



# Inspection Report on

**The Old Manse**

**Haverfordwest**

**Date Inspection Completed**

**16 May 2023**

16/05/2023

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## About The Old Manse

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Pembrokeshire Resource Centre LTD
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">[Manual Insert]</a> 26 February 2021
Does this service provide the Welsh Language active offer?	The 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 are comfortable and relaxed in the homely atmosphere of The Old Manse which has an ethos of empowerment and respect for people's rights. People express their views and they do the things they enjoy at a time which suits them. They are making progress and achieving new skills and their health needs are attended to. They feel safe in the home and have positive relationships with care staff who respond with patience and dignity.

Safely recruited, trained care staff are regularly supervised and report a positive team culture with good levels of morale. They know their safeguarding duties and they are familiar with people and their needs. There are suitable numbers of staff each day, mainly because the manager is helping to cover shifts while a recruitment drive addresses the staffing shortfall.

The home is suitably maintained and safe and people like their personalised rooms. They move confidently around it and use the range of spaces for privacy or time with each other. The garden is safe but requires some attention to make it a more inviting space.

Quality assurance measures are suitable. They evidence oversight of the service and actions to improve it and to ensure it is meeting regulations.

### Well-being

People express their views freely, they contribute to their planning and choose the activities they wish to do, when they want to do them. People take part in their multi-disciplinary meetings and house meetings and they choose how they want their bedrooms decorated. They participate in consultation about the service they receive and help to shape it. People's complex communication and care needs are understood by care staff which means they can ensure people do the things they enjoy at a time which is right for them. People have information about the service in a suitable format and some have regular visits from advocates.

Overall, people are making progress with their health outcomes. They are attending appointments with tailored support and there are regular reviews of their health needs with appropriate health professionals. Gradual changes have been achieved in relation to exercise and diet and this needs to be extended to maximise people's physical health. The use of teaching plans is helping people to develop personal health skills and the person-centred ethos of the home supports people's mental health needs and contributes to their overall well-being.

There are a range of processes in place to ensure people are safeguarded. There is a suitable safeguarding policy, care staff are trained and know their safeguarding duties and safeguarding is a regular topic for discussion in team meetings and supervision. People have information about safeguarding and it is explored in their house meetings. Regular time with families and the use of advocates means people have external opportunities to express any concerns they may have. People communicated to us they felt safe in the home and the home has suitable measures to monitor its safety.

People live in a home which meets their needs and which they value and like. Some people who have lived in the home since its opening are very settled there and newer people are also settling in well. The home has a relaxed ambience and people are comfortable in its range of spaces. People can access the facilities they need to develop their skills and action is being taken to remove some features which are not particularly homely. People like the shaded patio area but the garden requires some development to make it a more inviting space to support people's physical and mental health needs.

## Care and Support

The service provider gathers and assesses information about people before they come to live at the service, to ensure they are able to meet their needs. Compatibility assessments are carried out and assessments are regularly updated to reflect people's changing needs. Personal plans are outcome focused and people and their families are contributing to them. Care staff are familiar with people's plans which contain suitable guidance to ensure care staff are able to meet their care and support needs. Care staff know how best to respond to each person and daily records show people's care and support is delivered in line with their plans.

People have good relationships with care staff who respond to them with kindness and respect. Care staff listen patiently to people, they are attentive to their needs and they empower them to make choices and decisions. Our observations and records show people are making progress with their independence skills because they are regularly helping out with domestic tasks around the home, with the support of teaching plans. People's preferences are respected and a flexible approach to activity planning is being trialled to avoid people becoming set in their ways. This increased control over their daily lives is resulting in an improvement in people's well-being. People are taking part in a range of activities and they are making progress in their social interaction with others. Care staff state "everybody goes above and beyond to make sure people living here are listened to, happy and healthy" and parent's comment on people "developing skills they have never had".

People are safeguarded because care staff are trained in safeguarding and they know what to do if they have a safeguarding concern. There are suitable policies in place which support care staff's safeguarding of people and supervision and team meetings regularly reference safeguarding for discussion. The manager follows up the delays in people's DoLs (Deprivation of Liberty) assessments, and files show best interest decisions are being made for people. Risk assessments provide suitable guidance for care staff and incident reports show care staff follow people's behaviour management plans, with the least restrictive measures used.

