Arolygiaeth Gofal Cymru
Care Inspectorate Wales

# Inspection Report

## Honeyhome

Honeyhome, Milford Haven, SA73 3UF

01646698063

Honeyhome

**The inspection visit took place on 15/04/2026**

## Service Information:

| | |
|---|---|
| Operated by: | sharon davies |
| Care Type: | Care Home Service<br>Adults Without Nursing |
| Provision for: | Care home for adults - with personal care, Provision for learning disability |
| Registered places: | 5 |
| Main language(s): | English |
| Promotion of Welsh language and culture: | The provider is not promoting the Welsh language and culture needs of people, and this requires improvement. |

## Ratings:

| | |
|---|---|
| Well-being | Good |
| Care & Support | Good |
| Environment | Good |
| Leadership & Management | Good |

## Summary:

Honeyhome is a small care home service in Pembrokeshire providing accommodation and support for up to five adults. At the time of inspection, three people lived at the service permanently, with regular respite support provided to people already known to the service. The service is characterised by a stable staff team and long-standing relationships with people and their families.

People experience good wellbeing outcomes They feel safe, respected and valued, are supported to make meaningful choices, and maintain strong relationships with family and the community.

Care and support are good. People receive consistent, compassionate and knowledgeable care that meets their needs. Improvements are being made to strengthen care planning documentation and governance, but these do not detract from the positive care experiences of people.

People live in a safe, comfortable and homely environment that supports their wellbeing,

independence and enjoyment of daily life.

Leadership and management are good. The service is well led, with a strong and positive culture. While governance systems and documentation require strengthening, leadership arrangements effectively support good outcomes for people.

# Findings:

## Well-being — Good

People are supported to live healthy, safe and fulfilling lives. Staff interactions are consistently positive, respectful and caring. People were observed to be relaxed and comfortable within the service and feedback from relatives is very positive. One relative said; "*We are very happy, we wouldn't want them to be anywhere else, they go above and beyond".*

People are supported to make everyday choices about their lives, including what they eat, how they spend their time and when they go out. Routines are very flexible and activities are meaningful and tailored to individual interests, such as holidays, community outings and hobbies. During the inspection visit one person was leaving to attend a day centre whilst others were happy to be at home. Families spoke very positively about the care provided and describe the service as "*Like a second family".*

People are protected from harm. Staff receive training in the safeguarding vulnerable people and are aware of their safeguarding duties. Risks are understood and managed appropriately, enabling people to be supported safely while maintaining their independence.
People have access to healthcare services and are supported to attend appointments when needed.

The home is small and homely, which enables staff to respond promptly to people's requests for support. People's rooms are personalised and reflect their preferences and interests.

People are supported to remain in close contact with their friends and family and visitors are always welcome. One relative said; "*X comes home regularly but always looks forward to going back. X wasn't well recently so we went to the doctors together (with care staff) and then afterwards we all had a meal together, it's like an extended family".*

## Care & Support — Good

People receive care and support that meets their needs and reflects their preferences. There is strong continuity of care due to a stable staff team who know people well. We witnessed relaxed and familiar interactions between people and care staff who clearly know each other well and have built trusting relationships. One relative said*; "I can't fault it, all the staff are good, X loves them all. It's like a second family".*

Care planning and daily records show that people are supported with their health, personal care, activities and dietary needs. However, personal plans and care records vary in quality and organisation. Some information, such as personal histories, outcomes, reviews and health passports, was missing or not easily accessible. This was discussed with the RI/manager who has now reviewed and updated the records which will be checked at the next inspection. Daily recordings are detailed but not consistently signed or dated. This does not impact on the high-quality care and support that people receive and the provider assures us this will be addressed.

Medication is stored safely and administered appropriately. Staff demonstrate a good understanding of people's medication needs. Medication audits are not routinely recorded, although the responsible individual (RI) frequently checks the records.

There are effective infection prevention and control measures in place and ample supplies of personal protective equipment (PPE) available to care staff. We observed care staff using PPE appropriately throughout the day. Hygiene and cleanliness standards are good and maintained by care staff throughout the home.

Safeguarding arrangements are in place and staff are confident in their role of recognising and reporting concerns. Some safeguarding and whistleblowing policies require updating to fully reflect current legislation and best practice in Wales which will provide a clear procedure for staff to follow. Legal authorisation is sought when people face restrictions, to ensure these are applied in their best interests

## Environment

**Good**

The environment is clean, well maintained and supports people's wellbeing and independence. The home has a warm domestic feel and it is comfortable and homely. A relative said, "*It is run as a business but it's just like a normal home*". There is sufficient space, including communal areas, outdoor space and individual bedrooms. There is a wooden cabin in the garden that can be used for some activities such as arts and crafts.

People's bedrooms are personalised and furnished to reflect individual preferences. Communal areas and outdoor spaces are well used and provide opportunities for relaxation, activities and social interaction. Large windows in communal areas allow lots of natural light into the home. Equipment to support people's mobility, safety and care needs is available and appropriately maintained.

Required servicing, maintenance and safety checks are in place, including fire safety systems and evacuation drills. Personal Emergency Evacuation Plans (PEEPs) are held for each person. The RI has placed these near the main entrance to ensure these are accessible and easily available during an emergency.

## Leadership & Management — Good

There is strong, visible leadership within the service. The RI, who is also the manager is highly committed. They have longstanding relationships with people living at the service and staff, based on trust, openness and mutual respect. Feedback from people, relatives and staff about leadership and culture was very positive. A staff member said; "*They (provider) want the best for the clients and us, staff are well supported, we couldn't' ask for better bosses*".

The service benefits from excellent staff retention and a positive, supportive working culture. Staff feel supported, valued and listened to. Supervision, training and appraisal arrangements are in place and staff spoke positively about their development opportunities. Recruitment practices are largely effective, however, some staff files did not consistently include full employment histories. Care staff are registered, or in the process or registering with their regulatory body, Social Care Wales and have undergone vetting and reference checks prior to commencing their employment within the service.

The RI has very good oversight however some records require strengthening to ensure there are consistent governance and quality assurance processes in place. Some audits, including medication and infection prevention and control audits, were not consistently completed. Some policies, including safeguarding, complaints and whistleblowing, require review to ensure they align with current Welsh legislation and guidance. While improvements are needed to documentation and governance systems, these do not detract from the quality of care people receive and the strong supportive leadership. The service is well placed to address the identified areas that require strengthening and sustain good outcomes for the future. CIW is assured the provider has the capacity, capability and commitment to address the issues identified.

# Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

**CIW has no areas for improvement identified following this inspection.**

**CIW has not issued any Priority action notices following this inspection.**