



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

29/10/2024

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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	18 September 2023
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh Language and demonstrates a commitment to promoting the use of the Welsh language and culture.

Summary

People are happy living at Trosnant Residential service. They spend time doing things that are important to them and have built positive relationships with the care staff who support them. The provider, manager and staff know people very well and ensure all aspects of their physical and mental well-being are met. Improvements are needed to the care planning and review process.

People are supported by staff who are safely recruited and registered with the appropriate professional body. Staff told us they like their job and feel well supported. There is daily oversight at the service by the provider and manager. Improvements are needed to the formal supervision process with staff to support their ongoing learning and development.

People live in an environment which supports their needs, is homely and safe. The provider, who is also the Responsible Individual (RI), has implemented some audits within the service to monitor the ongoing quality and governance. Further improvements are needed to ensure all areas of service provision are monitored and that the manager has adequate time to carry out their role.

Well-being

People live in a service where they have choice and control over their day-to-day life. People are asked about what they want to see on the menu and what events and activities they would like to take part in. People can choose where to spend their time and what they want to do. They can come and go from the service as they please. Visitors are welcomed at the service and the provider ensures people are active and included in their local community. People are asked about their views, through informal discussions at mealtimes, annual feedback questionnaires and as part of the RI quarterly reports.

People are supported with their physical and mental health and well-being. The provider ensures external professionals are engaged with as needed and any advice is followed. Feedback from visiting professionals is positive. The provider has been proactive in implementing advice and guidance from the local health board. Improvements have been made to the safe management of medication and we observed good practice on the day of inspection.

People are protected from abuse and neglect. Care staff complete safeguarding training and are supported by policies and processes within the service. The provider engages with safeguarding professionals as needed and keeps a record of any accidents or incidents which occur in the service.

Improvements are needed to the care planning and review process, and the ongoing supervision and development of staff. Whilst there have been some positive changes since the last inspection, the ongoing issue with staffing means the overall daily management of the service is not as effective as it could be.

People live in a service which suits their needs. People and their family members told us they are happy with the care at the service and were complimentary about the staff who work there. We saw thank you cards from relatives, one read *"we can't thank you enough."* Standards of cleanliness and hygiene are good, and improvements have been made to the Health and Safety at the service.

Care and Support

People receive care and support which meets their individual needs and preferences. The provider carries out an initial assessment to establish if they can support the person at the service. We saw some people have personal plans and risk assessments in place which are person centred and include information about people's life history, their likes, dislikes and what is important to them. We found newer residents did not yet have personal plans and risk assessments by the service in place. The provider is using the local authority care plan and information from other professionals to inform care staff about how to support people. We saw some records have been reviewed and updated but overall, this is not in line with the required frequency, to ensure the information held about people is up to date. This is an area for improvement, and we expect the provider to take action.

People are supported by care staff who have worked at the service for a long time and because of this, know people very well. Staff told us about how they support people daily, and we observed kind and patient interactions with people. One person told us "*This is the life.*" On the day of inspection, we found staffing levels to be in line with the assurances in the statement of purpose, however the provider and manager had both worked part of the previous night shift due to staff shortages.

People have their care and support needs met by staff at the service and external professionals. We saw the provider has monitoring records in place so where changes occur, referrals can be made quickly meaning people receive the care they need. Records show all appointments and conversations about people's health and wellbeing are recorded and where professional guidance is given, this is put into practice. We saw people have regular contact with the General Practitioner, district nurses, occupational therapists, and mental health professionals. People have annual reviews of their medication. There is a handover book in place where important messages are recorded to ensure any actions are completed.

We observed the lunch time experience which was sociable and calm. We saw people helping with setting the table and serving drinks. Some individuals choose to sit in the dining room for meals whilst others prefer to be in their own rooms. People told us the food is very good. The chef asks people about what they would like to have on the menu and the provider ensures the service has plenty of fresh produce to create healthy and nutritionally balanced meals.

