



## Inspection Report on

**The Oaks**

**Larch Avenue  
Shotton  
Deeside  
Shotton  
CH5 1NF**

**Date Inspection Completed**

21/03/2023

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## About The Oaks

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Sapphire Streams Limited
Registered places	26
Language of the service	Both
Previous Care Inspectorate Wales inspection	28 September 2021
Does this service provide the Welsh Language active offer?	This 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 provided with person centred care and support; they are listened to and can make choices about what they want and how they spend their time. Interactions between people, staff and management are positive and respectful. Personal plans contain detailed information although some of this is conflicting as to the support required from staff. Records are not always accurate or consistent to evidence what care and support has been provided or actions taken when needs change. People can spend time socialising with others if they choose to. Some activities are available which are provided by staff. Staff are positive about the support they receive from the manager and deputy manager and can raise any issues or concerns with them.

Systems and processes are in place but these need to be more robust to ensure effective oversight of the service and make the necessary improvements. The responsible individual (RI) visits the service and spends time with people, staff and offers support to the manager. We found improvements are needed regarding record keeping, staff files, training, supervisions and the environment.

## Well-being

People can make choices, they are listened to and treated with dignity and respect. People can have a choice of meals and drinks are also made available. Menus are provided and a person told us about the foods they like and how they order what they want to. A person told us they "*love it here*". They have a mobile phone to keep in contact with friends and call the management if they need to talk about anything. Resident's meetings are held to ensure people's voices are heard and they are involved in what happens in their home. The responsible individual visits the service and spends time talking with people to obtain their views about the service. Interactions between people, staff and management is positive, kind and caring. Staff told us about the person-centred care they offer to people but this is not always reflected in the records made regarding the care delivered.

People's physical, mental health and emotional well-being needs are mostly being met. Personal plans contain detailed information but some of this is not consistent as to the support staff are to offer. Records do not always show that care and support has been provided in line with people's plans. There is no activities person employed to work at the service, staff assist with offering activities. There is a vehicle available, but this can only accommodate two people at a time although a minibus can be hired for outings when the weather is better. People can spend time either socialising with each other in different areas or spend time on their own in their rooms. Staff speak fondly of people and have built positive relationships with them.

People may not always be protected from abuse and neglect due to poor record keeping. A person told us they feel safe living here and can raise any concerns directly with the manager and deputy manager. Incidents and accident are recorded and staff receive training in safeguarding. Record keeping needs to be improved to evidence what care and support has been offered to people and that professionals have been contacted when needs change. A risk assessment had not been completed for one person, in relation to a specific care need and this was discussed with the manager who said this would be addressed. Robust recruitment processes are not being followed.

People live in accommodation which needs improvements. People's rooms are personalised in keeping with their tastes and interests, but these could be made to look more homely and cosier. We found that urgent attention is needed in several areas including, flooring, seating, general décor, soft furnishings and infection control. There is a courtyard area with sensory plants and a garden for people to access and enjoy.

## Care and Support

The service consults with others and involves them to ensure people receive the right care and support. Care and support is provided in a person-centred way and interactions are positive, caring and encouraging. Advice and support are sought from other health professionals when people's needs change but records need to provide a clearer audit trail of this. Health conditions and prescribed medication are recorded. People and staff can raise any concerns with the manager or deputy manager who will take action to resolve these. Reviews are held and include the relevant people.

People's personal plans are kept up to date and are available for staff to follow, however, daily records of the care delivered are not comprehensive. Personal plans are detailed, and include people's personal preferences, their likes and dislikes. Staff know people well and understand what they like and don't like. We found some inconsistencies in personal plans regarding the support required from staff. For one person a risk assessment had not been completed regarding a specific care need. This was immediately addressed by the manager during the inspection. Handheld devices are used by staff to guide them in each person's care and support needs. Records are not always being completed at the time care and support has been delivered. Senior staff told us they receive training in how to use these devices. They follow up with care staff when they identify records of care delivery have not been completed, to find out the reason why. We found daily records to be basic and not consistent or sufficiently detailed. Records do not provide a clear audit trail of what has happened, when professional advice has been sought or actions taken. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The service has systems in place for medicines management. There is a medication policy in place and medication audits are also completed. Staff receive training and competency assessments take place. We saw the competency assessments were not fully completed, which affected their effectiveness. Medication administration records (MAR) charts are electronic and there are systems in place to alert staff, for example, if a medication has already been given. Staff told us the actions they would take if there is a medication error.

