

Williamston Nursing Home



Williamston Nursing Home, Houghton, Milford Haven, SA73 1NL



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www.williamstonnursinghome.com

The inspection visits for this service took place between 07/10/2025 and 13/10/2025

Service Information:

Operated by:	Williamston Nursing Home LTD
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care
Registered places:	34
Main language(s):	English
Promotion of Welsh language and culture:	The service provider is not meeting the Welsh language and culture needs of people and this requires improvement.

Ratings:



Well-being

Good



Care & Support

Good



Environment

Requires Improvement



Leadership & Management

Good

Summary:

Williamston is a nursing home for adults. It is located in a rural area approximately eight miles from Milford Haven town. It is a large, detached manor house and provides residential and nursing care to people who are frail or living with dementia.

People experience good wellbeing outcomes because of the relationships they have with those caring for them. More opportunities for people to engage in meaningful activities would enhance well-being.

Care and support is good because a registered nurse is always available for support and advice. Improved record keeping would enhance standards of care and support.

Some improvements have been made to the environment but the length of time the work is taking together with the appearance of the service means this remains an area for improvement. This will

be followed up at the next inspection.

Leadership & Management is good because the manager is very visible within the service and is well regarded by the team. The Responsible Individual (RI) has good oversight of the service and is responsive and receptive.

Findings:



Well-being

Good

People who have made Williamston their home are treated with dignity and respect by a staff team who are experienced and motivated. People have some control over their daily lives but there are more opportunities for people's wishes to be considered, particularly with regard to personal care and having meaningful things to do. Care plans are currently being reviewed and are individualised and person centred. The staff team know people very well and most relatives speak positively about the relationships staff have with people. One person said of the staff "*they are lovely, friendly and kind. We have a joke together*" and another said "*they are marvellous. I can have a laugh with them*". However, one relative finds some staff hard to talk to. An activities worker has been appointed but is yet to start. They will contribute to people's well-being by offering engagement, both individually and in groups.

There are few opportunities for people to engage with others in Welsh. Some people have Welsh as their first language but there are no Welsh speaking staff. Some care workers do have some basic Welsh phrases they use. One person said how much they enjoyed chatting in Welsh.

People are safe and protected from abuse and neglect. Relatives say they feel people are safe and the experienced maintenance worker ensures fire safety checks are completed and equipment is safe. The front door is kept locked to make sure people who may be at risk if they left the premises are unable to do so.

The planned improvements to the physical environment will contribute to people's well-being but currently this remains an area for improvement. Most people and their relatives think the good standards of care, together with the kindness and friendliness of staff out ways the shortfalls in the physical environment.



People are safe and protected from abuse, harm and neglect. Team members know how to report any concerns they have and are confident the manager would take the appropriate actions to safeguard people. A safeguarding policy provides guidance and most staff have received up to date training in safeguarding. Most relatives have a high level of confidence in the service and are reassured by feeling people are safe.

Care records are in the process of being updated. Some people have a helpful "About Me" document which sets out what and who is important to the individual. Some of these have been completed by relatives and contain a wealth of information to support care workers. There are care plans and risk assessments for a range of areas including mobility, nutrition and communication. The recently appointed clinical lead is working to reduce the amount of repetition which will make the plans easier to read and implement.

Daily records do not provide a comprehensive record of care and support offered. Many entries lack detail, especially in respect of personal and oral care. The provider is going to sign up to the Gwen Am Byth project to make sure care workers are following best practice in relation to oral health.

People's physical health needs are met. Care workers know how to recognise signs of skin pressure damage. They have the equipment they need including pressure relieving mattresses and cushions. The Tissue Viability Team visit as necessary. Care plans state how often repositioning is to be carried out and care workers are confident this is done but there are gaps in the records. The provider is to make sure people know they have choices about aspects of their care. Some people said they are only able to be assisted with one bath or shower a week while staff said people can have them more often if they request this. Care plans should reflect people's personal preferences and that offers are made to people, especially those unable to express a view due to any cognitive decline.

There are few opportunities for people to do things they enjoy. One person happily spoke about the things they make for their family and staff, and another spends some time away from the service. Visitors are made welcome throughout the day. There are plans for a care worker to take on the role of activities worker in the coming weeks. We were told some people had their nails painted a few weeks ago but no other activities have been offered recently. Some people say they get bored and some relatives said people would not be able to take part in activities. Or benefit from them. We did not see any evidence of any engagement or activities throughout the inspection.

There is an understanding of the importance of good nutrition. Meals are generally homemade but some people and staff would prefer more fresh vegetables, adding that a lot are frozen. There is a choice of main meal and people can request alternatives if they wish. Some people and their

relatives are complimentary about the meals, describing the food is “good”. Others though, were more critical saying the food was not always well presented. Meals appeared appetising and portion sizes were appropriate. Special diets are catered for and special events celebrated. The importance of hydration is understood and drinks are offered throughout the day. People are encouraged to use the dining room for their meal to enhance their dining experience. Those who need assistance were helped by care workers in a patient and unhurried way.

