



Inspection Report on

Oakhill

Oakhill
928 Carmarthen Road Fforestfach
Swansea
SA5 4AB

Date Inspection Completed

15/08/2024

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About Oakhill

| | |
|---|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Accomplish group ltd |
| Registered places | 7 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 26 April 2023 |
| Does this service promote Welsh language and culture? | This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service. |

Summary

Oakhill is a small care home for up to seven individuals aged 18+ with needs associated with acquired brain injury, multiple sclerosis and dementia. The service is situated in a residential part of Swansea. The property has a secure garden to the rear, also parking at the front with an accessible ramp and internal lift. People have up to date personal support and risk plans that are regularly reviewed. People are supported by a dedicated team of well trained and experienced care workers, a deputy and registered manager. All care staff are very knowledgeable about the needs of the people they support. People are supported to access routines that are important to them including access to the community on a regular basis. People live in an environment that meets their needs very well and is homely, clean and well maintained. The Responsible Individual (RI) is in regular contact with the service and there are extremely robust oversight and quality governance arrangements in place.

Well-being

People receive a very high standard of care and support by an experienced, well trained and dedicated staff team and manager. All feedback received from people and staff is extremely positive about the culture in the service. People told us they are very happy, relaxed and get on well with all staff. We observed care workers supporting people in a friendly way with very positive and supportive interactions. Support files viewed, indicate people's needs are fully considered including their ability to participate in care planning. We found personal support plans are up to date, regularly reviewed and give a good reflection of the current needs of people. People are involved in and consulted about their care and support needs on a regular basis. Risk assessments are detailed and thorough to ensure people are supported safely. There are extremely thorough and detailed staff recordings and daily records.

People's physical, mental health and emotional well-being is promoted and maintained. People are supported to access the community and have a varied activities programme available to them in the service. There are good procedures in place for the recording, storing, and auditing of medication in the service. People are supported by care workers who know them well and seek medical assistance quickly to support them appropriately when required. There are detailed and very thorough health records with associated actions.

People live in a home that is safe, secure and homely. There is a sign-in process to enter and leave the premises. The service is maintained extremely well. The service is homely, clean, clutter free, comfortable and bedrooms are personalised where appropriate to give people a sense of belonging. There is good accessibility throughout the service for people who have mobility issues. Health and safety building checks are completed and documented routinely. There is good compliance in relation to building safety certificates. The environment meets the needs of the people living there extremely well.

People are protected from harm and neglect. All care workers have received updated safeguarding training and those spoken with are aware of their responsibilities and the procedures to report any concerns. There are robust and thorough staff recruitment checks in place. Policies and procedures to guide care workers are available which have been reviewed and updated where appropriate. Deprivation of Liberty Safeguards (DoLS) are requested for people who do not have the capacity to make decisions about their accommodation, care and support. The provider has extremely robust quality assurance checks in place and the service is visited regularly by the RI.

Care and Support

There are very high standards of care and support provided at Oakhill. People are fully included in decision making and their personal wishes and aspirations are valued and supported. People receive appropriate support to access meaningful and beneficial internal and external activities of their choice. We saw good levels of staffing that align with personal plans and commissioned support. We spoke to people during the inspection and gained overwhelmingly positive feedback about the service. People are happy, settled and relaxed with extremely positive interactions observed between staff and people throughout the inspection. A person told us, *"I go out regularly. I am happy with all the staff and manager. I really enjoy living here and have no concerns or worries at all"*. Another person stated, *"Staff are great, all nice. All good here...No complaints at all and it's great living here"*.

The provider has current and up to date plans for how care is provided to meet support needs. Personal support plans demonstrate what matters to the person and how best to support them to achieve their identified goals. Detailed risk assessments are in place to correspond with support plans. People's ability to be involved in care planning is considered and the appropriate legal measures are in place to safeguard them. Recording of support given is detailed and evidences that's peoples identified needs are monitored and reviewed when necessary. The provider utilises specialist rehabilitation monitoring tools such as Goal Attainment Scaling (GAS). This measures what matters to the individual and provides quantitative and qualitative information on progress and achievement of goals.

