Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Ty Melin Residential Home for the Elderly

Ty Melin Residential Home, 412-420, Cowbridge Road East, Cardiff, CF5 1JL

02920230657

The inspection visits for this service took place between 23/02/2026 and 27/02/2026

:00

Service Information:

Operated by:	Mary Griffiths
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	34
Main language(s):	English
Promotion of Welsh language and culture:	The provider is not promoting the Welsh language and culture needs of people, and this requires improvement.

Ratings:

Well-being	Requires Improvement
Care & Support	Good
Environment	Requires Improvement
Leadership & Management	Requires Significant Improvement

Summary:

The service has made some improvements since our previous inspection. There is a new electronic system in place which is aiding record keeping and care planning, ensuring regular updates and reviews are completed. However ongoing work is required to ensure all risks are considered and measures implemented. People told us they are very happy with the care and support they receive. People see the required health professionals and medication is appropriately recorded. Care and Support is good.

The environment is warm and welcoming. People told us they like their bedrooms and some are extremely personalised. The service has made some improvements since the last inspection, but we noted several areas of wear and tear. The home is an old building and requires regular monitoring and maintenance. We found at times there is insufficient oversight of the environment, the environment requires improvement.

Consistent care staff told us they are happy at the service, but some staff told us improvements are required in relationship to staff structure and oversight of management. There is a committed manager, deputy and an excellent team of administration staff who have developed some good systems. The Responsible Individual (RI) is visible and completes their regulatory duties. However, the service has failed to identify important areas and gaps such as training to reduce people's risks. Leadership and Management requires significant improvement.

Every person we spoke to told us they are happy at the service. People told us they are regularly offered choice, and several told us they like the food. People know who the management team are and can raise concerns if they need to. Ongoing work is required to ensure people's outcomes and risks are considered, recorded and acted on. More could be done to enhance people's experience at the service, through regular activities of interest. Well-being requires improvement.

Findings:

Well-being — Requires Improvement

There is a Statement of Purpose available (SoP), and this includes some important information about the service, but this is not always reflective of the service provided. People told us they are regularly offered choice. We saw menus are being updated to include new, exciting and nutritious meals. Visual menu aids will be displayed on tables so people can see pictures as well as words to understand the choices available to them. One person said, *"The food is very nice, they always give you a choice."* Most people's dietary requirements are recorded, and one person told us how their specific needs had been catered to. However, care staff and cooks have not received the required training to understand risks regarding specialist diets and choking risks. The service told us they are seeking urgent training regarding this.

People told us they like their bedrooms saying, *"I have everything I need,"* and *"Couldn't want for anything more."* Some rooms are extremely personalised adding a sense of belonging, some people have access to a call bell system so they can alert staff if required and people told us staff respond quickly. However, the service needs to ensure these systems are effectively monitored, ensuring alarm call bells are functioning and people have them in reach. There is equipment in place to aid people with mobility needs. The service is working on a long-term maintenance plan to ensure a proactive approach in addressing wear and tear.

The service has some activities planned throughout the year and we saw regular weekly in-house activities such as bingo; however, more could be done to ensure people's opportunities to engage with others throughout the day and experience overall positive outcomes, are considered and achieved. We saw some people enjoy going out and about independently and the service runs group trips into the community, visiting beaches, restaurants, pubs and going to the pantomime. Other events and activities are also held such as an exercise class, an external singer, manicure and hairdresser sessions, and regular communion at a local church or at the home. People told us they are regularly visited by friends and family, and we saw this is recorded. One person said, "*My family come in and out quite a lot."* People appear to hold good relationships with care staff, and several have worked at the service for many years providing consistency and continuity.

Care & Support — Good

The provider has invested in a new electronic system to aid and improve record keeping and care planning. This system includes lots of information about the person, their needs and some risks. However, we noted some very important matters missing, such as people's outcomes, goals and specific risk assessments. We discussed with managers the need to consider staff roles and responsibilities regarding plans and reviews to ensure the right people with the right level of knowledge and skill are completing these. People told us they are very happy at the service and have their needs met by care staff they get on well with. One person said, "*They're all very kind, if you want anything and they can get it, they will,"* and another said, *"It's very nice, I like being spoilt."*

We saw health professionals visiting the service regularly, care staff and managers alike record important professional meetings, and most health information is reflected in plans and risk assessments. We saw the involvement of Dieticians, Speech and Language Therapy, Dentists and the GP. Medication records are completed correctly, including the use of 'when required' medication. Documents are clear and include important information about the person including their picture, date of birth and any allergies. Staff regularly record and monitor temperatures and complete documents in full.
Staff know when to report concerns. Oversight is maintained through weekly and monthly audits and any concerns recorded, but we found a lack of follow-up action to improve records when issues are identified. The service has a plan in place to ensure all care staff receive medication competencies.