People's medication is generally safely managed. Medication is administered as prescribed and there are no gaps in the administration records. The nurse administering medication needs to make sure people do take their medication before signing for it as we saw one person's medication left in their room. The provider has identified that records need to record clearly the reason for PRN (as required) medication and also to request a review when PRN medication is being administered on a regular basis. Medication is always administered by a registered nurse and is mostly securely stored in locked cabinets. Audits completed show a high level of compliance.



People live in a service which is in need of improvement. The environment remains an Area for Improvement from the previous two inspections. Some staff describe the environment as “*embarrassing*” and not a reflection of the care people receive. One relative said it is “*tatty*” but always warm and comfortable.

Accommodation is over three floors and there is a lift and a stair lift to help people mobilise throughout the home.

Parts of the property retain some original and attractive features including some fireplaces and an oak staircase.

There are two main lounge areas which are large with big windows. There is a main dining room and also a smaller area off the hallway which has some dining tables.

The service was bought by the current RI just over a year ago and whilst some improvements have been made, more are needed. A new boiler has been installed which is efficient at keeping the service warm. New fire doors are being fitted but this work is taking longer than expected. There are wires trailing and many doors have no frames. One care worker said, “*it's an accident waiting to happen*”. Most people do not consider the work to be having any impact on them but one said they thought they had become unwell as a result of the dust and the lack of protection they were offered when the fitters were working in their room.

The carpet in the main entrance and flooring to two bedrooms has been replaced, but many other areas have carpet which is stained, sticky and very worn. Some areas have tape over them to reduce the risk of trips and falls but some loose areas remain. A roll of new carpet has been delivered and is on the floor in the dining area, constituting a potential hazard. The plan is to replace all carpets throughout the service.

Some people have personalised their rooms with photographs and ornaments, describing their rooms as “*comfortable*”. Because of the age of the property, bedrooms are differing sizes with some being large, bright and airy whilst others are smaller. Some bedrooms have ensuite facilities. One bedroom has a window which cannot be opened and the only ventilation is from a small vent behind the curtain.

A shower room had a large puddle of water in it. At the last inspection this was taken out of use but is now back being used. The water does not drain away and staff are required to sweep the water away after each use. This constitutes a slip hazard. One bathroom is being turned into a storeroom.

There is one bathroom on the ground floor and one on the top floor which is only accessible to those people who are mobile or can manage the stair lift. The provider is required to make sure there are sufficient bathrooms and toilets for people to use.

There is a general lack of attention to detail throughout the service with some lights not working and some windows having curtains which are either flimsy or poorly hung.

Standards of cleanliness are generally good and there are no malodours. There is a full complement of housekeeping staff but some workers think additional resources are needed.

The service is set in extensive grounds which are well maintained. There is a gazebo which is well used when the weather permits. Work has been done to improve the driveway up to the property. However, the outside is in need of maintenance. Guttering is blocked with plants and parts of the walls are stained. The manager told us the window cleaner was to clean out the guttering but this work has not been done.

Visitors can enter the service freely but exit is controlled by a coded lock to ensure people, who may be at risk if they were to leave, remain safe.

The kitchen has been awarded a score of three which means standards are generally satisfactory. The manager told us all remedial work has been completed. Cupboards are well stocked but the team need to make sure general housekeeping tasks are completed as necessary.



Leadership & Management

Good

The RI has good oversight of the service. Staff find him to be responsive and approachable. The reports written are comprehensive and demonstrate the views of people, staff and relatives is considered. The latest Quality of Care report shows a high level of satisfaction in the service but does not contain all of the information needed. Most people and their relatives have a high level of confidence in the service recognising the efforts being made to improve the environment, but especially the kindness of staff. However, some feel things have deteriorated recently, with one saying there has "*been a drastic decline in the service*".

People are supported by staff who have the necessary skills and qualifications to meet people's needs. A nurse is on duty at all times and offers support and guidance to care workers. The nurse is supported by and has respect for, a team of experienced seniors and care workers. Care workers are appropriately registered with Social Care Wales and complete a range of training including food hygiene, communication and dementia care. The matrix shows most training is up to date but there are some gaps. Relatives think staff are skilled and knowledgeable. Care workers are supervised and consider they get balanced feedback on their work to help with their professional development. The matrix shows most staff are up to date with supervision.

There are some robust selection and recruitment processes. Staff files are securely stored. They are well organised and contain the information needed, including photographic identification, references and security checks.

Care workers and other members of the team are motivated and feel valued. They consider the service is improving and are able to raise any ideas or concerns they have, confident of getting a timely and helpful response. One care worker said "*I love it*" when talking about their work and another said "*I do like it here. We have a really good team*".

The maintenance worker has worked at the service for many years and has established some effective systems to make sure equipment and services are regularly checked to make sure they are safe. A visual check of hoists and wheelchairs showed these to be clean and in good working order.

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.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
People are living in a service which is not being adequately maintained.	20/10/2025

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

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