



# Inspection Report on

**Troed Y Rhiw**

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

## **Date Inspection Completed**

08/06/2023

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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	22 <sup>nd</sup> December 2021
Does this service provide the Welsh Language active offer?	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 appear settled and comfortable living in Troed y Rhiw. Positive care and support is provided and activities are available. Peoples physical, emotional, and social needs are assessed and understood. The service considers and manages any potential risks and personal plans are completed and regularly reviewed. Individual routines are recognised and respected by staff. Medication management is safe and relationships with external professionals are good.

The environment is suitable and safe. Staff levels are appropriate and staff report feeling happy and supported. Recruitment practices are good and staff receive appropriate training. Staff understand their roles and responsibilities around safeguarding people. Supervision is offered routinely and a range of policies support good practice. The responsible individual (RI) undertakes visits in line with regulations and maintains sufficient oversight over the service.

## Well-being

The service listens to people's wishes and supports decision making. People are clear how to make their views known and report staff listen to them. Residents' meetings enable people to provide feedback around menus, décor, activities, and the care provided. Those lacking capacity to make decisions receive support from professionals, advocates, or relatives. People report they can decide where they spend their day, either in their rooms, one of several communal spaces or outside patio areas. A variety of activities are on offer and people enjoy a varied choice of meals and snacks. Bedrooms can be personalised to reflect individual tastes. People tell us they are part of the review process and are routinely asked if they are happy with the care they receive. The RI conducts three monthly visits to gather views on the service provided.

People's physical and emotional wellbeing is supported. Personal plans support staff to understand individual care needs. Regular contact with health professionals and the monitoring of people's physical health, ensures care is received in a timely manner. Medication is recorded, stored, and administered safely. The environment is pleasantly decorated and family and friends visiting the service are made to feel welcome. Healthy meal choices are available and care staff encourage people to remain active and occupy their day. People feel they are treated with kindness by a stable and supportive team of staff. Six monthly quality assurance reports consider if the care provided supports peoples wellbeing and identifies possible areas of improvement.

Systems in place protect people from harm and abuse. Environmental checks ensure the building and equipment are safe for use. The service understands its safeguarding responsibilities and reports any incidents to the appropriate professionals. Care staff are aware of how to keep people safe and how to take action if they have any concerns. Ongoing training is available and staff have access to a range of detailed policies to direct good practice. The provider follows safe recruitment processes to ensure care staff are suitable to work for the service. The management team maintain a good level of oversight to ensure the service runs well.

The service employs one staff member with Welsh language knowledge. Some consideration has been given to providing Welsh language documentation upon request. There are currently no Welsh language speakers living at the service.

## Care and Support

Relationships with staff are positive and the care provided is of a good standard. People and relatives we spoke with are happy with the care provided. People told us staff are kind and encouraging and respond to their needs quickly. They confirm feeling comfortable expressing their views and staff recognise their preferences and routines. Comments include *“You won’t get better than here”* and *“They (staff) are very good”*. On the day we observed staff provide support in a positive and respectful manner, considering people’s dignity throughout any interventions. Relatives confirm they feel welcome, visiting arrangements are flexible and people told us they are able to maintain those relationships that matter to them. One relative commented *“Staff are marvellous, they go above and beyond”*, *“My mother is well cared for, I admire their (staff’s) patience”*.

Personal plans are detailed and people’s needs are understood. Pre-assessments, personal plans and risk assessments reflect preferences, personal histories, and the needs of each person. Reviews are completed at appropriate intervals and we saw evidence staff recognise any changes and seek advice from appropriate services when needed.

Advocates and representatives are available to ensure people’s wishes are understood and deprivation of liberty safeguard authorisations (DOL’s) are in place to support any legal restrictions. A visiting health professional told us the service makes timely referrals and staff ensure they complete any actions required.

There are opportunities for people to take part in regular pre-planned activities and have positive interactions. People told us they are happy with the range and frequency of activities available to them. We viewed activity schedules which show options to take part in bingo, chair exercises and a range of crafts sessions. People we spoke with confirm they have the option of joining in with sessions or not, as they wished. On the morning of the inspection, a number of people told us they were looking forward to bingo. During lunch we observed people sitting together in the dining room engaging in conversation and noted some people chose to access the patio area later in the afternoon to enjoy the sun.

Medication arrangements at the service are positive. Medication is stored securely. Records provided and staff feedback shows staff receive appropriate training in medication management. Medication administration records (MAR) and controlled drugs logs showed medication is recorded correctly with no gaps or errors. The service has a detailed medication policy in place to support good practice and staff told us they feel confident in performing this task.

## Environment

The environment is welcoming and personalised. People’s rooms reflect their preferences and communal areas appear clean and comfortable. People have access to outside spaces

and quiet areas to spend time with visitors. Equipment is available to meet people's care and support needs and there is appropriate signage to help with orientation. Call bells are in operation to alert staff when individuals require assistance.

The environment is safe and well maintained. Confidential information is stored securely, and appropriate visitors' checks are undertaken. Personal Protective Equipment (PPE) is available throughout the building and staff know how to use this. Infection control information/policies are available and good infection control practices are promoted. Records show maintenance checks of the environment and the servicing and testing of equipment is carried out regularly and repairs are completed in a timely manner. Personal Emergency Evacuation Plans (PEEPS) are in place in the event of an emergency and care staff undertake routine fire drills and checks.

The service is well appointed. The home is decorated to a good standard with appropriate equipment and furniture in place. We noted one communal area had benefitted from recent redecoration. Housekeeping staff confirm they have adequate time to undertake tasks and have access to ample cleaning supplies. The service has been awarded a food hygiene rating of 4 (good), kitchen staff report having access to a sufficient team of staff, a range of functioning equipment and a supply of fresh quality produce.

## **Leadership and Management**

Appropriate vetting arrangements are in place and ongoing training is available. We viewed a sample of staff files and found the necessary pre-employment safety checks are completed. Existing staff are registered with Social Care Wales, the workforce regulator and newly appointed staff receive support to achieve this. The service ensures care staff

receive adequate training prior to starting in post. Care staff told us they feel sufficiently trained to undertake their role. Overall, the training matrix we viewed showed a range of core and specialist training is provided to ensure positive care practices are followed.

Good quality assurance processes are in place. Reports show the RI conducts regular visits to speak with staff, people, and representatives and six month quality assurance reports consider the standard of services offered. We saw evidence staff meetings take place to ensure staff remain up to date on any changes, offer feedback or discuss any topics of importance. We looked at a selection of policies and procedures and found these to be up to date and sufficiently detailed. Identified safeguarding referrals or areas of concern are managed and reported promptly. The service benefits from having a stable staff team in place, with a number of staff members having worked in the service for several years. Staff told us rotas are managed well and the staffing levels are sufficient to enable them to meet peoples needs. The management team demonstrates a good understanding of the service and its current strengths, the RI confirms further work is to be undertaken to improve areas around documenting and recording.

Staff feel supported and receive regular supervision. Staff tell us management support is available and they have confidence in raising any issues or concerns. Records show staff are provided with regular one-to-one formal supervision which includes discussions around practice issues, training needs and staff well-being. Staff meetings are held on a regular basis and staff tell us they feel comfortable contributing to discussions. One member of staff commented *“I enjoy my job, its fab”* while another described the management team as *“very supportive”*.

### 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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N/A	No non-compliance of this type was identified at this inspection	N/A
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**Date Published** 30/06/2023