



## Inspection Report on

**Oakley House**

**11 Mary Street  
Porthcawl  
CF36 3YL**

## **Date Inspection Completed**

18/08/2023

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## About Oakley House

|   |   |
|---|---|
| Type of care provided                                 | Care Home Service<br>Adults Without Nursing   |
| Registered Provider                                   | Positive Lifestyles (Porthcawl) Limited   |
| Registered places                                     | 5   |
| Language of the service                               | English   |
| Previous Care Inspectorate Wales inspection           | 3 February 2023   |
| Does this service promote Welsh language and culture? | 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

People receive person-centred care and lead active lives at Oakley House. People tell us they like living there, and feedback from people's relatives and care staff is very positive. Care and support is caring and respectful. Person-centred documentation is clear and concise. Reviews of care and support take place regularly. The service gets the right support for people at the right time. People are supported to safely manage their medication. Arrangements are in place to make sure safeguarding concerns and complaints can be raised. Infection control measures are of a good standard. The service has relevant policies and procedures in place. The service has auditing systems and meets the legal requirements in relation to Responsible Individual (RI) visits and quality of care reviews. The environment is clean, well-maintained, and well-presented. Care staff are recruited following recruitment checks, receive regular supervision and training, and feel supported in their work.

## Well-being

People are supported to have control over their day-to-day lives and do the things that matter to them. Personal plans consider people's needs, preferences, and how best they like to be supported to have positive experiences. Staff know people well and respect and promote choice. Detailed risk assessments are in place to promote positive risk taking. Care and support is person-centred, with people treated with dignity and respect. People have varied activity planners and are assisted to regularly access the community. The service has good relationships and excellent lines of communication with relatives, who tell us the service keeps them informed and closely involved in people's care and support.

The service supports people to remain happy and healthy. Routine health appointments, timely referrals, and close working with health and social care professionals make sure people can be as well as they can be. Detailed behavioural support plans are produced by the service in partnership with people, their families, and their health and social care workers, which care staff receive specialist training in. Meal options are balanced and consider what people enjoy. People receive their prescribed medication as directed. The home has a sufficient supply of personal protective equipment (PPE), with infection control measures in place and in line with its policy.

People live in an environment which supports them to meet their needs. Oakley House is an older property located in the town centre, meaning local facilities and amenities are within close walking distance. Bedrooms are comfortable and personalised, with sufficient communal areas available. The home is clean, safe, and well-presented. An ongoing programme of maintenance and repairs ensures the environment remains safe.

People are protected from abuse and neglect through measures promoting safe working practices. The service is proactive in identifying potential risks to people or employees and how to manage these. Care staff know their safeguarding responsibilities and how to report issues if they are concerned for a person's well-being. Care staff feel confident if they raise an issue with the manager, it will be responded to. Policies and procedures help support care staff to ensure people are safe. Recruitment is robust, and regular supervision supports continued staff development. Incidents and accidents are logged, and appropriate actions taken by the service. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed.

The service does not provide a service to people in Welsh and could not facilitate this if it were needed.

## Care and Support

Care staff have very positive relationships with people and provide good quality care. Interactions between care staff and people are warm, patient, and attentive. People told us *"I like all of it"*, *"I go out all the time"*, and care staff are *"kind"* and *"ask me what I want to do"*. People's relatives told us *"they accommodate their needs"*, staff are *"very respectful"*, and the manager *"is excellent and discusses everything"* and *"bends over backwards to help"*. Professionals told us they felt it was a *"homely and friendly"* service, the *"staff are really good"* and people *"are always busy"*. Care staff know the people they support very well and provided detailed information about their needs, which corresponds with information in people's care files. Communication from the service is very good, for example telling families if there are any issues and consulting with them, and ensuring they can attend meetings. The service goes well above what would be expected in ensuring relatives can be involved in people's care and support.

