



Ty Ross Care Home



Ty Ross Nursing Home, Ninian Street, Treherbert, Treorchy, CF42 5RD



01443778305

The inspection visits for this service took place between 24/02/2026 and 25/02/2026

Service Information:

Operated by:	Forest Gate Healthcare Ltd
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for mental health
Registered places:	38
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

**Requires Significant
Improvement**



Leadership & Management

Requires Improvement

Summary:

Ty Ross is an established residential service in Treherbert providing care and support to adults, with a particular focus on supporting people living with dementia.

Well-being is good because people benefit from positive relationships, meaningful engagement and support that promotes independence. Staff interactions are warm and respectful, and their consistent presence helps people feel secure and contributes to positive outcomes.

Care and support is good. Care staff know people well and respond effectively to their needs. Relatives described improvements in people's health and well-being, highlighting gains in confidence and day-to-day functioning. Staff work well with external professionals to ensure health needs are identified and addressed promptly. Consistent staffing also enables people to develop trusting relationships that support emotional well-being.

The environment requires significant improvement. People do not live in a safe or well-maintained

setting. Environmental standards fall below what people should expect, and several health and safety risks have not been identified or addressed in a timely way. These issues undermine people's safety and comfort.

Leadership and management also requires improvement. Oversight by the responsible individual is insufficient, which affects the safety, quality and effectiveness of the service. Regulatory requirements for supervision, quality assurance and monitoring are not met, and weak governance has contributed to broader issues across the service.

Findings:



Well-being

Good

People experience positive and trusting relationships with care staff who know them well. We observed warm and respectful interactions, with staff responding promptly and sensitively when people required assistance. People told us staff were good at supporting them when they needed it. Relatives described noticeable improvements in people's confidence, mobility and appetite since living at the home. One family member told us their relative is now living the "*best life they have ever had*". Personal plans outline people's care and support needs, including the risks that may affect their well-being, which helps staff deliver consistent and responsive care.

Mealtime experiences contribute positively to people's well-being. People are offered a range of food choices, including seasonal menus and alternatives. People told us they enjoy their meals and we saw people being supported to eat and drink by kind and responsive staff during mealtimes. There is also the opportunity for people to make their own drinks and breakfast which supports independence and choice.

People told us they feel safe living at the home. Systems are in place to safeguard people from abuse or neglect, and staff explained their responsibilities confidently. The service reports concerns appropriately, promoting openness and transparency. Relatives told us they feel able to raise issues with the management team and are confident these would be addressed. Staff are trained and experienced, and we saw care being delivered with kindness, dignity and respect.

People have choice in how they spend their day. Some people choose to take part in group activities, while others prefer quieter time in their rooms, and this choice is appreciated. There is a coordinated programme of activities which promotes emotional well-being and social engagement. Dedicated meaningful occupation staff offer both practical and sensory experiences. The service has links to two local primary schools and visits from children provides people with positive engagement opportunities whilst maintaining links to the community. There are open visiting arrangements, and we saw relatives being treated warmly by the care staff.

People experience positive outcomes because staff understand their needs and work effectively with health professionals. We saw timely referrals and evidence that staff follow professional advice. Relatives spoke confidently about staff's commitment to supporting people's health and well-being.

The service provider is working towards providing a Welsh Active Offer. Whilst no people living at the service speak Welsh currently, some staff members are Welsh speakers. The service has a Welsh board with bi-lingual phrases and cultural events highlighted.





Care & Support

Good

People experience good care and support delivered by a committed staff team who know them well. The care staff's approach is a strength within the service. During the inspection, we heard from relatives that care workers are kind, responsive and dedicated. One relative described the care as "*amazing*", and a professional said the care staff "*go above and beyond*" in their provision of support. Staff are viewed as approachable, supportive and invested in people's well-being.

The service completes thorough pre-admission assessments, gathering detailed information about each person before they move into the home. This supports safe decision-making and helps ensure new people are well matched to the environment. The manager described occasions where they declined placements that could not be safely supported, reflecting positive professional judgment and a strong focus on maintaining stability within the service.

Personal plans contain good levels of information regarding the care and support each person needs across areas of daily living. Staff felt that the plans gave sufficient information to know how to care for people's individual needs. In some plans we examined, life-story content was detailed and helped staff understand what matters to each person. Where this information was less developed, the meaningful occupation team is now completing scrapbooks with people, providing a creative and effective way of capturing personal histories and preferences. This work is strengthening person-centred planning.

People experience continuity of care, with evidence of regular communication between staff and families. Relatives praised the way they are kept informed and involved, highlighting frequent updates, phone calls, and shared photos or videos showing people engaged in activities. This enhances trust and reinforces strong partnership working. Deprivation of Liberty Safeguards (DoLS) referrals are made when care arrangements may restrict a person's liberty, supporting people's rights and legal protections.

