



Inspection Report on

The Oaks

**Llanidloes Road
Newtown
SY16 1HL**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

14/11/2022

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About The Oaks

| | |
|--|---|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | The Oaks (Newtown Ltd.) |
| Registered places | 73 |
| Language of the service | Both |
| Previous Care Inspectorate Wales inspection | 13 December 2021 & 20 January 2022 |
| Does this service provide the Welsh Language active offer? | The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service. |

Summary

People spoken with are generally satisfied with the service, but many would like changes to improve their quality of life particularly in relation to being offered more control over how care and support is provided and how they spend their time. The views of relatives vary with both positive and negative comments about the quality of the service.

Care record systems are in place but not always fully completed. They do not evidence how people engage in assessments, care planning or in decision making that impacts on their lives. Activities are not provided, and people tell us they are bored. People's care needs are not always met, and significant improvements are needed to ensure people are listened to and supported to have an adequate quality of life.

The premises are purpose built and well maintained with people able to personalise their rooms to suit themselves. Improvements have been made to infection control practices and plans are being made to further improve the environment for people with dementia.

Significant improvements are needed in the way the service is managed and overseen. This includes the way staff are recruited, supported, and trained. Internal audits do not identify issues found at this inspection or reported to the provider by other professional agencies. Measures are not in place to record and review complaints, safeguarding's, and concerns to reduce the risk of recurrence and improve the quality of the service.

Well-being

People are generally satisfied with the service but tell us improvements could be made to the way care and support is offered, the food and the lack of things to do. The views of relatives vary with both positive and negative comments about the service.

People tell us, they are bored with “*Nothing to do all day.*” People are not provided with items of interest or comfort. The TV is on in communal areas, but many people are not watching it, with people asleep or disengaged. Relatives tell us the provider should “*Employ someone to do activities*” and for people who stay in their room “*Just someone to spend time with (the person).*” Activities are not currently provided but the responsible individual (RI), tells us they intend to recruit staff to undertake this. As residents meetings are undertaken by the activity organiser, none have taken place since the last organiser left. Records of meetings show people have asked to see the manager privately but there is no evidence the manager did so.

A considerable number of people spend their time in their bedrooms isolated from others. For some people this is because of needs, or their choice but for others it is a lack of specialist equipment or the opportunity to get up is not offered or encouraged. A relative tells us staff do not always “*Encourage residents to get out of bed.*” In a morning, and in the afternoon people are left in the dark in their rooms, some in silence, before staff open or close the curtains.

Care records are not always completed to include personal information about people to ensure plans are person centred, up to date and reflective of people’s needs. Staff are not provided with effective leadership to make sure they can meet people’s needs in a timely way that promotes their well-being and welfare.

People’s view on the food varies with some people telling us they like it and others saying they would like changes on the menu but do not feel able to tell anyone. Improvements are needed in the way people are supported at mealtimes to make sure support is provided consistently in line with good practice. Staff do not always sit with people, offer support in a timely way, or ensure the food people are eating is hot.

Care and Support

At the last inspection we found preadmission assessment processes varied, with not all records being completed. We advised the provider action needed to be taken to address this. At this inspection assessments have been completed before people move into the home, although we cannot evidence how involved they are in this process.

We saw staff interacting with people in a kind and professional way. People are positive about staff. Comments include *“Staff very good”* and *“Very helpful.”* Relatives tell us staff are *“Wonderful, hardworking, so friendly,”* *“XX gets support from staff helping with needs and keeping safe”* and *“Well cared for”* and *“Gets on with staff.”* Relatives also tell us *“Some staff can’t communicate with residents”* and *“Some staff just do the minimum”* and the *“Manager needs to be more visual. And manage.”* People are not always able to get up at times of their choice and must wait for staff support. People are not always offered the chance to spend time in the communal lounge or in a chair in their room. Staff tell us people who need support from two staff must wait for support to get up. Bedroom curtains are not opened or closed at appropriate times and people spend time sitting in the dark.

