



Inspection Report on

Canterbury House Residential Home Limited

**Canterbury House Residential Home
103 Priory Road
Milford Haven
SA73 2EA**

Date Inspection Completed

06/09/2023

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About Canterbury House Residential Home Limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Canterbury House Residential Home Limited
Registered places	13
Language of the service	English
Previous Care Inspectorate Wales inspection	08/11/2022
Does this service promote Welsh language and culture?	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 living in Canterbury House receive a good standard of care and support. People appear happy with the service they receive and have positive relationships with the care staff who provide their care. Care staff have a clear understanding of people's needs and provide care with warmth, dignity and respect. Care documentation is in place, with evidence that external support is accessed when required. People are encouraged to eat their meals in the dining room, but they do have choice about what they eat and where they prefer to eat. There are some opportunities available for people to take part in activities. The home's equipment and facilities are clean and appropriately maintained. Policies in place support good practice. Recruitment checks are undertaken and care staff complete an induction, they access training and receive supervision. The responsible individual (RI), who is also the manager, has good oversight of the service and regularly works alongside care staff. Quality monitoring audits are also completed to keep service delivery under review.

Well-being

People are treated with dignity and respect at Canterbury House. People are comfortable in their environment and are supported to meet their needs. People's relatives praised the quality of care and support at the service. The home has good relationships and lines of communication with relatives, who tell us staff keep them informed and updated. Relatives said they feel welcome to visit when they wish.

People are supported to be as healthy as they can be by getting the right care at the right time. The home liaises with health professionals to refer any concerns and follows appropriate guidance. We saw evidence of correspondence with professionals, with personal plans updated to reflect direction given. Personal plans are sufficiently detailed, and reviews take place regularly. Meals appear appetising and consider what people like and enjoy. Specific dietary needs are understood and catered for. The home has a sufficient supply of personal protective equipment (PPE). We saw the management of medication is safe and in line with the medication policy.

People live in an environment which supports their well-being. Bedrooms are comfortable and personalised. Suitable mobility aids and equipment are in place to help people where needed. We saw people were relaxed and comfortable in their environment. The home is clean and well-maintained but the hallway leading to the downstairs bedrooms was cluttered with equipment.

There are systems in place to help protect people from abuse and harm. Ongoing training ensures care staff are sufficiently skilled. Policies and procedures support good practice and can assist staff to report a safeguarding concern or 'whistle blow', should this be needed. Care staff tell us they feel confident if they raise an issue with the manager, it will be responded to. Pre-recruitment checks are in place and regular supervision supports continued development. The service meets regulatory requirements about submitting notifications to Care Inspectorate Wales (CIW).

Care and Support

People benefit from a good standard of care and support. A person-centred approach to care planning ensures people are central to the care and support they receive. Personal plans are developed in conjunction with the person or their representative. They highlight people's outcomes and provide care workers with clear instructions regarding care delivery. Informed risk assessments and management plans identify people's vulnerabilities and give care workers guidance on interventions that will keep people safe.

People are supported to remain as healthy as possible. We saw personal plans contained information that suggests people have good access to additional health and social care services. Medication is stored safely and administered in line with the prescriber's recommendations. We examined medication administration records (MAR) and found them to be filled in correctly with no gaps.

The service supports people to maintain a suitable diet. Meals are freshly prepared, and we found that meals are well presented and served efficiently. People told us that they enjoy the meals and can always have something different if they wish. One person said, "*the food is really good, I always enjoy my meals*" and another "*the food here is wonderful*". We saw that people are provided with food and drink that is prepared according to their individual needs. People confirmed they have plenty to eat and drink throughout the day and are offered choice. We saw care staff assisting people with their meals in a dignified, sensitive way.

There appear to be consistent and appropriate staffing levels in place to meet the care and support needs of people living at the service. On the day of inspection, the atmosphere in the service was friendly and relaxed with people appearing at ease when engaging with care staff. Family members are consistently complimentary about the service.

Environment

The service provides people with care and support in a well-maintained environment. Facilities and equipment promote personal outcomes effectively. The general environment is welcoming and clean with an ongoing programme of maintenance in place. The exterior of the building has been painted and a level pathway laid since the last inspection. Redecoration in some communal areas and bedrooms has taken place as part of an ongoing process of refurbishment and redecoration. The home is clean and generally clear of clutter but the hallway leading to the downstairs bedrooms is filled with equipment. We were told however of plans to move these items shortly, which would enable this space to be used as an additional sitting area if required. People are able to choose where to spend their time, be it in their own personalised rooms, in communal areas or the well-maintained garden. The garden offers people a safe and pleasant place to spend time in, with an enclosed sitting area for people to enjoy. The garden is level, providing a pleasant and accessible area which can be utilised by everyone.

Health and safety in the home is well managed. Equipment is checked and maintained to ensure it is safe to use. There are good infection control measures in place, and policies and audits have been updated to ensure they are in line with current national guidance and legislation.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. We viewed documents relating to the service's quality assurance processes, which are completed in a timely manner. We saw policies and procedures are in place and updated.

The statement of purpose accurately describes the current arrangements in place regarding the service's accommodation, admission process and the type of care and support available. People and their family members give positive feedback about the care provided. There is regular communication between the manager/RI and staff, residents and relatives.

Suitably vetted, trained and supported care staff support people in the appropriate way. The records we examined show that the provider carries out the necessary checks when recruiting staff. New care staff receive a period of induction. Care staff receive training relevant to their roles, including safeguarding. Care staff say they feel valued and supported and that teamwork at the home is very good. They also told us they are able to talk to the RI/manager, who is very present and approachable.

The need for confidentiality is anticipated and respected. Care records are safely stored and employee personnel records are kept securely. Deprivation of Liberty Safeguards (DoLS) records are available. In addition, people are safe from unauthorised visitors entering the building. Visitors have to ring the bell to be allowed access to the building. All visitors complete the visitor's book when entering and leaving the home. People's privacy and personal information is well protected.

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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