Care staff have up-to-date knowledge of people's needs. Personal plans are person-centred and detailed and give direction to care staff around how best to support people. Detailed risk assessments are in place to direct care staff with the measures needed to help people stay safe. This includes specialist behavioural risk assessments and communication passports, which support people's independence and social inclusion. Plans are produced in partnership with people and their representatives. Reviews take place regularly, with a monthly report produced for each person detailing their progress and achievement of personal goals. Care files contain assessments and guidance from other professionals, such as learning disability nurses and consultant psychiatrists. We viewed evidence of close multi-disciplinary working with health and social care professionals. Personal spending records showed people were supported to manage their money and were safeguarded. Deprivation of Liberty Safeguard (DoLS) applications have been made where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

The management and storage of medication is safe. Medication is stored securely and can only be accessed by authorised care staff. Records show care staff administer medication in line with the prescriber's directions. People have detailed health profiles in their care files. A medication policy is in place. Medication is audited daily. Where issues with medication have been identified, the management takes robust action to address this.

There are infection control measures in place to help keep people safe from the transmission of potential sources of infection. Staff have access to a supply of appropriate PPE. Staff receive training on infection control and understand their responsibilities around this.

## Environment

People's wellbeing is enhanced by living in an environment which is safe and suitable for their needs. Oakley House is an older town house-style building on three levels, located in the centre of Porthcawl near to the promenade. The home is clean, tidy, and free from malodours. Entry to the home is secure, with visitors required to sign before entry. Rooms are a good size and are individualised to people's tastes, containing photos, decorations, keepsakes, and electronic entertainment items such as TVs. All rooms have ensuite facilities. There are sufficient toilet and bathing facilities. The service has a large living area, where people can choose to spend their time. A dining area is located to the rear of the kitchen, where people can undertake activities and have meals. Communal areas are tidy and uncluttered. The kitchen facilities are appropriate and enable people to take part in preparing food if they wish. There is a garden to the rear which has seating and people can make use of. The service has benefitted from significant refurbishment and redecoration since the last full inspection, most recently the kitchen being refurbished to a very high standard. These improvements enhance the environment and benefit people's well-being. The RI told us plans to redecorate the bedrooms that have not yet been done, and to develop a new office area to the rear of the service.

The home environment is safe. Substances hazardous to health are locked in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. There are window restrictors in all bedrooms and bathrooms viewed. Fire exits are clear of clutter and obstructions, with no obvious trip hazards more generally. Daily cleaning and laundry duties are being maintained. Maintenance records confirm the routine testing of utilities. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. An up-to-date fire risk assessment is in place, which is an improvement acted upon since the last full inspection. Personal emergency evacuation plans enable staff to understand the level of support people require in the event of an emergency and are easily accessible.

## Leadership and Management

The recruitment and training of staff is safe and effective. Staff files show the correct recruitment arrangements are in place and contain all legally required information, such as up-to-date Disclosure and Barring Service checks and proof of identity. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. Training records show care staff have up to date training in core areas of care. Additional training for specialist areas relevant to people who live at the service is also in place, such as autism awareness and Positive Behaviour Support. Staff told us they feel well trained.

Care staff feel well-supported in their role. They told us they “love” working at the service and for the people living there, it is a “*nice place to work*”, they feel they “*improve the lives of the residents*” and feel supported by the management in that you can “*just go to the manager*” and “*approach them with anything*”. The staff team is generally well-settled with turnover low, helping facilitate continuity of care. Care staff have regular supervision and yearly appraisals to reflect on their performance, identify support they might require, and discuss any issues. The manager told us staffing levels are worked out based on people’s level of need, with people having at least one-to-one support from care staff. The rota showed target staffing levels are being met and was reflective of staffing on the day. Care staff told us they feel there are enough staff working at the service.

Systems are in place to support the running of the service. The service has good governance, auditing, and quality assurance arrangements. These help to self-evaluate and identify where improvements are needed. The RI has very good oversight of the service. The RI undertakes the legally required three-monthly service visits, usually visiting more frequently than this. The RI also undertakes six-monthly quality of care reviews. The service is open and transparent, identifying and acting to resolve issues and making the legally required notifications to Care Inspectorate Wales (CIW) regarding occurrences at the service. Policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. The service gathers the views of people and care staff. Procedures are in place to deal with complaints.

The service provides sufficient information to the public. The Statement of Purpose sets out the service’s aims, values, and support provided. A written guide contains practical information about the home and the care provided.

### 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 |
|------------|---------|--------|
|------------|---------|--------|



|     |  |          |
|-----|--|----------|
| N/A | No non-compliance of this type was identified at this inspection | N/A      |
| 57  | The home's fire risk assessment has not been reviewed.           | Achieved |

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