At the last inspection we advised the provider improvements needed to be made to the care planning process. At this inspection we found records do not evidence people have been involved in assessment, care planning or how they want care and support to be delivered. People spoken with are unable to recall being asked how they want care and support to be delivered. Care plans to tell staff about Deprivation of Liberty Safeguards, (DoLS) are not in place. Records are not always completed, particularly in relation to people’s life history, likes and dislikes and the areas which would enable care staff to deliver person centred care. There are not always enough working handheld electronic devices for staff to complete care records promptly. We saw call bells and drinks placed out of reach of people. We heard alarms on a number of pressure mattresses but did not see any staff addressing this. People do not always have access to external healthcare professionals promptly as needed.

Members of the local clergy visit the home to see people and conduct services. The home does not employ anyone to support people with activities. People are not provided with items to occupy themselves such as books, papers, rummage boxes, soft toys, or items to provide comfort. People are sat in the lounges or their own rooms with TVs on, with many asleep or disengaged. People tell us they are bored and “*There is nothing to do,*” “*Just watch TV,*” “*We just sit here*” and “*It makes me feel not good*” (having nothing to do). A relative tells us “*XXX says they have done nothing all day which is a concern.*” The RI tells us they have had professional advice about how to improve this for people living with dementia, but no changes have yet been made.

We were unable to look at medication management in detail. We reviewed Powys Teaching Health Board, (PTHB) report which identifies a considerable number of issues in relation to the way medicines are managed. These issues have not been identified in internal audits. IPADs which are essential for the use of the electronic medication management system do not always work. This means medication rounds can take up to three hours.

Environment

The home is purpose built and provides single ensuite rooms and well furnished communal areas. People are supported to personalise their rooms. People tell us they like their rooms. Comments from relatives include, “*Rooms are warm and airy. The bistro area is great, and the garden is beautiful in the summer*” and “*Modern with nice décor.*” A secure well-maintained garden is popular with people, but many people need help to access it, from visitors or staff. Staff tell us they rarely have time to support people to do this. The RI tells us they await a report from a specialist dementia expert about how to make the home more suitable to people with dementia. Records show equipment used in the home is checked and serviced to make sure it is safe for people and staff.

At the last inspection we advised the provider improvements were needed in relation to infection, prevention, and control to meet the regulations. We found the home clean and tidy and housekeeping staff work hard to maintain a high standard. The RI tells us paper towels and liquid soap dispensers will be fitted in en suites so staff can wash their hands. Communal bathrooms are homely and clean. At this inspection we saw staff do not always wear face masks correctly. We also saw care staff with long fingernails, hand jewellery and nail polish contrary to the providers policies and procedures. The RI addressed this immediately.

At the last inspection we advised the provider of improvements needed to be made to the premises. These include privacy screening on ground floor bedroom windows, being transparent about CCTV in communal areas and making changes to support people’s independence. We saw memory boxes and notices have been fitted to bedrooms so people can find their own rooms. The provider tells us privacy screening will be fitted to ground floor rooms. The guide to the home now tells readers CCTV is in place inside the home. Signs to inform people and visitors are not prominent, none of the people spoken with and only one of the visitors are aware of the cameras. A director of the company tells us the CCTV footage is not monitored and access to footage is restricted. However, they assure us clear signage will be put in place to make sure people are aware of the cameras. There have been ongoing issues with the call bell system not working. We have been assured this is checked twice daily and any issues addressed immediately.

Leadership and Management

The guide to the service has been reviewed and updated so people and their relatives are provided with information about the service available so they can make an informed choice.

