives told us they are happy with the care and support provided at Torestin. There is information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and this was reinforced by relatives spoken with. Records show people are offered choices to make everyday decisions. The responsible individual (RI) regularly speaks with people who live at the service and their families about what is important and how to best support them.

People are protected from abuse and harm. Torestin Care Home has a safeguarding policy in place and care staff receive training in the safeguarding of adults. The manager has a good understanding of the safeguarding requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People get the right care and support. Records show that timely provider assessments are completed and referrals are made to a variety of healthcare professionals such as health and social care professionals. Care staff are correctly recruited and vetted. They have supervision and say they feel supported in their work.

People live in suitable accommodation, which 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. There is an ongoing programme of refurbishment and maintenance with work being carried out at the time of inspection to further improve the layout on the ground floor of the building. Safety checks are regularly completed.

The manager is approachable and has an open-door policy. Communication with staff, people, and their relatives, is good. The quality of care is reviewed regularly in order to ensure that people's needs continue to be met. People, care staff and relatives are invited to submit thoughts and ideas about the service in order to drive improvement. Up-to-date written information about the service, and access to advocacy, is available.

## Care and Support

Care documentation within the service is informative and up to date. Personal plans are person centred, detailed and clear to follow. Care staff have a very good knowledge of people and are, therefore, able to notice any changes quickly and respond promptly. Personal plans are reviewed regularly in order to ensure they remain relevant.

People have good relationships with care staff. We observed many positive interactions between people and care staff taking place. It was clear that care staff know people very well and are familiar with their support needs and daily routines. We saw care staff speaking with people in a knowledgeable and caring way and that they treated people with kindness and respect.

People remain as healthy as they can be due to prompt referrals to healthcare professionals and effective administration of medication. People's individual dietary needs are considered, and healthy, nutritional meals ensure people remain healthy. Choice is always offered at mealtimes and kitchen staff can respond to individual requests for meals. A variety of snacks and drinks are available at all times. Equipment, such as a call bell system is available, and this enables people to get the care they need at the right time.

Generally care staff told us they have the necessary time to spend providing care to people in the way in which they want to. They told us however that there are occasions when they feel pressured due to insufficient staff numbers and that the cause of this is often due to unexpected staff sickness. The service calls on agency staff when required in order to address staff shortfall.

We were told that people are offered some opportunities to participate in activities within the home, for example, taking part in recognised celebrations such as St David's Day, Easter, pancake day, Guy Fawkes night and Christmas. People's birthdays are recognised and celebrated and singers and entertainers are booked for people to enjoy. We were told of plans for two alpacas to visit the home very soon, for people to spend time with if they wish. We were told of activities such as manicures and hand massages, discussion and reminiscence sessions, sing-alongs and armchair exercises. The variety of activities offered to people has improved somewhat since the last inspection and the manager told us she is working to extend this further. Staff told us that they offer activities if they have time to do so but if they are particularly busy it is difficult for them to achieve this. This was discussed with the manager who agreed to look at ways in which this might be addressed.

Care staff told us that they are aware of safeguarding procedures and know how to make safeguarding referrals. They told us they feel confident raising issues with management and believe they would be acted on. All care staff spoken to said that they have regular contact with the manager and receive support from the manager, senior staff and colleagues at all

times. Care staff receive formal supervision and this was due to take place for a number of staff spoken with.

We saw that medication is administered appropriately and medication administration records were complete. Refrigerator temperatures are recorded daily. A new electronic system for medication administration and recording has recently been introduced and senior staff using it felt it was effective and would further reduce the likelihood of medication errors from occurring.

Written information is available for people to look at. The Statement of Purpose sets out the aims and objectives of the service 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

Torestin provides an environment with facilities and equipment that promote people's care and support. People are protected and their safety maintained as far as possible. We saw that the premises are safe, and people are protected against intruders. The home was locked, and visitors have to ring the doorbell and sign a visitor's book to gain entry.

People can spend time either in their own rooms or a choice of communal areas within the home. We saw several bedrooms, many of which were personalised with photos and keepsakes which reflected the individual's personalities and interests. This promotes a feeling of belonging. There are two lounges and a dining room available for people. Communal rooms looked homely and comfortable. People are encouraged to take meals in the dining room, which is spacious and light, but also eat in the lounges or their own rooms if they choose to do so.

An enclosed outside courtyard is available for people to sit or walk in. We were told of plans to take up the existing uneven paving and replace it with a smooth level surface so that people can access the area safely. The fishpond has been cleaned and cleared and the area provides a pleasant, enclosed place for people, and care staff, to use if they wish to.

There is an ongoing programme of maintenance, repair and checks in place to ensure the environment is safe. The overall standard of cleanliness and hygiene appears to be good. Substances hazardous to health are stored safely. Information and medications are stored securely to ensure confidentiality and safety. The maintenance records show that utilities, equipment and fire safety features have regular checks and servicing. All residents have a personal emergency evacuation plan specific to their individual support needs. On the day of inspection the home was clean and free from clutter, with no malodour evident.

## Leadership and Management

There are arrangements in place for the oversight of service delivery. The RI conducts regular visits to the service and meets with staff and residents to discuss service-related matters. During these visits, the RI conducts an environmental assessment and examines audits and other areas such as complaints, safeguarding matters and staff training compliance. They also complete a quarterly report, which considers the oversight of operational matters, such as staffing and resources. On a six-monthly basis the service publishes a quality-of-care report that details what the service does well and any areas for improvement. Policies and procedures underpin service delivery. Our records evidence that the service notifies CIW regarding relevant events at the home. The home has written information that outlines its vision, ethos and services provided. We examined this and found people receive a service as specified within the Statement of Purpose.

Care staff receive training to meet the needs of the people they support. Those we spoke with told us they have access to an ongoing programme of training and development that equips them with the skills and knowledge to deliver care appropriately. As well as core training the service offers specialist training relevant to the person's specific support needs, for example, dementia awareness and support.

Care workers are supported in their roles and feel valued as employees. Records show that care staff receive regular support from the manager and from senior care staff. Care workers told us the manager is easy to approach and that they would have no hesitation in approaching her with any ideas or issue they might have. The RI is a regular presence within the home, together with one of the directors, and care staff told us they greatly value this input into 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.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
21	The provider is not ensuring care and support is provided in a way which promotes and maintains the well-being of individuals	Achieved

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