



Torestin Care Home



Torestin Home, Tiers Cross, Haverfordwest, SA62 3DB



01437 891373



www.daleroadsgroup.co.uk

The inspection visits for this service took place between 13/07/2026 and 21/07/2026

Service Information:

Operated by:	Cherrywood Care Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care
Registered places:	44
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

Good



Environment

Good



Leadership & Management

Good

Summary:

People living at Torestin have good well-being outcomes because they are treated with dignity and respect from care staff who know them well. They are supported to make choices over their day to day lives and how they spend their time.

Care and support are good, detailed person-centred plans inform care staff on the care required and people's preferences on how they would like to be supported. People's physical and mental health is promoted and referrals to health and social care professionals are made in a timely manner when needs change.

Overall, people live in an environment that is safe, comfortable and homely, with ongoing investment helping to enhance the quality of the environment and support positive outcomes.

Leadership and management are good, care staff report feeling supported and confident in their

role. Governance and oversight arrangements are generally effective and demonstrate the provider's commitment to continuous improvement. Strengthening and more effective oversight in some areas would further enhance monitoring quality and drive improvements.

Findings:



Well-being

Good

People living at Torestin Care Home experience positive well-being outcomes because they are supported by staff who know them well and treat them with kindness, dignity and respect. During our visit, we observed warm and meaningful interactions between staff and people living at the home. Staff spoke calmly and patiently with people, offering reassurance and encouragement where required. People told us they were happy living at the service and described staff as 'lovely', 'wonderful' and 'caring'. One staff member said, *"I really enjoy working with the residents, we have fun, there are so many characters!"*. A social worker who regularly visits the home also spoke positively about the relationships between staff and residents, commenting that staff know people well and demonstrate a good understanding of individual needs.

People are supported to make choices and maintain as much control over their daily lives as possible. Personal plans contain information about people's preferences, routines, life histories and individual wishes, which helps staff provide care in a person-centred manner. Where people are unable to fully express their wishes due to cognitive impairment, staff involve families and representatives where appropriate. We found evidence that people are supported to maintain relationships with family and friends and visitors are welcomed at any time.

People's health needs are monitored and supported appropriately. Care records demonstrate regular involvement from GP's, district nurses, falls teams, social workers and other healthcare professionals. Care staff are proactive in healthcare management, including ongoing monitoring for people living with diabetes and those at risk of pressure damage and liaise with health professionals accordingly.

People have opportunities to participate in activities and maintain social engagement. The service employs an activities coordinator who provides a range of group and individual activities including music sessions, chair-based exercise, games, reading, crafts and reminiscence work. Records evidence some one-to-one engagement for people who prefer spending time in their rooms.

The environment contributes positively to people's well-being. Bedrooms are personalised with photographs, ornaments and personal possessions and communal areas are comfortable and welcoming. Recent improvements and ongoing work to outdoor spaces have enhanced accessibility and opportunities for people to enjoy fresh air and outdoor activities.

Overall, people are supported to achieve positive well-being outcomes in a caring and supportive environment.



Care & Support

Good

People receive personalised care and support that is designed around their assessed needs, personal outcomes and preferences. The service completes pre-admission assessments to establish whether people's needs can be safely met before they move into the home. Personal plans reviewed are comprehensive, person-centred and reflect people's physical, emotional and social care needs. Care plans include information regarding all aspects of care needs including, mobility, nutrition, communication, personal care, life histories and preferred routines, providing staff with clear guidance on how people wished to be supported.

People benefit from continuity of care from a relatively stable staff team. Records evidence healthcare professionals are involved appropriately when specialist input is required and referrals are made in a timely manner. A social worker described the service as '*very person centred*' and spoke positively about communication, partnership working and the quality-of-care people receive.

The service has systems in place to safeguard people from abuse and neglect. Staff are aware of their safeguarding responsibilities and policies are available to support practice. Safeguarding referrals are submitted when appropriate and records demonstrate that actions are taken following incidents, including healthcare referrals, risk assessment reviews and implementation of additional preventative measures.

Medication management arrangements are generally well organised. Medication is stored securely and administered by trained and competent staff. The frequency of medication audits could be strengthened and we have discussed this with the provider who has assured us this will be prioritised. Samples of medication records reviewed demonstrated safe administration practices and appropriate oversight arrangements.