Care staff take time to sit and chat with people in the day, and we saw many people have visitors to the service or go out into the local town. There are items of interest in communal areas, where people like to do puzzles, read books and papers, and take part in activities. The service has entertainers and animals come to visit and on the day of inspection the home was decorated ready for Halloween. People living at the service like to take part in community celebrations and involve the local school, friends, and families in their activities.

Environment

People live in a service which promotes their independence and supports them to achieve their personal outcomes. We found the service to be secure on our arrival and we were asked to sign in and out for fire safety. The service has a large, enclosed outdoor space with benches and raised flower beds. We saw pictures and videos of people enjoying being outside in the warmer months.

People can choose to spend time in communal areas or in their own bedrooms. All areas of the service are accessible, with assistive equipment in place to allow access to upper floors and use of bathrooms. We saw people's bedrooms are spacious and well maintained, some have been redecorated as part of a plan of refurbishment. People can personalise their spaces with photos, furniture, and items of importance to them. The service is clean and free from any unpleasant odours.

Improvements have been made to the overall management of Health and Safety at the service. There is a fire risk assessment in place and actions following a fire inspection have been addressed to ensure the building is compliant with fire safety regulations.

Housekeeping staff have received training in the management of Legionella and are responsible for carrying out routine checks and maintenance. Routine servicing is carried out. The service was inspected by the Food Standards Agency in January 2024 and received a level 5 rating, this is the highest which can be achieved.

The provider has processes for infection prevention and control in place, guided by the advice from the local Health Board. Regular audits take place and there is a commitment to developing practice to keep people as well as they can be. We saw there is personal protective equipment (PPE) in place and appropriate facilities for the disposal of any clinical waste.

Trosnant Residential Home is a small family run service. The provider is also the Responsible Individual (RI) and is active in the daily running of the service alongside the manager. At the last inspection it was identified that improvements were needed to the overall governance of the service. At this inspection, the provider has implemented audits of infection prevention and control, and medication management. Quarterly checks are carried out by the RI who completes a report to evidence areas they have looked at and what actions are being set. Further improvements are needed, as these reports did not identify all the issues, we found in relation to care planning and staff development. We were told the service is struggling with recruitment and current low occupancy levels which means the provider and manager are both working as part of the care team on a regular basis. Whilst this means people continue to receive a high standard of care and support, it has resulted in unrealistic workloads and aspects of the daily management of the service are not being carried out. This is an area for improvement, and we expect the provider to take action.

People are supported by staff who are safely recruited. All care staff at the service have an up-to-date disclosure and barring service (DBS) check in place and are registered with Social Care Wales, the workforce regulator. Care staff receive an annual appraisal of their work. We saw some staff had records of one-to-one supervision, but this is not carried out on a regular basis and is not always formally recorded. Care staff told us they feel well supported and the presence of the provider and manager on shift means there is continuous observation of care practice, but formal supervisions must take place in line with the required frequency to support staff with their ongoing learning and development. We looked at the training records for care staff and saw whilst most had completed any allocated training, some areas require refresher training to be completed. The provider has identified this. This is an area for improvement, and we expect the provider to take action.

People have access to the service statement of purpose and a guide to the service. These documents inform people about the service and who to contact if they have any concerns. Policies and procedures are in place to provide information and to support staff training.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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
15	The provider has not ensured that all individuals residing at the service have personal plans and risk	New

	assessments in place before they come to live at the service. Care staff are reliant on the information provided by the local authority which may not always be the most accurate and up to date information.	
6	The issues identified at this inspection show the service is not currently being provided with sufficient care, competence and skill. Systems for care planning, monitoring and review are not being carried out. Staff are not being suitably supervised and trained, and staffing levels are not sufficient to ensure the manager and provider can carry out their duties effectively.	Not Achieved
36	Staff are supported by the manager and provider on a regular basis, however formal one to one supervision is not carried out in line with the required frequency of the Regulations. Not all staff have completed all areas of training and some modules have expired.	Not Achieved
57	Fire risk assessments, fire safety checks, Legionella testing and gas safety testing are not being undertaken regularly, in line with guidance.	Achieved

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