Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Ty Derwen

Ty Derwen Residential Home, Kendon Road Crumlin, Newport, NP11 4PN

01495243028

The inspection visits for this service took place between 20/05/2026 and 21/05/2026

Service Information:

Operated by:	TL Care Homes Limited Liability Partnership
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	28
Main language(s):	English
Promotion of Welsh language and culture:	The provider makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service.

Ratings:

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

Summary:

Ty Derwen is a residential care home in Crumlin which supports up to 28 people with care needs.

Our inspection visits took place over two days and, based on the evidence gathered, we rated the wellbeing provision at the service as ‘good’ because many people had positive experiences and are supported with dignity and respect. Feedback from people and relatives was largely positive, and people are supported to make choices about their daily lives.

We rated the care and support provided at Ty Derwen as ‘requiring improvement’. While personal plans include information about people’s needs and preferences, they are not consistently reviewed or reflective of individuals’ personal outcomes and aspirations. Issues were identified in relation to safer medication management.

The environment has been rated as ‘requires significant improvement’ because systems for managing environmental safety are not well organised nor sufficiently robust to provide suitable assurance.

The leadership and management at the service has been rated as ‘requires significant improvement’. Governance and oversight systems are not effective and have failed to identify and address risks in a timely manner.

Findings:

Well-being — Good

Outcomes for people's wellbeing are good overall. Many people experience positive relationships with care workers and are treated with dignity and respect. We saw warm and friendly interaction between people and care staff during their support. People living at the service and most relatives gave consistently positive feedback about the care provided. One person told us care staff *"take you as soon as they can"* when support is needed, and others described staff as *"very good", "patient",* and *"marvellous".*

We saw people were helped to look well dressed and were comfortable in their surroundings with some people enjoying nail care in an unrushed manner, while chatting to care staff. People had access to drinks, snacks and personal belongings including their mobile phones and handbags. Care staff responded promptly to call bells and requests for help, and we saw gentle encouragement and reassurance when people were having difficulty. Relatives and visiting professionals were generally positive about the service. One relative told us people are *"very well looked after".* A visiting professional reported improvements to the environment which they felt had a positive impact on people.

The service promotes Welsh language and culture, and we saw Welsh language displays within communal areas. The service is working towards providing an 'Active Offer', which supports people's sense of identity and inclusion.

Personal outcomes for people are not consistently promoted. We found people had not been supported to consider their personal goals, outcomes or aspirations. We did, however, see that people's care files contained information about people's personal histories, their preferences and what is important to them.

We saw that there are limited engagement opportunities for some people. Several people spent periods in communal areas, with competing noise from the different televisions and sound systems. There is no designated activity coordinator at the service, and we didn't see evidence of a daily activity programmes or reference to any upcoming events. However, the manager told us staff support people to engage in games such as bingo. Some people and relatives told us they would like more opportunities, including being supported to access outdoor space.

Overall, many people experience positive relationships with staff and each other and feel well cared for. However, people would benefit from service improvements to ensure all people consistently have meaningful engagement, stimulation and fully person-centred care. We will follow this up at the next inspection.

Care & Support — Requires Improvement

Outcomes for people require improvement because practice around care planning and review, record keeping and medication management require strengthening. This means people do not always receive care that is clearly directed, regularly reviewed or safely managed.

People receive care which meets many of their day-to-day functional needs. We saw care staff supporting people in an unrushed, kind and encouraging way, with respectfully familiar interactions throughout. People spoke positively about the care they receive and the care workers who support them.

The service has recently introduced an electronic care planning and recording system, which means care staff can now access key care information more easily. People's records include information about their histories, preferences and routines, which helps care staff understand how to support them. We saw examples of 'this is me' profiles and information about what matters to people. Where people have religious or cultural needs, records showed these are recognised and respected.

However, care planning systems are not consistently robust. Personal plans do not record people's personal outcomes, goals or aspirations. Reviews are often incomplete or contain limited analysis, and we did not see evidence people or their representatives are consistently involved in reviewing their care. We also found the required process for restricting people's right to liberty was not consistently being followed. Outcomes for people require improvement because these issues mean care is not always considering people's outcomes nor are records regularly updated to reflect people's changing needs and we expect the provider to take action.

Medication management also requires improvement. We identified concerns about storage, monitoring, oversight and the safe management of medicines. These issues increase the risk of people not always receiving medicines safely and as prescribed. The manager took immediate action to begin addressing some of these concerns, including updating the medication fridge, introducing temperature monitoring and arranging external medication auditing. Outcomes for people may be compromised if safe medication practices are not fully embedded and we expect the provider to take action.

Care staff involve external professionals appropriately. Records showed referrals to health services, including the general practitioner and district nursing teams, to support people's health and well-being.

Environment

Requires Significant Improvement

Outcomes for people require significant improvement because systems for managing environmental safety and maintenance are not sufficiently robust. This means people cannot be assured they live in an environment that is consistently safe and well managed.

