



Inspection Report on

Milford House

**Milford House Centre
Dartmouth Street
Milford Haven
SA73 2AH**

Date Inspection Completed

13/07/2023

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About Milford House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Pembrokeshire County Council Adults and Children's Services
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	25 May 2002
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are satisfied with the care and support provided at Milford House and speak well of care staff. People are encouraged to be as independent as possible and make choices regarding how they live their lives. Care staff treat people with dignity and respect and have a good understanding of the needs of the people they support. Care documentation is accurate and up to date, helping care staff deliver good quality care. Care staff receive regular, relevant, training so they remain sufficiently knowledgeable and skilled. A safe recruitment process ensures care staff have the necessary skills and qualities needed for working in the care sector. Governance and quality assurance is overseen by the Responsible Individual (RI) who visits the service regularly to discuss provision with people and staff. Written information such as policies and procedures are kept under review and guide staff to ensure best practice is followed. Although communal bathrooms and toilets are as clean as possible, with no malodours, they require attention in order that they provide a pleasing environment for people to live in.

Well-being

People are protected from harm and abuse, as far as is possible. People have risk assessments and management plans in place, helping to keep them healthy and safe. There are also generic risk assessments which highlight possible risks within the home. Care staff receive safeguarding training and there is a safeguarding policy which is aligned with current national statutory guidance. Care staff we spoke to said they are aware of their safeguarding responsibilities and the process for reporting concerns.

People are actively supported with their health and well-being and their independence is promoted whenever possible. Care staff know the people they support well and can recognise physical or mental health issues quickly. We saw strong evidence that advice is sought from relevant professionals in order to promote people's health and well-being. There are medication management systems in place ensuring people's medication is stored and administered safely.

People are encouraged to voice their opinions and are treated with dignity and respect. People we spoke to gave an informed and detailed account of the care and support they receive at the home, together with the outcomes intended for them. People are involved in their care planning and contribute to reviews of their care documentation. Personal plans are up to date and accurately reflect people's needs. People told us they are very regularly consulted and are encouraged to voice their opinions. People's views on service provision are collated to help inform improvements. The feedback from people regarding care staff indicates they are kind, considerate and respectful.

People live in a home which supports their well-being. Although people do not tend to stay at Milford House for extended periods of time, they can personalise their rooms to their preference if they choose to. Staff ensure that the home is as clean and comfortable as possible but improvements to the environment are necessary. An ongoing programme of maintenance, checks and servicing promotes environmental safety.

Care and Support

All people living at the service have personal care plans in place. These set out the best ways of supporting people to achieve their personal outcomes. Care plans are person centred, meaning they are specifically tailored to each individual. We examined a selection of care plans and found they are clear and concise. Risk assessments are also included. These highlight potential risks and strategies for keeping people safe. They also highlight the benefits of taking risks, allowing people to experience positive risk taking. Care staff we spoke to told us personal plans contain the right level of information for them to provide effective care and support. Personal plans are regularly reviewed to ensure they remain relevant. We saw evidence people participate in person centred planning and reviews, where they discuss the effectiveness of the plan and any changes which might be necessary.

People have good relationships with care staff. We observed positive interactions between people and care staff throughout our inspection. It was evident care staff know the people they support well and are familiar with their needs and daily routines. We saw care staff engaging with people in meaningful conversations, speaking in a friendly, informed and respectful manner. People we spoke to provided positive feedback regarding care staff.

Medication management systems are effective, ensuring medication is stored and administered safely. Medication is stored securely and temperatures are recorded. People have medication support plans detailing how and when they take their medication. They also contain information about their medication and any risks associated with it. There is a medication policy and care staff receive training to help them administer medication in line with best practice guidance. We examined a selection of medication recording records (MAR) and found they are completed accurately. This indicates people receive their medication in line with the prescriber's recommendations.

Written information is available for people to view. The statement of purpose sets out the service's aims and objectives and evidences how it can meet the range of needs which are catered for. People are informed about the ways in which any concerns or complaints can be reported.

Environment

Milford House can accommodate up to eight people. The home is set over two floors with bedrooms located on the upper floor. All bedrooms are of single occupancy and there are no en-suite facilities. There is a comfortable lounge and a large dining room.

The home is as clean as possible and there are no malodours but parts of the building would benefit from redecoration and refurbishment in order to enhance people's wellbeing. A bath panel is missing, pipework in the bathrooms and toilets is exposed and rusting, wall tiles beside one of the baths show discolouration, the plastic covering a bathroom windowsill is peeling off and needs replacing and there is a gap between the flooring and one of the toilets, which means it is difficult for care workers to maintain good hygiene, the seal around one of the shower trays is mouldy and there are cracks in the plaster in a number of rooms. People living and working in the home are responsible for keeping it clean and tidy. On the day of inspection the home was clear of clutter.

The spacious kitchen is well stocked and people are supported to plan and prepare their own meals whenever possible. People are encouraged to cook for the entire home once a week on a rotational basis.

There is a large garden, which is safe and secure. A substantial summer house, containing a dart board and pool table, is available for people to use and there are plans to develop the garden further.

Utilities such as gas and electricity are regularly inspected by appropriately qualified people and the necessary safety certification is in place. There is a fire risk assessment and fire safety features such as alarms and firefighting equipment are regularly serviced. The home is secure from unauthorised access with visitors having to sign in on arrival and out on departure.

Leadership and Management

Care staff are subject to a thorough recruitment process. This is to ensure they are suitable to work with vulnerable people. Pre-employment checks include references from previous employers and Disclosure and Barring Service (DBS) checks. On commencement of employment, new employees must complete a structured induction which is aligned with the All-Wales Induction Framework. Care staff are required to register with Social Care Wales, the workforce regulator. This is to ensure they are suitably qualified.

Care staff are trained to meet the needs of people living at the service and receive core and specialist training. Core training covers generic topics such as health & safety and safeguarding. Specialist training is specific to the needs of the people living at the service. We looked at records relating to training and found the service is compliant with its training requirements. We also looked at records relating to supervision and appraisal and found care staff are receiving the required levels of formal support. Most of the care staff we spoke to said they feel well supported in their roles and that they can approach the manager at any time.

Governance and quality assurance measures help the service run smoothly. The Responsible Individual (RI) has good oversight of service provision. They visit the home regularly and meet with people and staff to discuss their experiences and gather their views to inform improvements. During these visits the RI also analyses records relating to staffing, care and support, and the environment.

Most care workers said that they enjoy their work and feel valued by their colleagues and by the management team. Some however said that they feel that they are not able to easily approach the management with any issues they might have. All care workers said that they would have no hesitation in raising any safeguarding concerns they might have regarding the people they care for and were able to describe the process they would use. Morale within the staff team was described by some care workers as '*poor*' but by others as '*very good*' and enhanced by the management being '*flexible whenever possible*'.

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. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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