



## Inspection Report on

**Surehaven Pembroke Dock**

**SUREHAVEN PEMBROKE  
FORT ROAD  
PEMBROKE DOCK  
SA72 6SX**

**Date Inspection Completed**

**29 June 2021**

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## About Surehaven Pembroke Dock

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Surehaven (Pembroke) Ltd
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	01.07.2020
Does this service provide the Welsh Language active offer?	Working Towards

### Summary

People who have made Surehaven their home are cared for in a clean and well maintained environment and by care staff who are motivated to provide person centred care and support.

Care workers feel valued and are appropriately supervised, but additional training is required to ensure workers can most appropriately help people to meet their goals, and to support them in meeting their care and support needs.

Staffing within the home must ensure care workers have the necessary skills and competence to accurately assess people; to ensure they have care and support plans in place, and to plan activities and interventions to best support them,

## Well-being

All staff know how to report any concerns and ideas they have and are confident of receiving a helpful and timely response with one telling us "*the manager's door is always open*". Care workers understand their responsibilities in relation to safeguarding and know how to report any issues. Restraint is not used in the home, and care records we looked at supported the home's policy of no restraint. Relatives are reassured by knowing people are safe in the home.

People do not always have things to do to help them maximise their potential and reach their goals. Activities consist of playing bingo; board games; singing and going out in the minibus. We were told some baking is done but this is not regular nor frequent. All of the people we spoke with said there is "*not much to do*". The Statement of Purpose describes the service as "*a stepping stone to greater independence and self actualisation*" but we did not find any evidence of any rehabilitative or more therapeutic work being done with people.

Health needs are met with referrals to professionals as needed. Reviews have taken place with a range of professionals, including CPNs; asthma clinic; Social Worker and GP. People's weight is monitored and the calorific value of meals is amended to suit people's dietary needs. Some people have attended dental and opticians appointments

Staffing levels are adequate, but people would benefit from having more specially trained care workers to provide greater therapeutic input for people. This would enable them to support those people assessed as needing specialist mental health support, as well as those who are looking for a level of rehabilitation.

Care workers do have a lot of training available to them, but more specific mental health training is needed. The manager is also required to ensure care workers are up to date with people's care and support needs as set out in their care plans.

The governance arrangements monitor quality and compliance within the home and whilst these arrangements are generally robust, they do not always pick up on the areas where further input is needed.

## Care and Support

Care plans are reviewed and contain a large amount of information but it is not always easy to find the information needed. Some care workers do not find them easy to navigate, saying *“you have to search”*. However, care workers are confident they get the information they need during shift handovers. Some care workers think the care records have got better but consider further improvements are needed.

Records show care workers do not always read the care plans which will impact on their ability to provide the most appropriate care and support.

People have care plans for a range of care and support needs, including nutrition; mobility; medication; communication and behaviour support plans. Daily entries are person centred. Not all care workers have read people's care plans which could impact on people's care if workers do not have all of the information they need, although workers we spoke with have a good knowledge of people and what is important to them.

One person has set themselves some targets but this is not dated nor evaluated so it is not known how long ago the targets were set nor if the person has achieved them.

Some care workers do not always feel they have the information they need about people moving into the home. Some feel the pre-admission assessments would be better if they were completed by a nurse qualified in mental health.

Covid 19 has impacted on people's ability to take part in things which matter to them.

However, despite the restriction caused by the pandemic, people are not always taking part in meaningful activities.

Care workers told us some people enjoy baking but it was not clear when this was last done, with one care worker saying *“a few weeks ago”* and another said *“not since last year”*.

People's participation in activities is recorded in both the care records and in a separate activities log which made it difficult to gain a clear understanding of the type and frequency of the things people do and the impact these have on their outcomes and overall well-being. One person told us *“They make me go on trips”* but also said they *“don't do much”*.

People living in the home have set up their own choir and care workers are very positive about this and the impact it is having on people.

People are complimentary about the food within the home. We were told most meals are prepared using fresh ingredients, although one staff member told us there is a reliance on processed food for some of the meals. One care worker described the food as *“absolutely fantastic”* and one person described it as *“very good”*. Special occasions are celebrated with homemade cakes and party type food. There have been some recent changes with meat now being bought from a local butcher, and fruit and vegetables being delivered from a local supplier. The catering team demonstrated a good understanding of the importance of good nutrition.