There are safe systems in place for the management of medication and people's health is promoted by good practice. We saw medication is stored securely in a locked cupboard. Records of daily temperature checks were seen to ensure safe storage of medication. Medication Administration Records (MAR) are completed appropriately with signatures of care workers present. There are good processes in place for the ordering and auditing of medication in the service which minimises the risk of error. Staff assisting people with medication are trained and deemed competent to do so. Many care workers in the service have been in post several years and know people very well. This enables them to identify any health deterioration quickly and to seek support when needed. We saw medical appointments are clearly documented in care files with any subsequent action required noted. The provider has expertise in working with people who have an acquired brain injury and are accredited with Headway (national charity for people with brain injury).

The provider has relevant safeguarding policies and procedures in place. Staff understand the importance of reporting safeguarding and whistle blowing concerns. We spoke to care workers during our inspection. All had received safeguarding and whistleblowing training and have a good knowledge of their responsibilities and duties.

Environment

The provider ensures people's care and support is provided in a location and environment with facilities that promote people's well-being and safety. The environment meets the needs of the people living there extremely well. There is a lift to allow people with mobility issues the ability to access the first floor. All corridors are wide and clutter free. There is an accessible rear garden and a gardener is employed to maintain the grounds and the benefits of this were clearly seen on the inspection visit. There is an accessible ramp to allow safe access to the front of the property and a car park. We viewed all communal areas which were all clean, well maintained, homely and comfortable. We saw people had their own personalised items in their bedrooms and rooms viewed have clean and well-maintained en-suites. There is a separate locked laundry room and we saw soiled items are separated from clean to ensure good infection control. There is a secure office area where files are stored appropriately. People benefit from the location of the service being near to local amenities such as shops, café's, public transport etc.

We saw mandatory fire safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. Monthly external contractor water temperature checks are taken and documented. Personal emergency evacuation plans (PEEP's) are in place for individuals. Substances which come under the Control of Substances Harmful to Health (COSHH) regulations are stored safely and securely in a locked cupboard. The service is awaiting a food hygiene rating and future inspection by the Food Standards Agency. We saw fridge temperatures are taken regularly and documented appropriately. Also, there are facilities such as coloured chopping boards and mops/buckets to promote good food hygiene procedures.

Leadership and Management

People are supported by staff who are recruited safely, knowledgeable, well trained and supported to complete their roles. Many of the care workers have worked in the service for years and are familiar with the needs of the people being supported. Care worker personnel files contain appropriate pre-employment and recruitment checks as required by regulation. References and up to date Disclosure and Barring Service (DBS) checks are on file. The training matrix was seen and we found almost all mandatory training requirements of the provider are up to date. This includes infection control, safeguarding, health and safety and fire awareness. Additional specialist training is also provided which includes acquired brain injury, alcohol use, personality disorder, learning disability and behavioural support. All staff are registered with Social Care Wales (the social care staff regulator for Wales). Care workers receive routine formal supervision and an annual appraisal, including the manager. Care workers spoken with are complimentary of the training and support they receive. Comments include, *“Supported well, I raise issues quickly if necessary and they are addressed quickly”*. Another care worker stated, *“manager is really good to talk with. Really good team here and we support each other”*.

The provider has extremely robust and highly effective arrangements in place for the governance and oversight of the service, through ongoing quality assurance processes. We saw the recent bi-annual quality of care report. The report includes feedback from people and staff in the service. The report indicates what the service is doing well and includes further improvements for the future. Since the last inspection a new RI has been appointed. The RI is in regular contact with the service. Policies and procedures have been reviewed and where necessary updated. The service’s Statement of Purpose (SoP) has been reviewed and accurately reflects the service provided. There is a detailed and clear guide to the service for people and relatives. All policies and procedures are available in the Welsh language. Care workers told us staffing levels are good and the manager stated there is a full permanent care team in place. The appropriate agencies including Care Inspectorate Wales (CIW) are notified where necessary of any significant issues affecting people or the service. The manager told us the service is really settled and there are no current concerns or complaints.

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 |
|------------|--|--------|
| 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.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---|--------|
| N/A | No non-compliance of this type was identified at this | N/A |

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| | inspection | |
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