The environment at Ty Derwen is clean, comfortable and suitable for the people living there. The layout of communal areas had been arranged to enable people to find their way around independently. Communal areas are appropriately furnished, well-lit and spacious. The lounge has been recently redecorated and provides a suitable space for individuals to spend time together. The dining room offers a pleasant and relaxed environment for mealtimes, and we observed people using this space to enjoy their meal. People's bedrooms are personalised with their own belongings, which promotes a sense of comfort, identity and familiarity. We observed specialist equipment was in place to meet individuals' needs, including pressure-relieving mattresses, where needed. We saw there has been investment in the environment particularly in the bathrooms, which are large, clean and inviting. The jacuzzi bath was described to us by people using the service as "fantastic". The manager advised there are plans for more redecoration to further improve outcomes for people, including the outside area These plans were not reflected within the Responsible Individual's (RI) reports. Inclusion of renovation plans would provide assurance that environmental improvements are always planned, prioritised and progressed in a structured and monitored way.

There are opportunities for people to access a private space. A quiet room is available for visits; however, this room is multi-purpose and can sometimes appear overcrowded, with limited clear space due to the volume of items present.

Systems for the oversight and management of environmental safety are not sufficiently organised or robust. There were no clear or structured arrangements in place for the management of documentation relating to environmental safety, maintenance and upkeep. Key documents relating to environmental safety, including electrical and gas safety certificates, were not readily available. Fire alarm and emergency lighting checks are completed routinely and a fire safety risk assessment is in place, however there were limited records available to show actions had been taken to address the recommendations highlighted. We found no record of regular fire evacuation drills or consistent oversight of emergency evacuation procedures. This information has been shared with the South Wales Fire and Rescue Service.

Outcomes for people require significant improvement because our findings do not provide assurance environmental safety is appropriately monitored and maintained or that providers have effective systems in place to identify, assess, and mitigate risks to the health and safety of people. We have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Leadership & Management

Requires Significant Improvement

Outcomes for people require significant improvement as governance and oversight arrangements are not sufficiently robust to ensure the service is safe, well managed or consistently improving. We have therefore issued a priority action notice. The provider must take immediate action to address this issue. We found significant weaknesses in quality assurance systems as the provider has not established effective processes to monitor, review and improve the quality of care provided, despite an area for improvement previously being identified at previous inspections. Audits did not include detailed analysis or clearly demonstrate how issues were identified, prioritised or addressed. There is insufficient evidence of a clear audit cycle demonstrating review, action and measurable improvement.

We found staff governance systems are not sufficiently organised or consistently managed. Although staff are generally described positively by people using the service, there is little evidence to demonstrate staff are consistently supported or that roles and responsibilities are clearly defined. We identified gaps in workforce learning and development, including several staff not registered with Social Care Wales (the workforce regulator). Supervision and support arrangements are inconsistent, with limited evidence of a structured and established supervision programme. Care staff we spoke with were not always clear about their roles, particularly senior staff, which indicates a lack of clear leadership and direction within the service. Systems to support care staff such as on-call arrangements, are not clearly defined or embedded.

The manager is newly appointed into the post and at the time of the inspection had been managing the service for only a matter of weeks. While improvements have begun to be introduced including clearer expectations and more structured systems for the daily running of the service, these are at an early stage and have not yet resulted in sustained or measurable improvements in outcomes for people. We found evidence indicating the previous manager was operating without effective scrutiny and the oversight by the Responsible Individual (RI) had not been systematic or demonstrable. This is likely to have restricted the RI's ability to effectively and reliably oversee the management of the service. Outcomes for people require improvement because of the potential risk to service delivery due to ineffective leadership oversight and we expect the provider to make improvements

These weaknesses in governance arrangements have resulted in a failure to promptly identify and respond to presenting risks. This is evidenced by the concerns identified during this inspection, about unsafe medication practices, inconsistent care planning systems, outdated workforce checks, inconsistent supervision arrangements, unavailability of key health and safety documents and incomplete fire and emergency safety processes. This demonstrates that governance arrangements are not effectively ensuring people receive a safe and appropriate service and the provider has failed to identify and address significant risks. As a result, people are exposed to a risk of receiving a service that is not consistently safe, well directed or quality assured.

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 not achieve their personal outcomes because personal plans and the review of these plans do not support the identification or monitoring of individuals' outcomes goals and aspirations.	21/05/26
People may be at risk because ineffective systems do not ensure medicines are consistently stored, managed , overseen and administered safely.	21/05/26
The management of the service is not sufficiently supervised because the Responsible Individual has not implemented effective oversight processes to monitor, develop and continually improve the quality and safety of the service provided.	21/05/26

Summary of areas for Priority Action	Date identified
People continue to be at risk because ineffective quality assurance arrangements have not identified or addressed ongoing concerns within the service and do not drive improvements.	21/05/26
People may be at risk in the event of an emergency because emergency evacuation and fire safety arrangements are not in place. Also, safety certifications and essential information are not consistently maintained, accessible or up to date, indicating systems for managing health and safety do not provide assurance that appropriate safeguards are in place.	21/05/26