Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Neyland House Care Home

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

01646601744

www.waterviewcare.co.uk

The inspection visit took place on 09/03/2026

Service Information:

Operated by:	WATERVIEW CARE LIMITED
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for learning disability
Registered places:	11
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:

Neyland House is in the town of Neyland, near Milford Haven in Pembrokeshire, West Wales. It is registered to provide a care home service for people aged 18 years and above. Primarily the service is to support people with a learning disability.

Staff know people well and provide person centred support. Staff are confident with safeguarding processes and people are supported to have a voice. Care and support is provided at a good level and impacts positively on people's well-being. Care documentation is clear and easy for people to be involved with and reviews are held regularly.

The environment is rated as good with effective systems for maintenance and reporting repairs. Neyland House is a traditional building where improvements and development is ongoing. People appear comfortable and settled in the welcoming environment.

The manager and Responsible Individual (RI) are approachable and accessible to staff and people living at the home. Recruitment processes are good. Some improvements are required to ensure the consistency of face-to-face training and individual supervision. Staff feel supported and are positive about working at the home. Overall, the leadership and management theme is good.

Findings:

Well-being — Good

People are involved in making decisions that may affect them and are supported to have their voices heard. People have choice with their routine and doing what is important to them. Staff told us, *"X does what they want when they want – X may want to go to the beach…."*. We saw people taking part in small meaningful activities, artwork, board challenges and relaxing. People told us they were looking forward to going to the bingo that day and enjoy monthly trips going shopping and having meals out. Individual key worker meetings provide an opportunity for requests around meals and activities to be discussed. A four weekly menu is planned considering people's preferences. This includes a pub night menu for a Friday night. People told us *"I love it to bits here. "The staff work so hard and the food is superb. I wouldn't change anything"* and *"My favourite bit about being here is the food".* Regarding the Welsh Language Active Offer, the manager confirmed they do not provide the active offer as their assessments have not identified anyone whose first or preferred language is Welsh. They assure us if this changes they will review this.

People are safeguarded from abuse and neglect. All staff have a good understanding of the safeguarding process and what to do if they have any concerns. Staff attend training and have a policy to refer to. The policy needs updating further to include the 'Wales Safeguarding Procedures'. People have Deprivation of Liberty Safeguards' (DoLs) in place which provide details of authorised restrictions that ensure the safety and well-being of people. These are reviewed and renewed as required. We saw some meetings recommended people are supported by an independent professional advocate however notes seen showed this was not always the case. The manager followed this up after the inspection visit with confirmation of visits arranged. People have access to an easy read complaints policy, with the message being 'it is okay to complain'.

People are supported to maintain existing relationships with family, friends and important people in their lives. As well as open visiting at Neyland House, family told us about visits to family homes that are arranged to ensure people can keep in touch. Family told us communication from the home is good and they told us, *"I can go there anytime and it's not a problem".*

People live in accommodation that supports their well-being outcomes. People live in areas of the home that suits their preferences and dependency levels. Staff told us, *"They all have their independence but with some support".*

Care & Support — Good

People experience care that promotes the development of routine and structure in line with their preferences and outcomes. Care documentation is clear and easy to read. People are involved with compiling aspects of their own personal plans where possible, such as stating 'things I like' and 'things I don't like'. People created pictorial formats of this document with magazine cut outs. We saw an active support planner but the emphasis was on this being a guide as *"X will choose what they want to do when they want".* We saw this practice being promoted. Care workers were seen providing people with person centred care and support in a kind and caring way. One staff member told us – *"It's nice, it's small, it's a kind caring service".* Personal plans include oral care. We saw good recordings around other personal care, however we did not see recordings for oral care being encouraged and/or observed. Personal plan reviews take place three monthly and monthly key worker meetings inform the reviews. Overall care documentation is detailed and easy to read it but could be improved with a focus on personal outcomes as opposed to needs.

