



# Inspection Report on

**Surehaven Pembroke Dock**

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

**Date Inspection Completed**

**20 July 2020**

14/07/2020

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## **Description of the service**

Surehaven can be home to 24 people. At the time of the inspection, 19 people had made Surehaven their home.

It is located near the town of Pembroke Dock.

The registered provider is Shaw Healthcare Ltd and the responsible individual (RI) is Liam Scanlon. There is a manager with day to day responsibility for running the home.

## **Summary of our findings**

People who have made Surehaven their home are cared for by a team of care workers who are motivated to meet their needs. Care workers have a good knowledge of people but there are opportunities to engage with people in more meaningful ways to help them reach their full potential.

There are some robust governance arrangements in place to monitor quality but there is often a disconnect between care workers and their leaders.

### **1. Improvements**

At the last inspection, on 17; 21 and 23 January 2019, the following recommendations were made:

- The provider monitors training to ensure staff are up to date. During this inspection we saw there were still some gaps in staff training.
- To review the way supervision is currently carried out. During this inspection we considered supervision lacked rigor,
- The work to review care records is expedited. During this inspection we were told the work to complete the review of care records was not yet complete.
- The provider considers the purchasing arrangements of food. During this inspection, some care workers told us there was some lack of choice in respect of meals, but no concerns were reported about the quality of food.
- To consider how people can engage with the local community. The inspection took place during the Covid-19 pandemic where restrictions had been in place, but we found little evidence of people spending time outside of the home in the recent months.

### **2. Requirements and recommendations**

Section five of this report sets out the actions the service provider needs to take to ensure they meet their legal requirements and recommendations we made to improve the quality of the service provided to people living in the home.

## 1. Well-being

### Our findings

Care workers receive some training and most described feeling motivated in their work. However not all workers feel valued by their managers. Some feel able to raise ideas or concerns and the manager encourages care workers to raise any such ideas or concerns they have. Training is usually provided both face to face and via elearning, but due to the Covid 19 pandemic, some training had been put on hold. However this did not account for all of the gaps in care workers training. Some care workers have received training in caring for people with dementia which demonstrates the provider is considering people's emerging care and support needs, but there was little evidence of staff having up to date training in other conditions and illnesses. There was no evidence this had any clear adverse impact on people's well-being, but more specific and specialist training is likely to have a positive impact on both care workers and those they support.

Care workers have the skills and training needed to ensure people are safe and protected from harm and neglect as they all know the action they are required to take if they have any concerns about people.

People are not always able to do things that matter to them. We saw one person had enjoyed a pampering session as well as a group game, but there was little other evidence of people engaging in activities which had either a social or therapeutic benefit. We discussed with care workers opportunities for people to engage in some rehabilitative activities. We were told there was a kitchen which people can use but did not do so on a frequent or regular basis. One care worker told us how a person spent time taking part in a community based music evening but had not done so for a while. We were also told there was little in the way of choice for people with regard to meals offered, but that people could request an alternative if they did not want the meal provided.

People's physical needs are effectively met with referrals being made to professionals as needed. Where there were concerns about people's health, intervention was sought from the GP; district nurses and other professionals. We saw people's weight was monitored and plans are in place to support people to both increase and reduce their body weight as necessary to help improve their overall health and well-being.

## 2. Care and Support

### Summary

Care records were in the process of being reviewed. Some care workers told us there was insufficient time to update care records but those we looked at appeared informative with details about who was important to the person and how their care and support needs could best be met. However we saw some parts of the assessment records were incomplete and had not been signed by the person. These include what the person likes and dislikes and any allergies they have. There were risk assessments but there was no evidence these had been shared with colleagues. Whilst most information appeared person centred, some were less so, For example, one question was “*Does the person require any assistance with feeding*” and entries included words such as “*washed and cool shower given*”. Care workers demonstrated a good knowledge of people as well as their care and support needs.

There was good evidence of people’s physical health care needs being met, with weights and diets being recorded and concerns acted upon.

All of the care workers we spoke with demonstrated a good understanding of their responsibilities in relation to safeguarding. We were told that restraint was not used, and care records showed restraint, other than removing a person to a safer place was not used. All of the care workers were able to tell us the appropriate action they would take if they suspected a person was being unlawfully restrained. There was evidence that when a restraint had been used, the provider investigated the circumstances fully.

