



## Inspection Report on

**Oakwood Nursing Home**

**Oakwood Nursing Home  
Hazel Drive  
Aberdare  
CF44 8DB**

## **Date Inspection Completed**

10/03/2023

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## About Oakwood Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Cwmdare Home Ltd
Registered places	43
Language of the service	English
Previous Care Inspectorate Wales inspection	04 March 2022
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

People and their representatives say there is a good standard of care and support provided at Oakwood Nursing home. Personal plans contain detailed information on the best ways of supporting people. Risks to people are assessed and managed. Care staff provide care and support in a friendly, person-centred way and are kind and compassionate. People are offered daily choices and can participate in activities if they choose. There is a good choice of nutritious food and people with special dietary requirements are catered for.

The manager is well respected. Care staff say they enjoy working at the service and feel supported and valued. There is a safe recruitment process that ensures care staff are suitable to work with vulnerable people. Ongoing training supports the rollout of good quality care and support. Staff are kept up to date with developments at the service via staff meetings and supervision sessions. We found improvements are needed to ensure staff are receiving the required level of formal supervision. The Responsible individual (RI) visits the service regularly to maintain oversight of service provision. However, improvements are required to ensure the quality of care is effectively monitored. The environment is homely, clean, comfortable, and maintained to a good standard.

## Well-being

The service employs measures to keep people safe. There are a range of policies and procedures promoting safe practice. Care staff are recruited safely and receive safeguarding training. Care staff know the procedure for reporting concerns. Risks to people's health and safety are assessed and managed and the home is protected from unauthorised access.

People's individual needs are considered. Personal plans are specifically tailored to each person. They identify support required and potential risks to people's health and well-being. Care staff monitor people's overall health and report any concerns in a timely fashion. Medication is appropriately stored and administered. People's nutritional needs are considered and there is a good variety of wholesome food on offer. People are encouraged to interact with others and maintain relationships with family and friends.

People are treated with dignity and respect. We saw positive interactions between care staff and people. Care staff sit with people and engage in meaningful conversations. Feedback from people and their representatives supports the good practice we observed. Care documentation is clear and helps care staff understand people's needs. The manager told us care documentation is being updated so it better captures information relating to people's likes, dislikes, and personal histories.

The environment supports people's well-being. People's rooms reflect personal tastes. communal areas are clean and comfortable. The standard of décor is good throughout. Care staff adhere to infection control measures and hygiene standards are good. The home is suitably maintained, and regular environmental audits are completed to ensure any issues are identified and resolved.

## Care and Support

Personal plans set out people's care and support needs. They focus on activities for daily living and provide guidance on how to support people who have difficulty completing such tasks independently. We viewed a selection of personal plans and found they provide clear information relating to people's individual physical and mental health needs and offer guidance to care staff on how to provide effective support. Any risks to people are assessed and appropriately managed. Personal plans and risk assessments are reviewed regularly to ensure information recorded in them remains relevant.

An experienced team of care staff deliver good quality care and support. Many of the staff have worked at the service for several years and are familiar with people's individual needs and routines. People we spoke to provided consistently positive feedback regarding care staff, using words like, *"very good"*, *"excellent"* and *"really nice people"* to describe them. We observed positive interactions between care staff and people throughout the time we spent inspecting the service. We could see there is a genuine good rapport and mutual respect between care staff and people. We had several conversations with people's relatives who were visiting at the time of our inspection. They also provided complimentary feedback. One relative said, *"The care is very good, and the staff here are marvellous. I couldn't ask for better"*.

People have access to healthcare professionals and medication is stored and administered safely. We saw documented evidence the service makes timely referrals to relevant healthcare professionals when needed. These include GP's, Tissue Viability Nurses, and District Nurses. Monitoring tools such as repositioning charts, personal care charts and food and fluid charts are used to keep track of people's health and well-being and highlight any concerns. We found some monitoring documentation was not up to date. We discussed this with the manager who assured us this issue would be addressed. Medication is securely stored and administered as prescribed. Regular medication audits are completed to ensure any errors are identified and actioned. We noted the administration of 'as required' (PRN) medication was not always properly documented. We discussed this with the manager who said they would reinforce the correct procedure with the staff team.

People are offered activities and encouraged to maintain important relationships. There is an activities coordinator who arranges appropriate activities. People told us they can participate if they wish to do so. One person said performers such as singers visit the home regularly to provide entertainment. Visitors are welcome and can visit when they choose.

## Environment

The environment is comfortable, clean, and decorated to a good standard. The home is set over two floors with lift access to the upper floor for people who have mobility problems. There are a number of communal areas where people can congregate to interact with each other and take part in activities. We observed people in communal areas, they appeared comfortable and relaxed which suggests they are happy with the environment. There are sufficient toilet and bathroom facilities throughout the service and there is specialist equipment such as hoists available for those who need it. People's rooms are sufficient in size and are personalised to their preference. There are domestic staff at the service daily to ensure standards of hygiene and cleanliness are maintained. The kitchen has been awarded a score of five by the food standards agency which is the highest possible score.

The home is maintained to a good standard. Regular servicing, checks and maintenance makes sure the environment, it's facilities and equipment are safe to use. We saw up to date safety certification for utilities, equipment, and fire safety features are present. People have personal evacuation plans in place, so care staff know the level of support needed in an evacuation situation. We completed a visual inspection of the service and found some areas with restricted access were left unopen. We discussed this with the manager who assured us this issue would be addressed.

## Leadership and Management

Care staff enjoy working at the service and feel supported by the manager. Care staff we spoke to provided positive feedback regarding the management. One said, *“The manager is brilliant to be honest. You can talk to her about anything. She’s really supportive”*. The manager told us they operate an ‘open door’ policy which means they are available to discuss any concerns or other matters with staff at any time. We saw evidence team meetings are held where general operational matters are discussed. We looked at records relating to supervision and appraisal and found care staff do not always receive the required level of formal support. We did not identify any impact on people living at the service due to this. However, this is an area for improvement which we would expect to be addressed by the next time we inspect.

There is a safe recruitment process and care staff are trained to meet the needs of the people they support. We sampled several personnel files and found all the necessary pre-employment checks are in place. These include references from previous employers, employment history and Disclosure and Barring Service (DBS) checks. Staff we spoke to are positive about their training saying it equips them with the skills needed to deliver good quality care and support. We looked at the training matrix and could see improvements have been made since the last inspection with more staff now compliant with their training requirements in core areas. We also noted the majority of care staff working at the home hold a recognised qualification in health and social care.

There are a range of policies and procedures in place that promote safe practice. We sampled a cross section of the services policies and procedures and found they were reviewed regularly and contained a good level of information. We noted a minor adjustment was needed to the medication policy, so it clearly details the process for administering PRN medication. Other written information we viewed included the statement of purpose and service user guide. Both documents are reflective of the service and contain all the required information.

Systems to monitor the quality of care provided at the service require further development. At the last inspection we found quality of care reviews were not being completed every six months as required. At this inspection we discovered improvements to remedy this have not been implemented. Quality of care reviews are important as they help the service reflect and develop. Due to this breach of regulatory requirements, we have now issued a priority action notice and would expect the provider to take immediate action to address the issue.

### 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
80	A written report on the Quality of Care being provided by the service must be compiled at least every six months.	Not Achieved

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	the provider is not compliant with regulation 36(2)(c). This is because staff do not consistently receive formal supervision every 3 months.	New
36	Improvements are needed in staff attendance and completion of core training,	Achieved
73	RI visits need to be completed at least every three months.	Achieved

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