Overall, people are supported to be healthy. People are registered with primary and specialist health professionals and they attend appointments, with care staff's support, as needed. People are sensitively supported to maximise their health and action is being taken to follow up health referrals. People are making progress in terms of their choices of food and their engagement in activities. however, further work is required to ensure diets are more consistently nutritious and to promote increased levels of more varied physical exercise. Teaching plans are effective in supporting people's development of self-care skills. Medication administration records and medication audits show people are receiving

their medication in line with the service's policy and procedures and their DoLs assessments.

The home promotes the Welsh language by having a Welsh word of the week, which people are encouraged to practice and learn.

## Environment

The home is suitable for people's needs, it has a relaxed feel to it and people are at ease moving around it. The large lounge has plenty of comfortable settees, pictures of people on the wall promote a sense of belonging and the quiet room provides a useful, alternative space for people. However, it has equipment and items stored in it and would benefit from attention to make it a less cluttered, more inviting environment. People confidently use the clean, recently refurbished kitchen with care staff's support and they like their personally decorated bedrooms which are maintained to a standard which respect their particular preferences. Bathrooms are clean and there is readily available soap and towels in each of them. There are some institutional features in the home which the manager is gradually addressing and changing to promote a more homely environment. They are also planning further consultation to ensure all people's clothing is stored in a dignified and safe manner.

The home is safe; we were asked to show our identification on arrival and to sign the visitors' book in the porch before entering through the second fob locked door. There are keypad locked gates in the garden to ensure people's safety from the nearby road. Almost all health and safety and fire safety checks are completed within the required timescales, regular fire drills are carried out and people's personal evacuation plans are regularly reviewed. The response to repair requests is generally timely and there is a wider improvement plan to refurbish all bathrooms. The service has achieved high scores of compliance in the regular audits carried out to monitor health and safety and cleanliness in the home.

The lawns in the garden are maintained by people with staff support and we observed people using the washing line in the safe, rear garden. The service provider is aware the garden requires development to offer a more inviting space where people could relax or engage in activities to promote their physical and mental well-being. The recent addition of garden furniture on the shaded patio area is a much valued resource and provides further space for people to use or to seek privacy.

## Leadership and Management

The service has an open culture and people and their representatives have access to information about it. The statement of purpose is regularly reviewed and overall it reflected the service we saw at inspection. People have easy read guides to the home and its complaints procedures; we saw pictures of care staff sharing these with them and a visual guide to the complaints procedure is displayed in the home. There are easy read versions of the safeguarding and health and safety policies which people can access.

People are assured they are cared for by a sufficient number of trained, suitably qualified and experienced care staff. The rotas show the number of care staff on duty is almost always at the identified number to meet their care and support needs. To achieve this the manager is consistently covering shifts in the weekdays and sometimes on weekends and there is no use of agency care staff. The responsible individual and manager are aware this is an unsustainable arrangement in the long term and they are actively recruiting care staff. Care staff are trained in the required areas of safeguarding, fire safety, first aid and behaviour management and they also complete training on other topics relevant to their role.

Care staff describe a supportive, welcoming team with an approachable manager and good levels of staff morale and communication. They are regularly supervised and the supervision records show a balance between role expectations and their well-being with a positive approach to self-development. Team meeting records reflect a focus on people's care and progress, expectations of care staff and praise for the achievements they have made in their support of people.

Quality assurance measures are suitable. Records show the RI visits the service every three months and consults with people living at the service, their representatives, other professionals and care staff. They carry out a range of checks and the action list they create is followed up by the manager from one visit to the next. The quality of care reports also evidence consultation exercises, feedback from social workers and parents and an overview of the home's progress. The reports celebrate the achievements made but would benefit from being more structured, outcome focused and evidence based in order to more accurately reflect the service and inform future developments.





### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
44(4)(c)	<p>Regulation 44: The home does not promote a sense of identity for everybody due to delays in replacing bedroom furniture and belongings (when removed for decorating/safety) and some areas required maintenance due to general wear and tear. Maintenance jobs identified in the Quality of Care report were not always carried out promptly. The provider will need to: -Establish a system where repairs and replacements are dealt with in a more timely way -Paint areas of the home which presents as requiring some attention such as the Porch</p>	Achieved

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**Date Published** 27/06/2023