



Inspection Report on

The Oaks

**Larch Avenue
Shotton
Deeside
Shotton
CH5 1NF**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

28 September 2021

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About The Oaks

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Sapphire Streams Limited
Registered places	25
Language of the service	Both
Previous Care Inspectorate Wales inspection	Manual Insert 15 December 2020
Does this service provide the Welsh Language active offer?	This is a service 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

The provider has appointed a new manager in January 2021. They have experience in caring for people living with dementia and are registered with Social Care Wales.

To achieve compliance management have introduced systems to improve medication administration and management, safeguarding and staffing matters. Investment in technology to improve record keeping requires time to embed so we are unable to comment about its effectiveness. Management expect this will provide a comprehensive picture of individual need, alert staff to people's care and support needs, and reduce paperwork making more time for care.

Management oversee the service, visit regularly and produce a report to show how they monitor the service, they identify what is working well and where improvements are required. Systems are in place so staff can raise any issues they may have, staff feel supported by management. A new staffing model is in place, which management monitor, this is important to ensure people receive timely care and to maintain good staff morale.

Accommodation meets people's needs, but investment and innovation is needed to create a dementia care friendly environment to enhance well-being. Plans to invest in the service are in place and management will review progress towards the end of this year.

Well-being

Care planning and risk management provides staff with the information they need so they understand what is important to the people in their care. Staff approach is good, but management should further drive best care practices to ensure all staff recognise and offer people everyday choices so people feel empowered. Management involve people in decision making about their room and décor. Aids to promote independence are available, but are not always used, which is important to ensure people maintain life skills where they can. People are given an opportunity to come together to share their views and / or individual views are sought to shape the service they receive.

A Multi-disciplinary team (MDT) approach helps to ensure people receive the care they need when they need it. There is little help to occupy people's time in a positive way, but management expect recent recruitment of an activity co-ordinator will improve this area. A system is in place to welcome visitors to the home to prevent unauthorised access. Staff support people to keep in touch with family and people receive visitors. Various areas are available for people to spend their time including maintained and safe outside space.

Staff complete training in safeguarding, Health and Safety (H&S), fire safety and infection control so they can protect people. Protective Personal Equipment (PPE) is available, which staff use appropriately as part of good infection control practices. Staff follow procedures as part of infection control measures and coronavirus management to help keep both visitors and people safe.

The environment meets people's needs, but investment is required to ensure people living with dementia experience enrichment. There is a lack of aids such as the use of colour, calendar clocks and other methods to orientate people to their surroundings and promote independence. Management are aware of the changes needed. A developmental plan is in place, which shows the provider intends to invest in the service to promote positive outcomes for people.

Care and Support

Care records and risk assessments show people's strengths, limitations, where they require support and what matters most to them so staff appreciate people as unique individuals. Regular review of care records ensures staff identify change in need and protocols direct staff to manage people's care and support needs. Staff follow the care plans to promote positive outcomes. We saw staff encourage positive stimulation engaging a person in conversation about their interests as a result their communication and well-being has improved. A MDT approach ensures people's needs are reviewed, which records support.

Staff are kind and caring in their approach to care and support, staff make eye contact and use appropriate touch to comfort and reassure people. Staff create fun moments, engage people in reminiscence and allow people freedom to move. Management recognise they need to drive these best care practices as some staff lack skills and confidence. Staff do not always give people choice about where they would like to sit, what they would like to drink or how they wish to spend their time. A person asked staff if they could listen to music, but staff did not support their request instead they encouraged the person to watch a musical on TV stating it is better than old music. Two people told us they have no choice and control. A record shows a member of staff perceives promotion of daily choice is an area to develop, which they have raised with management.

Some people told us there is little to do and they are bored. There is little available in the way of activities, which people can freely use. Management told us people have their own items, but we did not see people engaging with these. Management have recently employed staff and expect activities to improve. Records show outside entertainers' visit. Meetings provide an opportunity for people to have 'A voice' and individual views are sought to shape the service. People receive visitors. Management told us they are looking at ways to support a person to go out; a record supports the discussions.

Staff said there is no main meal choice, and an alternative of soup and a sandwich is given. Some people did not want the main meal offered; therefore, people miss a main hot meal. Following the inspection, management provided information to show an alternative hot meal will be offered. Some people ate their meal from a bowl with a spoon. Management confirm aids are available so are unsure why they are not always used. One person told us the drinks are always cold, staff refreshed their drink. 'The Food Standards Agency' have awarded the highest rating of 'Five', for hygiene which equates to 'Very good'.

Environment

Investment is required to improve facilities and standards and create a dementia care friendly environment. Attention to detail is required as we saw some chairs, which are unclean, and curtains, which hang from the rail and bathrooms, which are uninviting. People living with dementia do not benefit from the use of colour and other orientation aids such as calendar clocks to promote their independence. Clocks read the incorrect time; the menu board does not accurately reflect the meal choice and the activity board is not clear, which does not help to orientate people or promote their independence. Some doors slam shut, information provided following the inspection shows management have requested maintenance address this matter. Management are aware of the improvements needed and an improvement plan is in place to ensure investment and development of the service. The improvement plan shows people have choice about how they want their room and have chosen colours and curtains of their preference. In addition, dementia care friendly aids such as calendar clocks for their room are noted. Records show intended works, which are substantial and include re-décor of the sensory and music room, management aim to review progress in November / December 2021. There is well maintained and safe outside space with a seating area, coverage and areas of interest for people to enjoy.

