



## Inspection Report on

**Oak**

**Alexander House  
Highfield Park  
Denbigh  
LL16 4LU**

**Date Inspection Completed**

**13 July 2021**

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## About Oak

|  |   |
|--|---|
| Type of care provided                                      | Care Home Service<br>Adults Without Nursing |
| Registered Provider  | Mental Health Care (Highfield Park) Limited |
| Registered places  | 8   |
| Language of the service                                    | English                                     |
| Previous Care Inspectorate Wales inspection                |   |
| Does this service provide the Welsh Language active offer? | No  |

## Summary

Overall, we found that people living at Oak receive good quality care and support from a committed and caring staff team. Personal plans, risk assessments and positive behaviour support plans contain person centred information regarding people's physical, emotional mental health and behavioural needs. Improvements are required in relation to medication management. The service is purpose built but improvements are required to the environment both internally and externally. A newly appointed manager commenced post in July 2021; the staff told us the manager has had a positive influence on the service and offers daily support to the staff team. Whilst, overall, people's needs are met in a timely way, improvements to staffing levels are required. The Responsible Individual (RI) is accessible and is committed to working with the new manager to develop and improve the service further.

## Well-being

Overall, whenever possible, individuals are supported to have control over their day-to-day lives. During our visit we observed care staff support people in an active and supportive manner. People have access to Independent Advocate Services and have Relevant Person's Representatives in place. Activity support plans are in place to support people's well-being and with Covid-19 restrictions relaxing, people are venturing back out into the community and are able to have home visits. Overall, relatives were positive about the care and support provided by staff. Comments included "*X has achieved so much and that's down to the staff team, although X and the staff have had a very challenging year, I know the staff have dedicated and sacrificed a lot to keep X safe*", "*although over the last six months things have slipped a little, X is happy and has progressed a lot with the support from the team*" and "*the staff actively support X to increase independence, they are only small things but have made a huge difference to X's quality of life*". People are offered a choice during meal time and plans are being discussed on how this can be improved to include healthier meal options and snacks. Key worker meetings are held regularly, which contain information about people's progress and challenges, outcomes they have achieved over the month and any future outcomes they would like to achieve.

Overall, practices and processes in the home support people with their physical, mental health and emotional well-being. However, improvement is needed in relation to medication management. Any potential resident is required to receive an assessment which considers a wide range of information. This is to ensure the service is able to meet the individual's needs and support them to achieve their personal outcomes. The care staff we spoke with had good knowledge of people's care and support needs and any identified risks to their well-being. A professional told us "*I can only sing praises for the support X is getting since moving to Oak*". Personal plans are clear, detailed and capture important information for care staff to follow. Photos are on display within the home and in people's pictorial reviews of them engaging and enjoying activities.

Overall, people are protected from harm and abuse. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. Systems are in place to ensure people remain safe whilst promoting their independence. Measures and risk assessments are in place to guide staff on how to mitigate any risks to people's health and well-being. We saw the service had made applications to the relevant authorities as required under the Deprivation of Liberty Safeguards (DoLS) for people who do not have the ability to make decisions about aspects of their care and support. CIW are notified as required and referrals are made to the Local Authority safeguarding team if required. Care staff receive training in safeguarding, however improvement is needed in relation to staff refresher training.

## Care and Support

The personal plans and risk assessments viewed contain clear information for care staff to follow and were reviewed as and when required but in line with regulation. Discussions with care staff highlighted the information enables them to provide people with person centred care and support. Important information has also been condensed in 'grab files' to provide care staff with a quick reminder of the support people need. We saw examples of positive, detailed examples of person centred information recorded within daily reports but also identified more consistency was required by care staff when completing them. A professional told us "*X's challenging behaviours are still there, however, they seem to be well managed as incidents have reduced compared to the previous months*". We received a mixed response from relatives regarding the communication from the service over the last six months. We discussed this with the manager who assured us it would be addressed.

Overall, people have access to health and other services to maintain their ongoing health and well-being. Care files contain personal plans regarding general health including hospital passports. Records relating to professional discussions are kept and correspondence maintained to provide a clear health record for individuals. When required, care staff support people to access community based medical appointments and people also receive visits from health and social care staff. However, over the last six months communication and referrals to external health and social care professionals has not been consistent in relation to one individual. Before the completion of this report this had already been actioned by the manager.

Overall, people are safeguarded. Care staff have access to the safeguarding policy and told us they understand the importance of reporting safeguarding concerns. Relatives told us they are confident in raising any concerns with the service, knowing that prompt action will be taken. Staff have received safeguarding training but the majority of staff are overdue their refresher training, which needs to be addressed. Further training and development is needed to ensure all care staff are consistent in their approach with recording, reporting and reflecting on incidents. This also includes management oversight of incidents reports and ensuring care staff receive a debrief following an incident.

Further improvements are required to ensure the service has safe systems for medication management. The Medication Administration Records (MAR) charts viewed during this inspection do not show administered medication is being correctly recorded on a consistent basis. Not all care staff who administer medication are up-to-date with their refresher training or six monthly competency assessments. We found medication errors, which had not previously been identified by the service through their own audits. 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 these issues. Since the initial feedback provided on the day of inspection we have received an action plan from the manager. The

care staff we spoke with confirmed that positive changes have already been implemented by the new manager since they started at the service in relation to medication practices.