## Environment

People live in an environment that requires improvements regarding maintenance and cleanliness. Bedroom doors are painted to look like a front door which helps to create a feeling of people having their own living space. There are memory boxes on the wall outside each person's room, to assist with orienteering people, but some of these are empty. The deputy manager told us they had contacted relatives to bring items in for these. A person told us they liked their room and had pictures of their favourite singer and family photographs on display. We found ill-fitting curtains and nets which are not hung correctly, beds unmade and the quality and cleanliness of sheets and duvets needs to be improved to make rooms more homely and cosier. Improvements are also needed to the comfort of communal areas. We found some chairs were stained, a seat pad was seen on the floor which created a trip hazard, malodour was noted in some areas, some walls require re-painting due to markings and the plaster is exposed outside a bedroom.

Standards of cleanliness also need to be improved. Deep cleaning room charts do not evidence that many rooms are being thoroughly cleaned. There is an infection control policy in place but this was last reviewed on the 20 February 2020. Infection control audits are completed but are not effective. Cleaning schedules are in place, but standards of cleanliness need to be improved throughout the home. Staff meetings have identified cleaning and tidying people's rooms is an area which requires improvements, but insufficient action has been taken to improve this area of the service. Daily walkarounds are completed by the manager but these are not recorded. Maintenance and home improvements plans need to be clear about what work has been completed with timescales to prioritise the outstanding work required. The RI's reports identify improvements are needed regarding the environment. There are several issues within the environment which are placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

## Leadership and Management

Recruitment checks are not always robust enough. We looked at staff files and found that not all the necessary information has been obtained. Staff files did not contain application forms, two forms of identification or two references. Disclosure barring service (DBS) checks are carried out, but the issue or expiry date is not recorded on files. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Care staff feel supported and trained in their role's, however records do not clearly reflect this. Staff told us they feel supported and receive training to carry out their roles and responsibilities. Information we looked at for training did not clearly show why training had not been completed. Supervisions are carried out, but not always completed every three months according to records we looked at. Staff told us they could ask for supervision and would approach the deputy manager or manager with any issues or concerns. Team meetings are held with staff and senior staff to discuss and improve practices. Inductions, probationary forms and competency assessments have not always been completed correctly and signed. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

Systems and processes are in place for managerial oversight of the running of the service, but these need further development to be more robust and effective. The manager and deputy manager work well together, staff and people told us they can approach and raise any issues with them. The manager feels well supported by the RI who visits the service three monthly and produces a report to evidence their monitoring. A quality-of-care review is also carried out looking at what is working well, and any improvements needed. Meetings, reports and audits identify some issues but these need to be prioritised and timely action taken to address these. Policies and procedures also require updating which the manager told us is due to be done.

### 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
59	Daily records or records of specific interventions and correspondence, reports and records regarding additional support provided by health and other services are not accurate, comprehensive or clear about actions taken. Ensure that records are kept and maintained as specified in Schedule 2 of the Regulations.	New
35	The provider has failed to ensure there is an robust recruitment in place. Ensure that applications forms are completed including a full employment history, two forms of identification and two references are obtained and issue or expiry dates of disclosure and barring service checks recorded on staff files.	New
44	The service provider has not ensured that individuals' care and support is provided in a well maintained, clean and safe environment. Ensure that the home is	New



	suitably furnished, free from hazards to health and safety, properly maintained and kept clean to an appropriate standard.	
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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
36	The provider has not ensured that staff undertake a thorough induction and complete a probationary process with regular supervisions and training for their roles. Ensure that documentation is completed to evidence that staff have completed their inductions and probationary period, have quarterly supervision sessions and training records for all staff are available.	New

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