



# **Inspection Report on**

**Trosnant Residential Home**

**Park Road  
Ruthin  
LL15 1NB**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

## **Date Inspection Completed**

**18/09/2023**

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## About Trosnant Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Anna Jones
Registered places	12
Language of the service	Both
Previous Care Inspectorate Wales inspection	14 January 2020
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

The Responsible Individual (RI), who is also the registered manager, visits the service regularly, to maintain oversight of the service and the quality-of-care review is undertaken. Care documentation and risk assessments are in place and contain enough information and instruction for care workers to carry out their role. Personal plans are reviewed in a timely manner.

People told us they are happy living at Trosnant. There is a safe recruitment process in place that ensures care staff are suitable to work with vulnerable people and there is enough staff on duty. Staff training is ongoing, though staff supervisions and appraisals are not being undertaken in line with regulations. A range of policies and procedures are in place.

People are offered daily choices. Relationships between staff and residents are warm and caring. There is a good choice of nutritious, homemade food and people with special dietary requirements are catered for. The home is secure, clean, and tidy and staff are mindful of infection prevention and control requirements., Some of the required maintenance testing and checks are either late or not being undertaken at all.

## Well-being

People have control over their day-to-day life. They are listened to and involved in making choices and decisions. Staff know people well and the manager and RI talk to people who use the service daily, so people can raise any concerns directly with them. We heard staff asking people what they wanted to eat at lunchtime and an alternate was offered if they did not like what was on the menu.

People are supported with their physical, mental health and emotional well-being. Staff are attentive, polite, and respectful to people and we saw many examples of this throughout the day. Personal plans are in place and contain sufficient information for care workers to undertake their role accurately. The manager and senior staff work collaboratively with health and social care professionals to ensure people remain as healthy as possible. Personal plans are reviewed in a timely way.

People are generally protected from potential harm, abuse, or neglect. Care staff records are checked. Training records show care staff have undergone appropriate training for their role. Not all care staff have undergone regular supervision and appraisals. Policies and procedures are in place and the manager is to start undertaking a series of management audits in regards areas appertaining to the running of the home.

People live in accommodation which suits their needs. People told us they are happy living in the service. Standards of cleanliness and hygiene are good, though some of the regular checks, servicing and maintenance is lacking and inadequate. The provider has policies and procedures in place to manage the risk of infection.

## Care and Support

People can be confident staff have an up-to-date plan of how their care is provided. Personal plans are in place and reviewed regularly. People we spoke with told us care staff support them in a timely way, discuss their care with them and support them in the way they wish. This was confirmed by documents we viewed. People's personal plans and risk assessments give a detailed history of their medical conditions and reflect outcomes in professional documentation found in people's records. We viewed staff handover documentation which was detailed.

Care and support is provided in a way which protects and maintains the safety and well-being of individuals. We saw care workers supporting people appropriately, at the person's own pace and with dignity and respect. People we spoke with confirmed care staff are kind and gentle when supporting them. Oral Health champions are in place to support staff, people who use the service and promote good oral health. People are referred to oral health care professionals as well as health care professionals appropriately. We saw information in regards areas such as food and fluid intake and people's weight are monitored by care staff and prompt action is taken if any concerns arise. People we spoke with confirmed their dietary requirements were followed by care workers.

People can be confident they are provided with the quality care and support they need and take into consideration their personal wishes. We saw people are given choices of what food they could have at mealtime. People we spoke with also confirmed this happens and the food is good. We observed a mealtime which was a pleasant experience for people, with good positive interactions happening. We saw people enjoying each other's company and spending time with care workers. We observed care staff interacting with people appropriately at their eye level and at the person's pace. People told us there were activities for them to be involved in, however they told us there could be more going on.

## Environment

People live in an environment that is suitable to their needs. The home is warm, welcoming, and well decorated throughout. There is space for people to choose where they want to spend their time and during the inspection people were in the lounge and their rooms if they wanted. We viewed a selection of bedrooms throughout the home and saw they are well decorated, warm, clean and people can personalise them if they so wish. People told us they are happy living at the home. We observed daily cleaning being undertaken by the domestic staff. Communal areas are hazard free. Trosnant has outside space which people enjoy.

People cannot always be confident they live in a safe environment. The main entrance is secure; however, our identification was not checked before we were permitted entry. People's care documentation is kept securely. Though the electrical testing was undertaken in a timely manner, we viewed the Fire Risk Assessment, which was out of date, and testing for Legionella was not being undertaken. We requested a copy of the annual gas safety check which was not forwarded to ourselves. Though senior managers advised us they would contact the relevant professionals in regards this testing we have informed relevant partners in regards these omissions. This is an area for improvement and we expect the provider to take action.

## Leadership and Management

Arrangements are not always in place for the effective oversight and governance of the service. We saw the RI visits the service regularly and has completed their required visits and produces a report in regards this. The quality-of-care report has been completed in line with regulations and senior managers told us they receive good management support from the provider. However, managers told us they review personal plans and care documentation regularly we were told formal managers audits have not been completed. Therefore, the provider has no formal oversight of areas such as personal plan reviews and personal plan content. We spoke with senior managers about this, and this process is to start. This is an area for improvement, and we expect the provider to take action.

Staff files show recruitment of care workers is robust and have undergone appropriate checks. We viewed documentation which show care staff receive training appropriate for their role. We viewed documentation which show care workers receive a detailed induction in line with statutory requirements. This was confirmed by people who told us the support provided was good. We saw care staff are registered with the appropriate professional body. People told us there are enough staff on duty and care staff came quickly when called. This was reflected in staff rotas which we saw. However, though we saw some supervisions had been undertaken, we spoke with the RI who told us other supervisions were not being completed in line with regulation and staff appraisals were lacking for all care staff. The RI advised this process would be started. This is an area for improvement, and we expect the provider to take action.

We reviewed policies and procedures which were in place and comprehensive.

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
6	Formal audits of the service by the manager have not been undertaken.	New
36	Staff supervisions and appraisals have not been undertaken in line with regulations.	New
57	Fire risk assessments, fire safety checks, Legionella testing and gas safety testing are not being undertaken regularly, in line with guidance.	New
15	The provider was not compliant with Regulation 15 of The Regulated Services (Service Providers and Responsible Individuals)(Wales) Regulations 2017. This is because they had not developed a care plan for someone who had in moved in to the care home in a timely way.	Achieved

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