



## Inspection Report on

**Oakwood Nursing Home**

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

**Date Inspection Completed**

**04 March 2022**

04/03/2022

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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	29 August 2019
Does this service provide the Welsh Language active offer?	Working towards: The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People receive personal care and nursing care from a team of care staff and nurses who are familiar with their needs and appear competent in their roles. People have the opportunity to interact with staff and each other. The management team has good knowledge of the day to day events in the home. Alongside the nursing staff, they liaise with a variety of health professionals to provide accurate, holistic care. Personal plans and risk assessments are detailed, and monthly reviews are meaningful. Care staff need to ensure they complete core training to provide people with the best possible care. Feedback from people living at Oakwood, their relatives, and staff members is positive. Equipment and facilities are serviced and maintained to ensure they are fit for purpose. The manager reports feeling supported by the responsible individual (RI), who has overall oversight of the service. However, there need to be more robust processes for monitoring and recording analysis of the quality of care being provided in the home, and any areas for improvement they identify. Basic Welsh language is used in the home, as there is only one person who speaks Welsh currently living there. Documentation is available bilingually on request.

## Well-being

People are treated as individuals, and are offered input into the care that they receive. Care files include information into people's history and their likes and dislikes. Personal plans describe the best way to care for each individual. The kitchen staff have a list of people's individual diets and their food preferences. We saw care staff and nurses sit and talk to people when they had time to do so. Staff are allocated to activities and wellbeing to provide people with stimulation and interaction should they be able to, and choose to, participate. There is a complaints process in place that people or their relatives/representatives can utilise if necessary.

People are supported to be as healthy as they can be by getting the right care as early as possible. Nursing staff and management at the home liaise with a number of external health professionals to provide the most accurate and holistic care they can. We saw evidence of regular input from GP and Advanced Nurse Practitioner, alongside referrals and correspondence with professionals such as dietetic support and urology. Advice and guidance given is shown in updated care plans and medication is altered as soon as possible. Staff record when family are updated on health issues, but this could be more consistent.

There are systems in place to protect people from harm or abuse. Risk to individual health and safety is included in care plans and risk assessments, and are regularly reviewed. There are appropriate, updated, policies in place to guide staff in all areas, including safeguarding and whistleblowing. There is also information in the corridor in the home should individuals or visitors need. There are some staff who need to renew their safeguarding training. There is evidence of appropriate referrals being made to external agencies.

## Care and Support

People can be confident that care staff and nurses have detailed information to be able to provide them with the right care at the right time. Personal plans and risk assessments contain individualised information and personal preferences regarding delivery of care. These are regularly reviewed and analyse people's progress towards their outcomes. Referrals are made to external health professionals and advice and guidance implemented as soon as possible by nurses and care staff. Information regarding people's care needs is handed over from each shift, and tasks or appointments kept in a diary on each floor. Medication is stored safely and administered as prescribed. The nurses on duty on the day of inspection were able to give a full account of the process of administering everyone's medication and variables to consider, for example with timed medication. There is a detailed medication policy in place and procedures for destroying and returning medication are followed. Supplementary charts are in place and are mostly completed, but oral care needs to be recorded more consistently. Specialised diets are followed, and the kitchen staff are aware of not only people's dietary needs but also their food preferences. People have choice over when they eat their meals, but care staff should ensure there is enough time between meals to maintain people's appetite.

The service provides opportunities for stimulation and interaction with others. People are able to have visitors at pre-arranged times, in line with current Welsh Government guidance. Relatives told us: *"they've gone above and beyond to accommodate us"*, and *"I'd give it 11/10 here"*. Feedback from people living at Oakwood is also positive: *"It's good here"*, and *"they are nice people"*. We saw an activities co-ordinator spend time individually with some people, playing memory games and chatting. If there are enough staff on duty, the manager also arranges for a care staff member to promote entertainment and interaction amongst individuals for the day. On the day we visited, they were dancing and singing with people in the lounge.

There are systems in place to promote infection control and good hygiene. All staff complete regular COVID 19 testing, and we saw personal protective equipment (PPE) being used appropriately by staff throughout the day. Visitors also complete lateral flow tests and complete screening questions prior to entering the service. Domestic and laundry staff have thorough cleaning schedules, and on the day we visited the home appeared clean.

## Environment

Care and support is provided in a location and environment with facilities and equipment that promotes achievement of people's outcomes. The home is secure from unauthorised visitors, and rooms such as the sluice and laundry room were locked to minimise risk to individual's health and safety. There are communal rooms such as lounges and a dining room that are used by most people, although some were receiving all care in their room. People's bedrooms contain personal items. There is a lift to enable people to access both floors of the home.

We saw that there is a schedule of maintenance and servicing in place to ensure that hoisting equipment and the lift are functional and fit for purpose. Fire equipment is checked and alarms and lighting are tested regularly, and water systems are checked for temperature regulation and legionella. People have individual personal evacuation plans that are easily accessed in case of an emergency. There is a maintenance man on site to complete small jobs five days per week.

## Leadership and Management

There are arrangements in place for oversight of the care and support being delivered in the home, however quality assurance processes need to be more robust. There is clear management in the home and care staff and nurses know who to speak to if they have any issues or concerns. The deputy manager also works clinical shifts and so experiences the demands staff members are facing. Management complete regular audits of multiple aspects of care such as care plans and medication. The manager reports feeling supported by the responsible individual (RI). The RI has undertaken monitoring visits to the home, however not as frequently as required by regulations. In addition, they have not compiled analytical reports on the quality of care in order to identify any issues in the service. These are areas for improvement and we will follow up on these at our next inspection.

People are supported by a consistent and knowledgeable staff team, who provide continuity of care. On the day we visited, we found staffing levels were good, allowing care staff and nurses the opportunity to support people in a calm and unhurried way. Call bells were answered in a timely way and we observed people being answered and responded to should they call out to a staff member. We saw from the rota that when there are enough staff on shift, one care staff member adopts a wellbeing role, supporting with activities. Staff are recruited safely and vetted prior to starting their roles. We reminded the manager to ensure that any gaps in employment history are clarified during the interview process.

Staff members have opportunities for support and development, however must ensure refreshers in core training are completed. One to one supervision sessions are held regularly with individual staff members, to allow them the opportunity to discuss any personal or professional issues they have. The supervision templates include observed practice. Nursing staff told us they complete medication competencies, to promote good practice. We saw a training matrix which identified that some core training subjects such as first aid, infection control and safeguarding were not up to date for some members of staff. The manager was able to show that opportunities are available for staff to complete this training, but they must ensure they have up to date knowledge to provide people with the right care at the right time. This is an area of improvement that we shall follow up at our next inspection.

### 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
36	Improvements are needed in staff attendance and completion of core training,	New
73	RI visits need to be completed at least every three	New



	months.	
80	A written report on the Quality of Care being provided by the service must be compiled at least every six months.	New

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