Family members speak very highly of Surehaven. One relative told us *“They are exceptionally good”, and went on to tell us “X's mental state has improved no end”* since

being in the home. One relative described care workers “*very good*” but another described them as “*quite rigid*”. All of the relatives we spoke with are confident they would be contacted if the person’s health changed.

## Environment

Bedrooms are clean and appear personalised. They are large enough for people to spend time in them if they choose to do so and all have en-suite bathrooms. People, and their relatives, are happy with the physical environment, both the cleanliness and the décor. The communal areas are also clean and in good decorative order, with people living in the home contributing to the décor.

The building does not have a homely feel because of its design, but efforts have been made by the provider to make it as comfortable as possible.

People are able to move freely through the home as there is a lift to use between the ground and first floor.

Work is taking place to upgrade the fire safety system in the home. Overall, the property, both internally and externally, appear well maintained.

## Leadership and Management

Care workers are motivated to make a positive difference to people. One told us *"It's completely different to anywhere else I have worked. It feels like we are living with them. There is no us and them"*. Another care worker said *"I like how laid back things are. People are very much in control of their day"*. Care workers feel supported and valued and are able to raise any ideas or concerns they have with their manager.

One care worker told us *"I feel very loved and supported"*. All of the care workers we spoke with said they have regular supervision and get feedback on their work. One care worker told us *"they are a good company.... I get balanced feedback on my work"*. Another said *"I have had some very nice words said to me"*. Care workers feel the supervision process has improved. We saw some supervision records which contained some detail but others were very brief.

Recruitment processes are robust. We found the staff records easy to navigate and contained the information needed, including some training records; inductions and competency assessments.

There are some effective governance arrangements to monitor quality within the home. A detailed report is written and a recent Quality of Care Review set out areas the provider considers they do well; the areas in need of improvement and development, as well as the actions needed. However, these checks had not picked up that a large number of care workers had not read people's care plans.

The provider is proud of the training offered to care workers and we saw certificates for a range of training including dignity; professional boundaries; health & safety; safeguarding and positive behaviour support. Mental health awareness training is offered and this is a two hour on line session. We were told this awareness session is all the training workers receive on mental health. Some care workers are able to appropriately support people who are expressing some delusional ideations but workers knowledge of other ways of recognising and supporting people with severe and enduring mental illness is lacking. Care workers are keen to have more training and we discussed this with the provider's training department who provided an assurance this will be address immediately.

The Statement of Purpose states the home provides rehabilitation as well as a *"home for life"* and is marketed as a specialist mental health provider. We did not find evidence which demonstrates this level of specialism. Neither the manager nor one of the care workers considers the home to be a specialist mental health service.

Some care workers consider staffing levels to be adequate whilst others feel the home is, at times, short of staff. We did not find any shortfalls in staffing levels. One care worker described the staffing as *"sometimes we don't have enough and sometimes too many"*. One care worker said there is *"a lot of sitting about"* when discussing morale and engagement with people.



There are a number of qualified nurses in post but only 1.5 whole time equivalents hold mental health qualifications.. Relatives are very complimentary about the skills of one of the care workers, describing them as “*brilliant*” and is confident the person is “*in excellent hands*”. Care workers consider assessments should be carried out by those with the appropriate skills and expertise, namely mental health nurses.



**Areas for improvement and action at, or since, the previous inspection. Achieved**

**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None	
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**Areas where priority action is required**

None	
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**Areas where improvement is required**

Regulation 7. The Statement of Purpose describes the service as "a stepping stone to greater independence and self actualisation". It also states "Nurse Team Leaders are currently on the Nursing and Midwifery Council (NMC) register who have qualifications and experience relevant to the area in which they are working". The staffing levels set out in the statement of Purpose include RMNs on each day and night shift. but there are only 1.5WTE nurses trained in mental health employed in the service. We did not find any evidence of any rehabilitative or specialist therapeutic work taking place with people.	
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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