



Inspection Report on

Neyland House Care Home

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

Date Inspection Completed

08/05/2024

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About Neyland House Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	WATERVIEW CARE LIMITED
Registered places	11
Language of the service	English
Previous Care Inspectorate Wales inspection	9 December 2022
Does this service promote Welsh language and culture?	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 are very happy with the individualised service they receive. They are supported by an understanding staff team, who they have built up positive relationships with. The service is well led by the manager and deputy. People and their support workers told us they value their leadership.

The environment is homely and comfortable. There are many communal rooms for people to relax and interact with each other. We were told maintenance issues are resolved quickly and the provider has an ongoing upgrade plan to improve the environment.

The Responsible Individual (RI) regularly visits the home. They are well known and respected by people who live and work at the service. Information from Regulation 73 visits and internal audits informs their six-monthly quality of care review.

Well-being

People receive person-centered care and support. People's individual circumstances are considered and reflected in their personal plans. People remain as healthy as possible because the manager involves health and social care professionals. People are supported to do things that matter to them such as socialising with each other, spending time alone, accessing the community and taking part in activities. Interactions between everybody at the service are caring and friendly. People live in a service that offers an 'Active Offer' of the Welsh language.

People are protected because recruitment processes and training ensure they get the right care and support. People and staff have confidence in the managers and describe an open-door policy. Care workers receive induction and ongoing development and register with Social Care Wales. Staff protect people from abuse and neglect and are fully aware of their responsibilities to raise concerns. People know how to make a complaint if needed.

The building is homely and people personalise their own rooms as they choose. People use the different spaces available to do things they enjoy, for example chatting with each other, watching TV, doing activities or spending quiet time alone. Gardens are accessible and well used in the warmer weather, so that people can do things that matter to them.

People have a voice and input into the running of the service because they are involved 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. We saw many caring and friendly interactions between people who live and work at the home. Support workers respect people's individuality and work with them in line with their needs and goals. An individual told us, *"You don't have to worry about this place, the staff are terrific"*. Support workers are positive about the people they support and encourage them to work towards their own individual outcomes. A member of care staff told us, *"I like seeing people so happy at the end of the day and it's so nice to be part of that"*.

People, care workers and professionals are involved in developing and maintaining personal plans. Senior staff review plans every three months with people and their support workers to ensure information is accurate and up to date. People set their own goals and spoke positively about the support they receive to achieve them. Risk assessments help to keep people safe, while focusing on what each individual can already do for themselves. Daily notes record the care and support completed and an account from the perspective of the person. Descriptions of the things people do daily are recorded and a photo of the individual participating in the activity helps to bring the report to life.

People have personalised activity programmes and work towards their own goals. People enjoy doing activities at home, accessing their local community, going to social clubs and restaurants. During the inspection we saw people's wishes being respected. Some people chose to remain in their rooms, some people chatted together in the lounge, others went shopping and everybody interacted positively with the staff.

There are adequate staffing levels in place to meet people's needs. People access the community together or on a one-to-one basis and we observed many unrushed and sensitive interactions throughout the inspection.

Medication is well managed and in line with national guidance. The service ensures people get the right medication at the right time. Medication records are accurately completed, storage arrangements are safe and the overall administration of medication is effective.

Environment

The environment is homely, spacious and meets people's needs. People enjoy spending time in the communal areas interacting with each other and the staff team. People also enjoy having quiet time in their own rooms and appreciate the views of the surrounding area. People are supported to personalise their rooms with their own choice of décor, furnishings, pictures and furniture. People move around the home freely, they know who lives where and respect each other's preferences of where to spend time. The grounds are accessible and people enjoy using them in the warmer weather.

The provider has a planned upgrade programme to ensure the home is well maintained and meets people's needs. The service has developed a patio area, installed a new kitchen and there are plans to upgrade a bathroom and a bedroom. We were told that any issues with the environment are acted upon quickly and repairs are completed promptly.

Regular health and safety audits of the property are completed by the in-house maintenance team. Testing of fire safety equipment is up-to-date and Personal Evacuation Plans are individualised and available in emergencies.

The kitchen has a food hygiene rating of five. People are supported to discuss and plan the menu together and enjoy freshly prepared food, themed meals and take aways. We saw photographs of people enjoying food shopping, cooking cakes, doing their own laundry and cleaning.

Leadership and Management

The provider has effective arrangements in place for monitoring, reviewing and improving the quality of the service. The RI visits the service regularly and talks to people who live and work at the home. Formal RI visit reports are completed every three months to record these discussions and any actions are noted. The RI works closely with the whole staff team and staff describe them as approachable and helpful. A support worker told us, *“[RI] is easy to talk to and approachable, if we have anything we can bring it up with him”*. We saw positive feedback from people, staff and representatives in surveys, this information is used in the six-monthly Quality of Care Review.

The manager is well known by the people who live at the service, they work directly with individuals and understand their needs. We observed many positive interactions between them and people throughout the inspection. An individual spoke positively about the support they receive from the manager to achieve their specific goals. Support workers told us the manager is accessible and understanding; one said, *“[Manager] is accommodating and always willing to help us out”*.

Support workers receive regular supervision and use it to discuss anything they choose and to improve their performance. Support workers describe an open and honest approach to supervision and have confidence in the manager and deputy. Discussions with staff, demonstrate a good understanding around safeguarding, policies and procedures are in place to support good practice.

Pre-employment checks take place before new employees start work. These include reference, right to work and Disclosure and Barring (DBS) checks. New staff receive an effective induction and ongoing mandatory and person specific training to meet people's needs. When discussing the induction process a support worker said, *“The induction made it easy to pick up what I needed to do and there's always someone to ask for help”*. Support workers complete the 'All Wales Induction Framework for Health and Social Care' and register with the workforce regulator, Social Care Wales.

The staff team work together to ensure there are adequate numbers of support workers available to meet people's needs. Experienced and passionate care workers have built up good relationships with people and understand their individual circumstances.

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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Date Published 24/05/2024