



## Inspection Report on

**Neyland House Care Home**

**Neyland House  
Neyland Terrace  
Milford Haven  
SA73 1PP**

## **Date Inspection Completed**

23/12/2022

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## About Neyland House Care Home

|  |  |
|--|--|
| Type of care provided                                      | Care Home Service<br>Adults Without Nursing  |
| Registered Provider  | WATERVIEW CARE LIMITED   |
| Registered places  | 11   |
| Language of the service                                    | English  |
| Previous Care Inspectorate Wales inspection                | 14 June 2021   |
| Does this service provide the Welsh Language active offer? | The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service. |

### Summary

People and their representatives are very happy with the service they receive, a family member told us *“it’s fantastic, I couldn’t ask for better”*. Dedicated and enthusiastic staff are guided by accurate and detailed person-centred plans. People are encouraged to be as independent as possible and a support worker said, *“I love seeing the smile on peoples faces and making them laugh, that’s what it’s all about”*.

The environment is homely and reflective of the people who live there. Maintenance checks of the building and equipment are completed and there is an ongoing refurbishment programme.

The manager of the service has a hands-on approach, they are accessible and well respected. The Responsible individual (RI) is involved in the day to day running of the home and focuses on improving the service for people.

## Well-being

People receive person centered support and are involved in decisions about the service they receive. Detailed information is recorded in plans, individualised communication tools mean people speak for themselves and direct their service. People remain as healthy as possible as senior staff support them with advice from health and social care professionals. People and/or their representatives contribute to decisions that affect them, a family member said *“staff communicate well with me and I’m always updated”*. Key workers maintain detailed personal plans that focus on things that matter to the individual. People build long term relationships with staff and each other. A worker told us *“I love the people who live here, it’s so satisfying and they are so grateful”*. People access their local community and activities are individualised and promote health and well-being.

Recruitment and training ensures people get the right care and support, from skilled and knowledgeable workers. Staff protect people from abuse and neglect and are fully aware of their responsibilities to raise concerns. People and/or their representatives are able to make a complaint if needed.

The building is homely and people personalise their own rooms. Communal areas are bright and spacious. People use the different spaces available to achieve their outcomes, for example planning a party, relaxing on their own watching TV or to take part in group activities. Gardens are accessible and people can do things that matter to them.

People have a voice and input into the running of the service because the RI involves them in quality assurance. Governance processes focus on developing the service by using information from surveys and audits. The Quality of Care Review identifies areas to improve following consultation with people who live and work at the home.

## Care and Support

People are very happy with the support they receive from skilled staff who understand each individual. Representatives are positive about the service and the relationships people have built with each other and support workers. A family member told us *“It’s very good there, he’s very happy. When we visit he can’t wait for us to go because he’s busy and has things to do”*. The provider has personalised, accurate and up-to-date plans for how it provides support to individuals. Documents focus on people’s independence and guide staff how best to support them. The manager considers a range of information from the person, their representatives, workers and external professionals. Risk assessments help to maintain people’s safety, while promoting their independence. Key workers regularly review plans with individuals and their representatives so they remain relevant. Daily notes are detailed and illustrate the support people receive to work towards their goals, photographs of these activities also help bring them to life. For example, people access their local community, go to the pub and volunteer at horse stables. There is good evidence of health and social care professionals being involved in people’s lives.

People have resumed doing the activities they enjoy following the pandemic. People are enthusiastic about the opportunities they have and an individual said *“I like going out and getting my hair done in town”*. Representatives spoke positively about the activities and one told us *“He goes to the farm twice a week and really enjoys it”*.

Many of the support workers have been at the service for years and have longstanding relationships with people. There are very positive interactions between people who live and work at the service. A family member told us *“The staff are constantly interacting with him and they communicate well”*. Staffing levels are sufficient and the manager allocates dedicated one-to-one time in line with each person’s assessed need.

The provider has policies and procedures to manage the risk of infection. There are good hygiene practices in line with Public Health Wales guidance.

## Environment

The manager of the service ensures the environment supports people in line with their needs. People use the different communal areas to socialise, do activities or to have quiet time alone. People appear comfortable and relaxed throughout the service. Individual rooms are highly personalised and people are involved in choosing flooring, colour schemes and can decorate as they wish. Accessible grounds are well used.

The manager and RI have identified issues with the environment, such as replacing carpets, re-decorating rooms and garden repairs, an action plan is in place to address them. Some of the windows and harder to reach areas need to be cleaned and the manager will ensure this is completed.

Regular Health and Safety audits of the property are completed. Testing of fire safety equipment is up-to-date and actions from the last fire regulations inspections are completed. Personal Evacuation Plans are individualised and available in emergencies.

The kitchen has a five star food hygiene certificate. Support workers promote independence and encourage people to buy and prepare their own meals. People discuss and agree the menu together, alternative meals are also available if people wish to choose something different. We saw people choosing what they wanted to eat during the visit and several people were planning a birthday party with staff.

## Leadership and Management

The provider has arrangements in place for monitoring, reviewing and improving the quality of the service. The RI's statutory quarterly visits involve people and workers and would benefit from regular feedback from representatives. Support workers told us *"he's (RI) great, you can talk to him about anything, so easy to approach and he's grateful. I can make suggestions and he takes things on board"* and *"he's really good with the people and gets involved with them"*. The service aims to improve how it gathers feedback from people to allow them to communicate their views about the service. Information from internal quality assurance systems informs the action plan that focuses on improving the service. The six monthly Quality of Care Review; shows positive feedback from people, their representatives and professionals involved in the service.

There is an open and supportive culture at the service. The manager is accessible and helpful. A support worker told us *"[Manager] is easy to get along with and is always there"*. Constructive, person focused team meetings take place and staff share challenges and good practice. Workers confirm they receive regular supervision meetings and appraisals. A support worker told us their one-to-one supervision meetings are *"two way and I can air whatever I need; it's constructive"*. Staff members have a good understanding around safeguarding. Policies and procedures are in place to support good practice and staff have a sufficient understanding of key policies.

The provider is in the process of transferring all of their care information onto a new electronic system. The manager told us daily recordings have improved and they expect this to enhance communication.

Pre-employment checks take place before new employees start work. These include references, right to work and Disclosure and Barring (DBS) checks. Staff receive mandatory, person specific and developmental training to meet people's needs. When discussing training a support worker said *"training is good and keeps us up to date, the face to face with the Manager or RI is good"*.

Adequate numbers of staff meet people's needs. A key worker system ensures people get continuity of care with support to build relationships with staff. A representative said *"she knows the staff and they know her and she's happy"*.





### Summary of Non-Compliance

| Status              | What each means   |
|---------------------|---|
| <b>New</b>          | This non-compliance was identified at this inspection.  |
| <b>Reviewed</b>     | 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. |
| <b>Not Achieved</b> | Compliance was tested at this inspection and was not achieved.  |
| <b>Achieved</b>     | 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 |
|------------|---------|--------|
|------------|---------|--------|

|     |  |     |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
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**Date Published** 13/01/2023