Health and Safety (H&S) measures are in place to manage the risk of infection and coronavirus. Visitors are welcomed to the home and staff follow processes to keep both visitors and people safe. PPE is available, which we saw staff using appropriately. Ancillary staff keep the home clean; we saw staff cleaning areas of the home. Staff told us about their role in managing the risks of infection explaining they clean high touch areas regularly. Staff complete training in infection control, H&S and fire safety. A member of staff is a nominated fire safety marshal to ensure staff follow appropriate fire protocol in the event of an emergency. Fire extinguishers are tested and we saw two of these are in date.

Leadership and Management

Management have introduced systems to improve medication practices. Staff responsible complete training so they understand the principles of safe practice and management assess competency. A medication policy supports staff in their practice and promotes people's autonomy. Staff use correct coding to show why medication is not administered. Management regularly audit medications to ensure good practice and rectify potential issues. Records show improved well-being for a person following a MDT review and change in their medication.

Records show staff complete training to care for people living with dementia such as managing distress responses, mental capacity, equality and diversity amongst others. Staff confirm they complete training and staff files contain certificates of achievement. Some staff have additional responsibilities and 'Champion' various aspects of care and support. Management have improved staff induction; this will develop staff and promote professionalism. Staff feel supported in their role and attend meetings; records show on-call arrangements and the management of coronavirus are some of the topics discussed to keep staff informed. Management are visible on the floor to help drive best care practices.

Staff perceive staffing levels are sufficient depending on which staff are on duty attributing this to experience. Some people require frequent reassurance, and experience heightened confusion and behaviours, which can compromise their dignity. Some people do not look well presented with unclean nails and clothes. A new staffing model is in place, records show management regularly review this, which is important to ensure people receive the support they need when they need it. There has been a high turnover of staff and management are recruiting. Records show continuity of care is maintained by using familiar bank staff.

Management visit the service regularly to review and monitor the service to ensure people receive good care and support. Investment in technology to improve record keeping has been made, this is in its infancy; therefore, we cannot comment about its effectiveness. Management confirm there is no one with pressure area needs, records support staff carry out comfort checks, which indicates staff manage these needs well. Policies and procedures are available so staff can find the information they need.

Systems to improve safeguarding help management keep people safe. Safeguarding records are stored, policies and procedures ensure staff understand how to use safeguarding procedures and report appropriately. Staff complete training in safeguarding and whistleblowing and can raise any concerns they may have through various systems in place.

Areas for improvement and action at, or since, the previous inspection. Achieved

<p>Regulation 80 (1) Quality of care review.</p> <p>80 (1) The service provider / responsible individual must put suitable arrangements in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service.</p>	<p>Regulation 80 (1)</p>
<p>Regulation 27 (3) (4) (a) (b) (c) and (d) Safeguarding policies and procedures.</p> <p>27 (3) The service provider must ensure that their safeguarding policies and procedures are operated effectively.</p> <p>27 (4) In particular, where there is an allegation or evidence of abuse, neglect or improper treatment, the service provider must:</p> <p>27 (4) (a) act in accordance with their safeguarding policies and procedures;</p> <p>27 (4) (b) take immediate action to ensure the safety of all individuals for whom care and support is provided;</p> <p>27 (4) (c) make appropriate referrals to other agencies, and</p> <p>27 (4) (d) keep a record of any evidence or the substance of any allegation, any action taken and any referrals made.</p>	<p>Regulation 27 (3) Regulation 27 (4) Regulation 27 (4) (a) Regulation 27 (4) (b) Regulation 27 (4) (c) Regulation 27 (4) (d)</p>
<p>Regulation 58 (1) (2) (2a) (b) (c) and 58 (3) Medicines.</p> <p>58 (1) The service provider must have arrangements in place to ensure that medicines are stored and administered safely.</p> <p>58 (2) These arrangements must include the arrangements for:</p> <p>58 (2) (a) maintaining a sufficient supply of medicines;</p> <p>58 (2) (b) the effective ordering, re-ordering, recording, handling and disposal of medicines and</p> <p>58 (2) (c) regular auditing of the storage and administration of medicines.</p> <p>58 (3) The service provider must have a policy and procedures in place in relation to the safe storage and administration of medicines and must ensure that the service is provided in accordance with this policy and these procedures.</p>	<p>Regulation 58 (1) Regulation 58 (2) Regulation 58 (2) (a) Regulation 58 (2) (b) Regulation 58 (2) (c) Regulation 58 (3)</p>
<p>Regulation 36 (2) (a) (b) (c) (d) (e) Supporting and developing</p>	<p>Regulation 36 (2) Regulation 36 (2) (a)</p>

<p>staff.</p> <p>36 (2) The service provider must ensure that any person working at the service (including a person allowed to work as a volunteer):</p> <p>36 (2) (a) receives an induction appropriate to their role;</p> <p>36 (2) (b) is made aware of his or her own responsibilities and those of other staff;</p> <p>36 (2) (c) receives appropriate supervision and appraisal;</p> <p>36 (2) (d) receives core training appropriate to the work to be performed by them and</p> <p>36 (2) (e) receives specialist training as appropriate.</p>	<p>Regulation 36 (2) (b)</p> <p>Regulation 36 (2) (c)</p> <p>Regulation 36 (2) (d)</p> <p>Regulation 36 (2) (e)</p>
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Areas for improvement and action at, or since, the previous inspection. Not Achieved	
None	

Areas where priority action is required	
None	

Areas where improvement is required	
None	

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