## Environment

The environment requires further improvement. People have their own bedrooms, which are decorated sensitively in keeping with people's wishes, preferences and their care and support needs in mind. Since the new manager started in post, the family room, activities room and one communal lounge have been redecorated. We saw some areas of the home were in need of some attention and redecoration as they were damaged, looked tired and were showing signs of wear and tear. The outdoor space was untidy and contained a broken chair, which has since been removed. The garden area has not developed since our last inspection, which means people cannot access the garden without staff support. By improving the garden people will be able to access the outdoor area with staff remaining at a distance; this will provide people with more space. Since our initial feedback we have received an action plan from the manager which includes revisiting plans for the enclosed garden, redecorate remaining areas of the home including a schedule for the redecoration of individual bedrooms and decorate the staff shower/cloakroom. We expect the service provider to continue to take action to implement these improvements and we will follow them up at the next inspection.

The home has a visitor book completed in accordance with fire safety arrangements and visitor identity checks are undertaken. Both fire safety and health and safety documentation are in place including personal emergency evacuation plans (PEEP), fire safety checks and drills. A desktop fire safety audit was completed on the 11 August 2021 by North Wales Fire and Rescue Service. The information supplied by the service was enough to decide that the premises did not require a site visit at the time.

Overall, the service promotes hygienic practices and manages risk of infection. The service have responded with a risk assessment and guidance specific to the Covid-19 pandemic. Discussions with care staff confirmed they are aware of the infection control procedures in place. We observed good infection prevention and control practices amongst staff and management during our visit. Care staff we spoke with had a good understanding of infection prevention and control practices. Poor practices in relation to the disposing of masks has been addressed by the service, this will continue to be monitored by the manager.

## Leadership and Management

People and staff have access to information. People receive a service as specified within the statement of purpose (SOP) and service user guide (SUG). Policies and procedures are accessible but do require some updating to ensure they are up-to-date and in-line with current legislation and guidance. Relatives feel they can approach the service and have done in the last 6 months as they felt things were not as they had been in relation to *“communication, staffing”* and the *“sudden changes within the management team.”* A relative told us *“the new manager has been in contact to introduce themselves”*.

The management team including the RI support the staff team. Although the manager has only recently commenced their position in July 2021, the care staff told us they have had a *“very positive”, “supportive”* and *“refreshing”* influence on the service. The staff have the opportunity to receive regular supervision and information is mainly shared during handovers and key worker meetings. We found that there was evidence the manager and RI are taking action to address issues raised by care staff, some of which have already been addressed by the RI and appropriate action taken. Staff meetings, which provide an opportunity for care staff to talk about any issues they may have or share their views about improving the service are not being held. This is in the process of being addressed by the manager.

Staff recruitment is satisfactory in the service. We saw staff files have the necessary safety checks in place, ensuring staff’s suitability to work with vulnerable adults.

Training and development of staff needs further improvement. The staff team are experienced, knowledgeable and have access to training. However, numerous refresher trainings for care staff are overdue. Care staff told us that personal development had become *“none existent over the last year or so but in recent weeks this has improved and the management including at a senior level are listening to us”*. Training opportunities in the last 18 months has been limited due to the Covid-19 pandemic. We discussed this with the RI and manager who assured us that training is an area that is being developed, especially around personal development, service specific and specialist training. This is an area for improvement and we expect the provider to continue to take action and we will follow this up at the next inspection.

Overall people’s needs are met in a timely and responsive way; however staffing is not always adequate to ensure that individuals can have their personal outcomes achieved consistently. This is due to the increased impact and pressure the service is experiencing due to community transmission of Covid-19 affecting the staff team directly and indirectly. In the event that the service have to resort to emergency staffing numbers these will be reviewed daily by the ‘Covid Risk Management Team.’ The RI assured us that recruitment is underway and is one of the main priorities for the organisation. This is an area for improvement to ensure people living at Oak receive a consistent and familiar staff team. We



expect the provider to continue to take action and we will follow this up at the next inspection.

Arrangements are in place for the effective oversight of the service through ongoing quality assurance processes. The RI is in regular contact with the manager and has oversight of the service. Quality monitoring audits and reports are completed in line with regulation. Actions taken by the RI in response to complaints and concerns are reported on as part of the governance arrangements for the service. The service has demonstrated that they can learn from concerns and complaints to improve the service.

**Areas for improvement and action at, or since, the previous inspection. Achieved****Areas for improvement and action at, or since, the previous inspection. Not Achieved**

|      |  |
|------|--|
| None |  |
|------|--|

**Areas where priority action is required**

|                       |   |
|-----------------------|---|
| Medication management | Regulation 58(1)<br>Regulation 58(2)(b)<br>Regulation 58(3) |
|-----------------------|---|

We found poor outcomes for people, and / or risk to people's wellbeing. Therefore, we have issued a priority action notice and expect the provider to take immediate steps to address this and make improvements.

**Areas where improvement is required**

|   |  |
|---|--|
| Staffing  | Regulation 34(1)                           |
| Staff training including specialist training as appropriate | Regulation 36(2)(d)<br>Regulation 36(2)(e) |
| Environment and external grounds                            | Regulation 44(4)(h)<br>Regulation 44(10)   |

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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