



# Inspection Report on

**Oakdale Manor**

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

## **Date Inspection Completed**

08/03/2024

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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	16 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

Most people are happy with the care and support they receive at Oakdale Manor. We saw sensitive and caring interactions from staff towards people. Staff know the individuals they support well and are familiar to them.

Personal plans are available for each person, identifying individual likes, dislikes, and preferences. Plans are reviewed on a regular basis. Detailed risk assessments are not always in place to accompany plans of care. Restrictions made in people's best interests to manage their safety require appropriate paperwork. The management of medicines requires improvement.

There is oversight of the service on a day-to-day basis from a service manager and deputy manager supported by a team of senior staff. The Responsible Individual (RI) visits the service in accordance with the regulations. Governance arrangements are in place to support service delivery and assess the quality of services. Policies have been reviewed and updated to guide practise. Staff are safely recruited, receive supervision, and attend training. Staffing levels are not always sufficient to achieve the best possible well-being outcomes for people.

## Well-being

People are encouraged and assisted by care staff to be as healthy as they can be. People have access to GP services and appointments with health and social care professionals are arranged. We saw evidence of communication with professionals around people whose needs have changed. Medication administration requires improvement. People's weight is monitored regularly, alongside levels of nutrition and fluid intake. Staff know the individuals they support well and are familiar to them and notice any changes in their health and well-being.

People are treated with dignity, warmth, and kindness by friendly staff. We saw genuine fondness between people living at the service and staff. We observed staff were very busy and often appeared rushed. Staffing levels were not always sufficient to meet peoples' care and wellbeing needs. People often appeared bored with limited stimulation or social interaction. We saw staff give reassurance and emotional support to one person when they were anxious. Staff help people maintain positive relationships with family and friends.

People are encouraged to make choices that affect their lives. Individuals are given the opportunity to make everyday selections such as clothes to wear, where to spend their day, and food and drink options. Staff told us about individuals likes and preferences and how they make their feelings known. Personal plans viewed include this vital information. The manager is looking for ways to increase consultation with residents and their representatives. This includes restarting residents' meetings and the completion of satisfaction surveys when the activity co-ordinator returns. Imposed restrictions to manage perceived risk of harm do not always include the person or their representative in the decision-making process. Where people lacked the capacity to make important decisions relating to their life, best interests' meetings are not held.

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. The provider has a newly updated safeguarding policy and guidelines for staff to follow. Care staff we spoke with have a good understanding of how to report matters of a safeguarding nature. The provider has worked in partnership with other agencies to participate in the safeguarding process. The strategies for managing risks to people's safety and well-being are not consistently recorded within risk assessments and support plans.

## Care and Support

Care staff understand the needs of the people they support and deliver care in a respectful way. We witnessed positive interactions during our inspection; we saw care staff supporting people in a caring and dignified manner. However, we also observed people spending long periods of time with limited interaction from staff. Opportunities for engagement in social and recreational activities are currently limited due to the absence of the activity co-ordinator.

People's needs are assessed before they move in, to ensure the service is suitable for them. Each person has a personal plan which includes core areas of an individual's care and support to be provided. Plans are person centred and contain people's likes, dislikes, preferences, social histories, and outcomes. Plans are reviewed on a regular basis. Due care and attention is required to ensure daily records are fully reflective of the impact care and support has on people's lives.

The strategies for managing risks to people's safety and well-being are not always recorded within risk assessments and support plans. Some improvements in risk assessments, for example in relation to moving and handling were noted at this inspection. However, these improvements have not been adopted across all identified risks, for example in relation to skin care. Additionally, risk assessments are not reviewed following incidents to ensure they are still relevant. This remains an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

Systems in place to ensure that people's best interests are promoted are not sufficiently robust. Imposed restrictions to manage perceived risk of harm do not always include the person or their representative in the decision-making process. Where people lacked the capacity to make important decisions relating to their life, appropriate assessments and best interests' meetings are not completed to explain and justify the introduction of measures which restrict people's freedom and liberties. For example, the use of sensor mats and hourly welfare checks during the night. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection. Deprivation of Liberty Safeguards (DOLS) authorisations and applications are in place.

Systems in place for the management of medication require improvement. Medication is stored securely in people's rooms with additional storage in a locked medication room. Staff receive training and competency checking in relation to the administration of medication. A sample of medication administration record (MAR) sheets were examined. Gaps in recording were seen with no evidence of action taken as a consequence. 'As required' medication did not consistently record times given or the reasons why it was required. Management had not been informed of one person's regular refusal of medication to establish if remedial action was required. This remains an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

## Environment

People live in a clean, comfortable, and homely environment which meets their individual needs. During our visits we saw domestic staff working on both days throughout the building. 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 mobilise 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. There is a range of weekly, monthly, and quarterly health and safety checks and audits. For example, water temperature, window restrictors and infection control measures. Alongside the servicing and maintenance of equipment being conducted on a regular basis, and routine completion of utilities testing. An annual fire risk assessment was undertaken in December 2023 which highlighted a number of remedial actions required to reduce and mitigate risks to people. The RI and manager stated they were in the process of arranging a meeting with the person who completed the risk assessment to agree and prioritise actions required. At the time of writing this report we had not been informed this meeting had happened. 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. 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

The RI maintains oversight of the service and visits on a regular basis. Going forward the RI will ensure evidence of consultation with residents, visiting family and staff will be available. Auditing and monitoring arrangements, which review service provision, and assess quality continue to be developed by the manager.

Staffing levels are not always sufficient to meet peoples' identified needs and enable them to achieve personal outcomes. On the first day of inspection staffing levels were significantly lower than expected. On the second day staffing levels had increased. A review of the staffing rota for the last four weeks showed several occasions when staffing levels were below expected numbers. Sufficient staffing levels and deployment of staff should remain under constant review to ensure that people's care and emotional wellbeing is being met and people are able to achieve their personal goals. For example, on the first day of inspection we observed communal lounges were left unattended, and people appeared bored with no social interaction. We also observed people struggling to eat their food and sufficient staff were not available to encourage and support them with their meal.

Staff we spoke with confirmed they were often very busy and felt rushed trying to ensure basic care needs for all residents were met. At the time of inspection, the provider did not have a measurable and systematic approach to determining safe staffing numbers which adapts to the changing needs of people. The service was unable to demonstrate how they determined the numbers of care staff required to safely care for people. Staffing levels and deployment of staff should remain under review to ensure the health, safety, and wellbeing of everyone. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

Staff complete an induction programme. This includes the opportunity to shadow experienced staff and spend time getting to know people. At the time of inspection this was not the case due to lower-than-expected staff numbers on shift. Staff on induction were providing direct care and support without direct supervision of experienced staff. New staff complete a range of mandatory training. Training records show staff have up to date core training. Supervision records confirm the majority of staff had received supervision in the last three months. The frequency and regularity of formal supervision needs to be embedded and sustained going forward. There is commitment to ensuring all care staff undertake the qualifications required to enable them to register with Social Care Wales (SCW) the 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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21	Care and support is not always provided in a way which protects and promotes the best possible well-being outcomes for people.	New
34	Staffing levels were not always sufficient to enable people to achieve the best possible well-being outcomes and the provider did not keep staffing levels under review.	New
58	The administration of medication is not sufficiently robust.	Not Achieved
15	Risks assessments are not sufficiently robust or reviewed following incidents.	Not Achieved
79	Policies and procedures require review and update.	Achieved
36	Formal staff supervision is not provided on a regular basis.	Achieved

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