The home is not effectively managed in people’s best interests. We have received varied comments about the way the home is managed. They include “*Amazing place*” “*Good vibes when I visit*” and “*Always made welcome*” and the manager is “*Elusive*” with “*Poor*

communication with families.” Many staff say they feel supported by the manager and RI. They have supervision, but not in line with the required frequency. Some staff have had an annual appraisal. Staff tell us they are provided with training, but records do not show all staff complete necessary training. We cannot evidence new staff complete induction training or that their knowledge and competency is reviewed at intervals set by the provider. Records do not include clinical training available or clinical training completed by registered nurses. Agency staff complete training outside of the home and have completed multiple courses on the same day. This has not been identified by the manager or picked up in internal audits despite recent issues in relation to the skills and knowledge of agency registered nurses.

There is no evidence to show how concerns, complaints or safeguarding issues are investigated or evidence obtained to reach an outcome. Records are incomplete and do not include evaluation to reduce the risk of reoccurrence. Care Inspectorate Wales, (CIW), are not always notified of events that occur in the home in a timely manner. A formal handover does not take place at the start and end of each shift and this impacts on the continuity and quality of care. We saw the ‘communication’ book on the nursing floor is not completed correctly. This has not been identified by the manager through internal audits. The lack of effective management is having an impact on people’s health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

At the last inspection we advised the provider action needed to be taken to ensure staff are recruited in line with the regulations. We found some improvements. Measures are in place to ensure staff have a current Disclosure and Barring Service (DBS) check and records contain more information. However, not all checks take place, and the application form has not been amended to comply with the legal requirements. Risk assessments in relation to staff working before a satisfactory DBS has been received are inadequate. The RI tells us these issues have since been addressed. Records of agency staff are not available to the person in charge. This means checks have not been taking place to verify agency staff’s identity. This is having a potential impact on people’s health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

At the last inspection we advised the provider there was not enough staff to meet people’s needs in a timely way and we expected them to take action. We saw care staff are busy but despite this they are kind, respectful and professional in the way they support people. People are not able to get up at times of their choice and must wait for care and support. Staff tell us people who need support from two staff “*Usually*” have to wait longer to get up but staff “*Try to get most people up by dinner time.*” The provider does not currently employ any nurses and is reliant on agency staff. This does not provide continuity of care for people. The home does not employ anyone to support people with activities in line with the statement of purpose. This is having an impact on people’s health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider

must take immediate action to address this issue. Following the inspection, the provider has told us about measures they are taking to address the staffing issue.

At the last inspection we advised the provider improvements were needed to be made to the oversight of the service. We requested the collation of any surveys undertaken in 2022 to find out the views of people, their relatives, staff, and professionals. This was not provided. Records of concerns, complaints and safeguarding are incomplete and not evaluated, to reduce the risk of recurrence. Serious issues identified by CIW and our professional colleagues have not been identified by the manager or RI through internal audits. Discussions with staff by CIW and our professional colleagues evidence staff, particularly nursing staff, lack knowledge of people's needs. The 'communication' book on the nursing floor has numerous days where few or no entries have been made in relation to handover or issues that need action. This has not been identified in checks or internal audits. This is having an impact on people's health and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | 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. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | 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 |
|------------|--|--------------|
| 6 | The provider has not ensured the home is effectively managed in a way that meets people's needs, keeps them safe and is in their best interests. | New |
| 15 | Personal plans are not always completed and do not evidence peoples involvement in determining care needs or delivery. | Not Achieved |
| 35 | The provider does not ensure staff are recruited in line with the regulations. | Not Achieved |
| 34 | The provider has not ensured that the service employs sufficient number of suitably qualified staff, including registered nurses. | Not Achieved |
| 80 | The provider does not effectively monitor, review and oversee the quality of the service. | 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 |
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 44 | Measures are not in place to ensure the premises meet people's needs and promote independence. | Achieved |
| 56 | Measures are not always in place to ensure good practice infection, prevention and control. | Achieved |
| 21 | Menus are not displayed and choices are not always offered at mealtimes and there is not always enough food on each unit. The gap between breakfast and lunch is very short for some people . | Achieved |
| 14 | Comprehensive pre service assessments are not always completed with the involvement of the person or their relatives before people move into the home. | Achieved |

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