



Inspection Report on

Surehaven Pembroke Dock

**Surehaven Pembroke
Fort Road
Pembroke Dock
SA72 6SX**

Date Inspection Completed

28 September 2022

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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	29 June 2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People who have made Surehaven their home are cared for by a team of staff who are motivated to provide person centred and quality care.

Staffing levels mean people are not always able to do things that matter to them, and some people do not get the one-to-one time they have been assessed as needing.

Most staff feel valued by their colleagues and manager. One worker described the manager as “*amazing*”, and another said they could always contact the manager for advice and support. Most staff think things are improving in the service and can see the improvements continuing.

There are some effective and robust governance arrangements in place to monitor quality.

Well-being

People are generally safe and protected from harm. Most staff know their responsibilities to report any safeguarding concerns and are confident that any concerns they raise with their manager would be properly addressed and reported. The provider should make sure all staff know their responsibilities in relation to safeguarding.

Care and support needs are met by staff who are mostly positive about their work. One worker said, *"I just love my job"* and another said *"it's not like being at work. We are a family"*.

The physical environment contributes to people's well-being and it is clean and comfortable. The planned programme of redecoration will enhance the environment further.

People's care needs are met by staff who are trained and who receive regular supervision, finding the feedback they get helpful for their professional development.

Staffing levels mean people are not always able to do things that matter to them. Some people, because of their severe and enduring mental illness, lack motivation, and staff feel they do not always have the resources to try and motivate people by doing things that interest them. People who have been assessed as needing one to one support are not always getting it.

Whilst most staff feel they work well as a team, not all think shortfalls are addressed properly. This is having a negative impact on staff.

Care and Support

People are cared for and supported by staff who know them well and are able to recognise when they are becoming unwell or are in distress. Most staff enjoy their work and value the time they have with people. Those living at the service have good relationships with staff and during part of the inspection we observed some friendly and supportive interactions. The atmosphere was calm and appeared well organised.

There is a good understanding of the importance of nutrition. The catering manager has control of the ingredients bought, and is therefore, satisfied with the quality. Meat is bought from a local butcher and meals are made using fresh ingredients. There is very little reliance on processed food. The catering manager takes pride in their work and realises the very important role good food has on people's overall health and well-being. Care workers are wholly complimentary about the meals, describing them as "*amazing*". People living in the service had mixed views about the meals with one saying they are "*so-so*" and another said they are "*really good*". Some staff think there should be a better choice of meal and better vegetarian options, but others think there is a wide choice with the catering team understanding the importance of choice and are flexible in their approach. They make alternative meals if requested. Food is available outside of mealtimes.

There are limited opportunities for people to do things that are meaningful to them. One staff member told us people enjoy playing bingo and there are some film nights. One person enjoys music and goes out to local open mic events and another has spent time visiting local beaches and cafes. People can have their nails painted by staff which they enjoy. Staff say more activities could be offered with more staff. There is a shortage of drivers meaning people are not always able to spend time away from the service. Senior staff said participation in activities may not always be recorded in either daily records or the activities log, meaning the records do not always give an accurate picture of the number of activities offered. However, we did not see any meaningful engagement taking place during the course of the inspection and staff said they did not have enough workers on duty to offer any activities. Some staff said it is difficult to get money for activities. We discussed this with a senior manager who said there is a budget and money is readily available in the service for activities.

People's physical health needs are met. Referrals are made to specialists as necessary and the service has a good relationship with the local district nursing team. People's weight is monitored and referrals made to the dietetic service as required. Some staff said people's oral care needs are not being met but others told us this is an area of care they pay attention to. Some people attend dental appointments and staff have had training in oral health.

Staff are able to recognise when a person is at risk of developing pressure sores. They report any concerns to the nurse on duty who provides an immediate response. One staff

member told us they had not felt listened to by a nurse but others found them to be responsive.

Paper care records are maintained. Detailed care plans are written for a range of areas including personal care; nutrition; communication and mobility. Care plans have recently been reviewed. There is some repetition with the forms in use and information is not always added to both records. Daily entries are detailed and mostly person centred. Records focus on people's strengths. Most care workers find the care records helpful but others did not.

Environment

People live in a service which is suitable for their needs. Some parts of the service have been redecorated and are light, bright and welcoming. There are plans to redecorate the ground floor to bring this area up to the same standard as the first floor. Communal areas are generally comfortable.

People can spend time in their bedrooms, many of which are personalised, and all have en-suite facilities, or in the lounge areas.

There is safe outside space for people to use. This is in reasonable order, but would benefit from some general maintenance.

The standards of cleanliness are good and there are no malodours other than from the designated smoking rooms. The floors are sticky but do appear clean. The manager attributes this to the cleaning products used. Housekeeping staff feel part of the team and value the relationships they have with people and those they work with.

There are some effective processes in place to make sure equipment and services are maintained and in good working order. Records are kept which show fire safety checks are carried out, as are checks on bedrails; moving & handling equipment and portable electrical appliances.

Leadership and Management

There are some robust governance arrangements in place to monitor quality. The responsible individual (RI) visits the service in accordance with regulations and a comprehensive report is written following these visits. The most recent report noted some significant improvements within the service.

Other quality audits are completed for a range of areas including a monthly care plan audit; finance and food and meal times. These all show very high compliance rates. However, our observations did not always support the findings of the audits.

There is good teamwork among the staff group, with most staff working well together. Staff feel the concerns they raise are not always addressed, leading to some dissatisfaction and unwillingness to work additional duties.

Staffing levels are a concern for those working at the service. Most staff consider they are short of staff on many shifts. Some people are contracted to have one-to-one time, and this is not always given due to staff not being available. During the inspection staff were unable to provide people with their contracted one-to-one time. Rotas show that on many days staff are booked to cover the one-to-one time, but due to sickness this does not always happen. People are unable to spend time away from the home due to staffing levels as well as the availability of approved drivers. This is an Area for Improvement and will be followed up at the next inspection.

Staff are appointed following a safe recruitment process with the required checks carried out before an employee starts work at the service. New staff have an induction and a probationary period. Staff files are well organised and easy to navigate.

Supervision is carried out and this is largely up to date. Staff are able to raise any ideas or concerns but do not always feel they are listened to. Feedback is given to staff but records we looked at do not demonstrate all areas are addressed to enable staff to develop and improve.

Training is identified as a propriety for staff and the training matrix shows staff are mostly up to date with their training which takes place both online and face to face. Areas of training include dementia care; oral care; mental health and behaviours that challenge. Most staff consider they have the training they need to carry out their duties but some would benefit from additional training in recognising and understanding some of the effects of severe and enduring mental illness.

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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34	People who have been assessed as needing on-to-one support are not receiving this due to lack of staff. People are not always able to spend time away from the service due to staffing levels.	New
	Supervision - Regulation 36 (2) (c)	Achieved
	Staff training	Achieved

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