Medication is administered using an electronic system. We saw some medication recording charts and noted that in the main, medication is administered as prescribed. But there were some gaps which had not been accounted for. Nurses told us the medication is a very time consuming process but we were assured only qualified nurses administer medication. We were told that medication is not always available for people and it was not wholly clear what the reasons for this were.

### **3. Environment**

#### **Our findings**

As this was a focused inspection, we have not considered this theme.

## 4. Leadership and Management

### Our findings

Care workers receive the training they need to enable them to safely and effectively carry out their duties. We were told, prior to the inspection, some training had lapsed but we saw that by the time of the inspection a number of staff had received the training, but a number were still needing to complete it and a date had been booked in. We saw care workers had received dementia awareness training, but other specific mental health training had either not been completed or had been done some time ago. All of the staff we spoke with said they felt they received, in the main, the training they needed to safely and effectively carry out their duties.

Care workers told us they were motivated in their work and to providing care to the people living at Surehaven. However some care workers considered that not all colleagues had the same level of motivation and commitment to their work.

Some care workers told us they felt both supported and valued, with one describing their experience of supervision as “*fantastic*” whilst others told us supervision was not planned and there was a lack of consistency in respect of supervisors. Some told us they did not get feedback on their work and one told us supervision was simply the supervisor passing over information in a paper format. Some care workers told us they felt valued, but others, whilst feeling valued by their colleagues, did not feel valued by management. There was a disconnect between care workers and their managers. We saw some supervision records lacked rigor and indicated supervision was not always a positive and constructive experience for care workers.

Staff performance is managed in a robust way and concerns were reported to the appropriate agencies and investigated by senior managers and appropriate action taken to safeguard people.



## 5. Improvements required and recommended following this inspection

### 5.1 Areas of non compliance from previous inspections

None

#### i) Areas where improvement is required

<p>The service provider must ensure that any person working at the service receives appropriate supervision and appraisal.</p> <p>During this inspection there was no evidence supervision was carried out in a robust manner. One carer worker described supervision as “<i>fantastic</i>” but others had a more negative view of supervision with a lack of consistency of supervisor; non adherence to the set time frames and a lack of one to one input with any meaningful purpose to supervision.</p> <p>We saw some supervision records and noted one was signed by the care worker but there was little evidence of any dialogue between supervisor and supervisee.</p> <p>We have not issued a priority action (non compliance notice) on this occasion. This is because there is no immediate or significant risk to, or poor outcomes 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.</p>	Regulation 36 (2) (b)
<p>The service provider must ensure that any person working at the service receives core training appropriate to the work to be performed by them, and, receives specialist training as appropriate.</p> <p>During this inspection we found significant gaps in care workers training in a range of areas. Whilst some training had lapsed during the Covid 19 pandemic, most training was needing to be either carried out or redone some time prior to the restriction imposed due to the pandemic.</p> <p>We have not issued a priority action (non compliance notice) on this occasion. This is because there is no immediate or significant risk to, or poor outcomes 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</p>	Regulation 36 (2) (d) (e)

## **5.2 Recommendations for improvement**

The following are recommended areas of improvement to promote positive outcomes for people:

- Review the culture and ethos of the home to ensure care workers feel both valued and have both responsibility and accountability for their actions.
- Consider opportunities for people to engage in activities that are meaningful to them. Also to engage people, where possible, in more rehabilitative activities using a risk and benefit based approach.
- The review of care records is expedited to ensure they are a useful resource for staff and accurately record people's needs and things that matter to them.
- Carry out a review of the eMar system to ensure nurses time is used effectively and to ensure medication is always available to be administered in accord with the person's prescription.
- Ensure the language used in care records reflects person centred care.
- Ensure care workers, where possible, feel valued and where feedback on staff performance is given in a constructive and meaningful way.

## **6. How we undertook this inspection**

This was a focused inspection carried out after a concern was received about aspects of care and leadership within the home.

As the inspection was carried out during the Covid19 pandemic, the following methodologies were used:

- We spoke with eight staff using technology
- We spoke to the manager by telephone.
- We looked at a range of paper documentation including:
  - Care records;
  - Staff rotas;
  - Supervision records;
  - Training records and
  - Medication charts.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

Type of care provided	Care Home Service
Service Provider	Surehaven (Pembroke) Ltd
Responsible Individual	Liam Scanlon
Registered maximum number of places	24
Date of previous Care Inspectorate Wales inspection	17; 21 & 23 January 2019
Dates of this Inspection visit(s)	13/07/2020; 14/07/2020 & 15/07/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

Date Published 25/09/2020