We saw clear evidence of appropriate and timely referrals to health professionals, which ensures people receive the right medical support as they require it. Medication management systems are safe and well organised. There are clear processes for the ordering, storage, administration and disposal of medicines. Controlled drugs are managed in line with legal requirements. These arrangements help ensure people receive their medicines safely and as prescribed.

Infection prevention and control is managed appropriately. An infection control policy guides staff practice, including the management of outbreaks. Personal Protective Equipment (PPE) is readily available and used appropriately. Cleaning schedules are in place and followed, and the laundry system is well organised to reduce risks. These measures help protect people's health and

well-being.



Environment

Requires Significant Improvement

People live in an environment that has some positive features. People are encouraged to personalise their bedrooms with their own belongings, which helps them feel at home. Bathrooms and toilets have specialist equipment where needed, supporting people's safety, dignity and independence. A lift provides access to the first floor for people with mobility needs. The housekeeping team maintains good standards of cleanliness and hygiene throughout the home. Laundry and kitchen areas are clean, organised and well maintained. The service has a Food Standards Agency rating of three, which reflects standards are generally satisfactory.

There is sufficient communal space, offering people opportunities to socialise or spend time quietly, depending on their preference. There is an additional private space for relatives or professionals to meet with people away from the main home. This has been decorated in a café style. We saw evidence of refurbishments having taken place and a dedicated maintenance person employed by the service.

Outcomes for people require significant improvement because people do not consistently live in a safe or well-maintained setting. During the inspection we identified significant shortfalls in safety, maintenance and oversight that present risks to people's well-being. Fire safety arrangements are insufficient, outdated and an absence of documentation hinders staff understanding of safe evacuation procedures. Safe evacuation was observed to be potentially further hindered by an unsafe evacuation route. Furthermore, we did not see any evidence of actions being taken following the previous fire risk assessment.

We observed several significant environmental hazards including an unsafe electrical hazard, broken glass in a fire door and a potential falls risk due to an unsafe stair gate. At the minimum these have remained unremedied for several weeks, demonstrating inefficient and ineffective monitoring systems. Other essential risk assessments had not been updated. These issues present risks to health and safety.

Overall, although aspects of the home environment are positive the current level of concerns noted require significant improvement. There is poor oversight of environmental issues which is having a negative impact on the health and safety of people within the service. We have therefore issued a priority action notice, and the provider must take immediate action to address this issue.



Leadership & Management

Requires Improvement

People are supported by care staff who have been employed following robust recruitment processes. Staff, relatives and professionals spoke positively regarding the Manager's leadership. Feedback included they are approachable but also there is a confidence that any concern or issues will be dealt with effectively.

There is a stable staff team and there is no use of agency staff. One relative told us that they "see *the same faces*" and commented that they felt their loved one benefited by this consistency. Care staff told us that they enjoy working at the service and the team get on well together; "*they are a good bunch*". We also heard how the service had recently won an award for supporting staff with their ongoing skills development. Care staff receive regular supervision and feel the training is sufficient for them to do their jobs.

Whilst the strengths are noted, we found that leadership and management requires improvement because there are insufficient oversight and ineffective governance arrangements. The RI (Responsible Individual) has not ensured systems are in place to monitor quality, safety and regulatory compliance.

The RI has good contact with the service and visits regularly. However, every three months the RI has to evidence direct oversight and identify whether the service is meeting people's care and support needs effectively. Reports we viewed lack analysis, do not evidence meaningful engagement with people or staff, and do not demonstrate review of records or identification of actions. Examples of environmental hazards found during inspection had not been recognised during RI visits. Reports lack action plans, limiting the service's ability to drive and track improvement.

There are no six monthly Quality of Care reports being completed, which is a statutory requirement. This means risks and issues in service provision are not consistently identified, analysed, or managed and limits the effectiveness of improvement planning. They should also allow the service to self-evaluate and identify where developments might be beneficial.

Staff told us that they do not feel valued by the service provider/RI. There is no written contract in place for the individual responsible for managing the service. Regulations require clear documentation setting out the lines of accountability, delegation and responsibility between the Responsible Individual and the Manager. This is necessary to ensure effective oversight of the service. The Manager is not receiving any formal support. Regular and recorded supervision is a regulatory requirement and an essential component of good governance. The absence of supervision reduces oversight, weakens accountability arrangements, and increases the risk to the

safe and effective operation of the service.

Due to the lack of robust governance and the impact on people's safety and outcomes, this is an area that requires improvement and we expect the service to take action.

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's well being is at risk because the Responsible Individual does not have effective oversight of the management, quality, safety, or effectiveness of the service. This is because the RI has not ensured systems that identify risk, provide scrutiny, drive improvement or test quality assurance are in place. There are no ongoing action plans to address identified issues.	24/02/26

Summary of areas for Priority Action	Date identified
People are at significant risk of harm because they live in an environment that is poorly maintained and contains hazards. Fire safety arrangements are insufficient. Environmental hazards are not rectified in a timely manner. Essential risk assessments have not been reviewed or updated. These failings show poor oversight of environmental safety and place people's health, safety and well-being at immediate risk.	24/02/26

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