Medication is ordered and stored as required. A thermometer is in the medication cupboard. Temperature recordings need to be kept showing medications are stored within the required parameters. We saw medication administration records are completed as required with twice daily medication balance checks. When observing one person's medication being given to them, we saw the tablets had been prepared earlier but we were told this was because the person was not ready for the tablets at that time. The manager assured us the practice of 'pre potting' medication had been addressed previously. Staff training is up to date and competency checks are completed after the training. We suggested competency checks were completed periodically for ongoing learning and quality assurance. A medication policy is also in place.

Staff make referrals to medical and social care professionals in a timely way to ensure people achieve good health and well-being.

The manager and staff know people well and understand what is important to them. Staff told us, *"I enjoy – love it"* and *"It is so pleasing and so rewarding helping these guys – the smallest little thing makes a difference".* Family told us, *"No complaints with them at all"* and *"We are happy with everything there and the main thing is X is happy".*

Environment

Good

There are effective systems in place to make sure people have a home that has well-maintained facilities. We met with the handyperson on duty and saw records in place for routine health and safety checks around fire and legionella. Staff log any environment queries or concerns in a repair book which is checked when the handy person is on duty. We discussed the ongoing works and routine maintenance to keep the home in good repair. We checked the latest risk assessments. The most recent legionella risk assessment was recommended for review in 2019. It is acknowledged though, that regular water temperature checks and shower head cleaning and other recommendations from the original report are completed. Regarding fire safety we saw personal emergency evacuation plans (PEEPs) for individuals. The fire risk assessment is completed by the manager of the home. The manager confirmed the only training they have completed in relation to fire is the annual updates. We recommend the risk assessments are arranged with the appropriate professionals especially considering suggested improvements identified in the latest fire report. The manager told us this would be followed up.

We saw two kitchen areas – one where the food is prepared by the cook for people living in the home and the other kitchen is a communal area where people can have their independence and take part in activities such as baking. We were told the food hygiene rating is 1. The food hygiene report showed the hygienic food handling was rated very good and the cleanliness and condition of the facilities and building were good. However, the file that evidenced systems or checks in place with food preparation was not available on the day of the food hygiene inspection, hence the overall rating stated, major improvement necessary.

People are supported to be as independent as possible in their own home. The reception area has a ‘who is who’ staff board, and photos of activities people have enjoyed in the last few months. People enjoy spending their time in their own rooms as well as activity rooms and relaxing in communal areas. We saw bedrooms are personalised to what people want in them and the house has a homely feel. People are positive about living in Neyland House – one person told us, *“It is quite nice here.”* Staff told us, *“We work in their home and we have to be mindful of that”.*

Leadership & Management — Good

There are effective governance and oversight ensuring people's outcomes are achieved. The manager knows people well and the RI meets with people and staff regularly to gather views and feedback as part of their quality assurance processes. Care workers and people know who to report concerns to and have confidence they will be acted upon. The RI completes a quality care review and a statement of compliance every six months. Within the report, data is considered to determine any required improvements however, we did not note any reference to the environment and how changes have or will improve outcomes for people. Also, in the event this report is requested by other parties, the RI should ensure it is anonymous and individuals cannot be identified.

Staffing levels are as outlined in the Statement of Purpose and in line with meeting people's outcomes. The manager told us recruitment can be challenging and is ongoing with recent new starters planned. Staff have covered the shortfall with the rotas in the interim. Care workers told us they have the time to support people to meet their outcomes and do not feel any pressure with time. Recruitment processes are good with the necessary checks in place prior to staff starting employment.

The RI and manager ensure staff are provided with training, supervision and regular team meetings. We saw most 'required training' courses are completed by staff including sessions specific to people in receipt of support such as Autism and Learning Disabilities. We asked about face-to-face training particularly 'Positive Behaviour Management'. The manager explained it had been a few years since this had been made available. The manager followed this up after the inspection visit with a plan to arrange suitable training. The RI and manager aim to provide individual supervision three monthly. We noted overall half the team did have regular quarterly supervision, but some staff may have had two or three supervision sessions in the previous 12 months indicating some inconsistency. Staff overall though are positive about training and support in place for them. Comments included: *"I am loving it – it is the best job I have ever had"; "All the staff – management are very helpful – any question I know I can ask"* and *"Everyone working as a team is good – we all work together to make the clients happy".*

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.