Every person we spoke to told us they are happy at the service and could raise concerns with staff and management if they needed to. One person said, "*I'm happy here."* There is a complaints policy in place, and we saw the manager responds to people's concerns. The service mostly knows how and when to report concerns and events to Care Inspectorate Wales (CIW) and safeguarding, but improved training for the management team is needed to fully understand their responsibilities. Some people's risks are identified but some are not, and urgent work is required to ensure the appropriate measures are in place to reduce people's risks.

We saw domestic and laundry staff on the day of inspection. They told us they have everything they need to do their jobs. The home is mostly clean and fresh smelling. We saw colour coded mops in place to reduce the spread if infection and Personal Protective Equipment (PPE) is available at stations throughout the home, providing easy access for care staff. We saw care staff using PPE appropriately and handwashing. As the service is an old building, some facilities are not conventional, such as a toilet with no nearby sink, consideration is required to reduce the spread of infection, contamination as well as privacy and dignity. The service has been inspected by the Food Standard agency and received the score of 4, meaning the service has 'good' hygiene standards.

Environment

Requires Improvement

The home is welcoming and warm. People told us they like the home and their rooms. The home is close to local amenities, and we saw some people enjoy going out to local shops. There are local parks nearby and good links to Cardiff City centre via public transport. Several rooms have ensuite facilities which are clean and some very personalised. There are several places for people to sit and relax around the home, including lounges and dining areas. We saw some groups of people sitting watching TV together and chatting. There is a small outdoor space available at the rear of the property. Some areas of the home are not regularly used and so are converted to storage, one space has been converted for use by the hairdresser and another for staff storage. The service is creating a staff room, so staff have a private place to take breaks and/or have private meetings such as supervision.

The home is comprised of several buildings, with separate staircases and corridors, leading to different communal areas of the home and people's bedrooms. We noted wear and tear throughout the property. We saw cracks in walls, ceilings, stains on furniture and areas which require painting. We found some areas of significant wear and tear in the home, such as a smashed glass door. There is a maintenance diary in place and staff know how to report concerns and maintenance issues. There is a maintenance person, but they do not attend the home on a contracted basis meaning jobs are completed on a priority basis, leaving some actions delayed for several months to years.

Since the last inspection, the service has made some improvements. They have installed new window restrictors reducing risks to people. The Fire Service have inspected the home, and the manager told us all recommendations are being actioned. Fire evacuation times have improved but we discussed the need to ensure that care staff, managers and fire wardens all understand their responsibilities in relation to fire emergencies, the fire evacuation process and know how to use the systems in place. The service told us action would be taken to address this. We found personal emergency evacuation plans are in place, but more detail is required to understand how the person would respond in the event of a fire and their current needs. There is firefighting equipment throughout the building which is checked by external agencies. The home receives regular health and safety checks and servicing on equipment to ensure it is safe to use. There are no effective monitoring and auditing of the environment to identify ongoing works required and ensure that works have been completed in a timely manner. There are no planned maintenance schedules and a lack of a proactive approach. There is no renewal programme for the fabric and decoration of the premises. Outcomes for people require improvement because people are potentially at risk of harm and we expect the provider to make improvements.

Leadership & Management

Requires Significant Improvement

Care staff told us they are happy, well supported and said, "*We try our best."* People told us their care staff are *"Very nice", "Great"* and one person said, *"They're lovely, they really are haven't got one complaint about one of them, excellent bunch."* Consistent care staff receive regular supervision and training. Care staff told us they would benefit from more face-to-face training to deepen their knowledge and understanding. The service needs to ensure that training provided meets the needs of the people they support and managers have systems in place to maintain effective oversight of this. There is an excellent team of administrators who develop and maintain systems providing some governance and assurance.

There is a committed RI and manager in place who have worked at the service for several decades. They are described by staff as '*Lovely,*' *"Supportive,*" "*Generous,*" and people using the service know who all the managers are. Audits are completed and the RI completes their regulatory duties and gains feedback from people and care staff. However, we found systems in place to monitor, review and improve the overall quality of the service and care provided have failed to identify and rectify important areas of risk and improvements required. Areas of improvement identified at inspection have not been highlighted in the services own governance and monitoring systems. There are areas of significant risk posed to people as leaders do not have the required knowledge nor systems to help them identify these.

Information is not always appropriately reviewed by the right people, with the right skill, knowledge and competence meaning appropriate action is not always taken or followed up. We found important pieces of information such as risk assessments, specialist training and effective auditing missing and information such as the SoP and policies are not being correctly followed. Service providers do not always know when and how to seek expert advice to secure improvements, from services such as CIW, Safeguarding and the Health and Safety Executive. The management team require improved training to understand their roles and responsibilities and improved systems are required. Outcomes for people require significant improvement and we have therefore issued a priority action notice. The provider must take immediate action to address this issue

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
People may be at risk as there is insufficient oversight of the premises to reduce risk and enhance experience	23/02/26

Summary of areas for Priority Action	Date identified
The lack of effective oversight of the service is placing people at risk.	14/10/24