



# Inspection Report on

**Oakdale Manor**

**Oakdale Manor Residential Home  
Rhiw Syr Dafydd  
Blackwood  
NP12 0JJ**

## **Date Inspection Completed**

16/02/2023

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## About Oakdale Manor

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Forest Gate Healthcare Ltd
Registered places	31
Language of the service	English
Previous Care Inspectorate Wales inspection	15 January 2020
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

The service provides a relaxed atmosphere where people look comfortable and cared for. Personal plans are available for each person, identifying individual likes, dislikes and preferences. Specific risk assessments should be in place to accompany plans of care. Restrictions made in people's best interests to manage their safety are proportionate. Opportunities to participate in activities are available and care staff treat people with respect and dignity. Daily records are task focused and do not reflect achievement of individual personal outcomes. The management of medicines requires improvement. Care staff enjoy their work and are generally happy in their role. Staff are knowledgeable about the people they support. Improvements in the frequency of staff supervision is required. Governance arrangements are in place to support service delivery and assess the quality of services. Policies and procedures require review and updating.

## Well-being

People are encouraged and assisted by care staff to be as healthy as they can be. We observed people being supported and encouraged throughout our inspection visit. People have access to GP services, are referred to other healthcare professionals, for example district nurses, as and when needed. Medication administration requires improvement. We observed staff supporting individuals and noted dignity, respect and kindness was offered, to which people responded positively. Each member of staff we spoke with demonstrated a good depth of knowledge and referred to people in a positive light. It was clear they knew the people they supported. People are encouraged to interact with each other, to get involved in activities and events within the home. People are also supported to maintain contact with their families.

People live in a safe and homely environment that supports their well-being. We saw that the design and layout of the home allows people to have privacy or spend time with others as desired. People appear comfortable and confident in their surroundings and with staff. The communal rooms are homely and inviting. We saw people mobilising independently and with staff support if required. Individual rooms are personalised and reflect individual preferences. Safety checks and maintenance of equipment are conducted on a regular basis.

There are measures in place to safeguard people from the risk of harm. Records of incidents and accidents are maintained, and safeguarding referrals are completed when necessary. Character and suitability checks of staff to undertake their roles are in place. Staff files and training records show care staff receive training to ensure people's safety; this includes training in safeguarding, medication, moving and handling. The provider has a safeguarding policy and guidelines for staff to follow, this requires review to reflect Welsh procedures. Care staff we spoke with have a good understanding of how to report matters of a safeguarding nature. The service reports any concerns regarding people's safety and well-being to the local safeguarding team for further investigation. Where there are necessary restrictions made in people's best interests to manage their safety, these have the required documentation.

## Care and Support

Care staff are attentive and respond to people's needs with appropriate levels of prompting and support, with genuine warmth and compassion. People look relaxed and comfortable in the presence of staff. We heard staff engaging individuals in conversation, using humour and encouraging others to join in. The activities coordinator provides one to one activities with people as well as arranging a variety of group activities. On the day of inspection, a professional singer had been booked. People were enthusiastically singing along, tapping their feet and others were dancing with support from staff.

Personal plans cover core areas of an individual's care and support to be provided. Plans are now reviewed on a regular basis; however, due care and attention is required to ensure they accurately reflect people's current identified needs. The plans we reviewed were person-centred and contained people's likes, dislikes, preferences and social histories. Specific risk assessments which are required to maintain people's safety, for example in relation to skin care and falls, were missing. This is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection. Personal plans did not evidence people's or their representative's involvement in their development and review. Procedures and guidelines for staff to follow are not consistently in place. These ensure care staff provide the right care and support to meet individuals' assessed needs. For example, specific skin care regimes to reduce the risk of pressure damage. Daily records are task orientated and do not fully reflect the care and support provided and the impact this has on people's lives.

People can access the necessary health services to maintain their health and wellbeing. Appointments with health and social care professionals are arranged for regular checks or if individual needs change. People have developed good relationships with care staff whom they know well and this helps to support people's well-being and emotional health. People are supported to maintain a healthy weight and diets are reviewed when required and referrals to specialist services are made.

Medication is stored securely in people's rooms with additional storage in a locked medication room. Staff receive appropriate training and competency checking in relation to the safe storage and administration of medication. A sample of medication administration record (MAR) sheets were examined. Gaps were seen in the recording of prescribed creams and ointments being applied, alongside confusion if their application was "when required" or daily as prescribed. Management had not been informed of recent errors in medication administration to establish if remedial action was required. This is an area for improvement and we expect the provider to take action. We will follow this up at our next inspection.

## Environment

People live in a clean, comfortable and homely environment which meets their individual needs. The premises and facilities are suitable for the people living at the service with sufficient internal space for people to spend time communally or individually. People are encouraged to move independently between communal areas and their bedrooms. Others who require support to walk have staff support to do so. The environment recognises and promotes people's individuality. Rooms are furnished and decorated to individual's personal tastes and preferences. People are surrounded by their personal items and belongings.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. Records we viewed demonstrated routine completion of utilities testing. An annual fire risk assessment is in place. Fire safety tests and drills are completed. Personal emergency evacuation plans are in place and provide guidance on how people can be safely evacuated in the event of an emergency. We saw the Fire Service had made some recommendations and that all required works had been carried out. The provider has a system in place to record and monitor maintenance requests.

At the time of our inspection, the service had a food hygiene rating of 5, this means the hygiene standards are very good and fully comply with legal requirements.

## Leadership and Management

Governance arrangements are in place that support the operation of the service. The manager and deputy manager oversee the day-to-day running of the home, with support from senior staff. Systems are in place which inform the Responsible Individual (RI) of issues that occur. The RI conducts regular visits to the service. Quarterly quality assurance processes that review standards of care, including the views of residents, relatives and staff are completed. The home's statement of purpose and guide to services is reviewed on an annual basis. We sampled a range of policies, for example safeguarding, medication and staff development and found they required review and updating. This is an area for improvement and we expect the provider to take action. We will follow this up at our next inspection.

During our inspection, there appeared to be enough care workers on duty to support people. The service is not currently at full occupancy. We were told the provider has been successful with their recruitment campaign and will soon have a full complement of staff, which will enable occupancy levels to increase. Selection and vetting arrangements for staff are sufficiently robust. Pre-employment checks are completed in the form of a disclosure and barring (DBS) check, employment histories, proof of identity and references.

Systems to support staff and develop their skills require improvement. Staff do not receive regular formal supervision with their line manager. This one-to-one support provides an opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. Formal supervision should be held at least every three months. This is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection. There is a training plan in place for the rest of the year. Care staff can attend team meetings to discuss the operation of the service and attend daily handover meetings to discuss each resident. There is commitment to ensuring all care workers undertake the qualifications required to enable them to register with Social Care Wales (SCW) workforce regulator.

### 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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36	Formal staff supervision is not provided on a regular basis.	New
58	The administration of medication is not sufficiently robust.	New
79	Policies and procedures require review and update.	New
15	Personal plans do not identify risks and how these will be managed or provide clear guidance for staff to follow.	New
36	We found that the service provider did not ensure all staff received refresher training appropriate to the work to be performed by them and as detailed in the statement of purpose.	Achieved
7	We found that the service provider did not ensure the statement of purpose was kept under review and accurately describe the service provided.	Achieved

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