Some areas of care governance could also be strengthened. Whilst care plans are reviewed regularly, evidence of people's representatives being routinely involved in review discussions was not always apparent within records. In addition, whilst care interventions appeared to be taking place, we identified examples where recording did not always fully evidence care delivery. Accurate recording is essential to demonstrate care provision, support continuity and provide assurance that planned care has been delivered. The provider has given assurance that this will be addressed.

Overall, people receive safe, compassionate and person-centred care from staff who understand their needs well.



Environment

Good

People live in a comfortable, welcoming and generally well-maintained environment that supports their safety, independence and well-being. The home provides a range of communal and private spaces which enable people to spend time socialising or enjoying privacy according to their preferences. Bedrooms are personalised and reflect people's individual tastes and histories through the use of photographs, personal furniture, ornaments and decorative items. These personalised environments contribute positively to people's sense of identity and belonging.

The provider has invested in environmental improvements and continues to upgrade the home. During the inspection, we saw evidence of refurbishment works, including modernised bathroom facilities, flooring in some areas, improvements to external areas and planned enhancement works throughout the building. The service has recently undertaken significant work to improve the accessibility of outdoor spaces, including installing accessible surfacing and a wider doorway to support wheelchair users. These developments have increased opportunities for people to enjoy outdoor spaces safely and independently. The provider demonstrated awareness of the importance of creating environments that support people living with dementia and mobility impairments. Accessible outdoor areas, clear walkways and adaptations to the premises help support movement around the home.

People benefit from an environment that is clean and well presented. Domestic staff are available daily and we found all areas to be hygienic and well maintained. Communal areas are comfortable and suitable for the needs of people living at the service. Appropriate signage, secure storage arrangements and environmental safety measures such as window restrictors and alarm systems are in place. Necessary moving and handling equipment is available and there is evidence of ongoing servicing and maintenance arrangements for specialist equipment.



Leadership & Management

Good

The service benefits from committed leadership and management arrangements that promote a caring culture and support positive outcomes for people. Throughout the inspection, we received positive feedback from people, staff and professionals regarding the quality of care provided and the support available from management. Staff consistently describe managers as approachable, supportive and willing to listen to concerns and ideas. One staff member said, *“The management style is very supportive. If we want any changes they listen. If people need anything or if their care can be improved, they (managers) will try their best to change it”*. The deputy manager also spoke positively about the support received from the Responsible Individual (RI) and provider organisation.

The provider has established governance arrangements that include RI visits, quality of care reviews and a range of auditing processes. RI reports are detailed and reflective, identifying strengths within the service whilst also recognising areas requiring development. The provider maintains oversight of service delivery and gains feedback from people and staff. Partnership working with healthcare professionals and external agencies is positive, with professionals describing the service as responsive, person-centred and effective in maintaining communication.

The service benefits from a stable workforce which promotes consistency and continuity of care. Staff are mostly up to date with mandatory training and feel equipped to meet people's needs. Recruitment records are generally compliant and demonstrate that appropriate checks are undertaken before staff commence employment. Staff spoke positively about their working relationships with residents and colleagues.

However, we identified several governance areas that require further strengthening. Whilst staff report receiving supervision and support, management were unable to provide robust oversight information regarding supervision compliance. Monitoring records reviewed indicate that formal supervision arrangements are not being consistently completed within required timescales. The provider has recognised this shortfall and changes are being made to increase management capacity and improve compliance. Stronger oversight is required to ensure all staff receive regular supervision and annual appraisal opportunities. The provider has assured us that this will be addressed.

Workforce governance also requires addressing. Management were unable to readily provide accurate information regarding Social Care Wales registration compliance and some workforce monitoring records. Effective governance systems will enable managers to quickly demonstrate compliance with regulatory requirements, including professional registration, DBS monitoring and workforce development arrangements. The provider has also given assurance that this will be

addressed as a priority.

Governance arrangements are generally effective and demonstrate the provider's commitment to continuous improvement. Whilst we identified some areas that require strengthening this is not impacting on the care and support people receive and we have been given assurance that this is being addressed.

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.

CIW has no areas for improvement identified following this inspection.

CIW has not issued any Priority action notices following this inspection.

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