



Inspection Report on

Oak View Nursing Home

**Oak View Nursing Home
Southend Terrace Pontlottyn
Bargoed
CF81 9RN**

Date Inspection Completed

15/10/2024

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About Oak View Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Oak View Pontlottyn Limited
Registered places	16
Language of the service	English
Previous Care Inspectorate Wales inspection	16/11/2023
Does this service promote Welsh language and culture?	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 are happy with the care and support they receive from all staff who demonstrate a very good knowledge of what they need and want. People's well-being is enhanced by their opportunities to engage in activities in the service as well as in the community. The home provides them with comfortable accommodation which gives them choices to spend time alone or with others in indoor or outdoor spaces.

Staff are supported in their roles and receive training to ensure they have the necessary skills to carry out their roles successfully. There are systems in place to enable the manager and care staff to plan, deliver and review the care and support provided to each person.

The responsible individual (RI) visits the service regularly, knows people who use it well, and they closely monitor the service provided. We saw they take decisive actions when they identify issues, or when these are brought to their attention. There have been changes in the leadership and management team since our last inspection. We noted the RI, the registered manager and a deputy manager are working together to consolidate systems and processes in the home. During this inspection, we advised the service provider they need to take priority action to ensure recruitments checks are as robust as they can be. We also advised improvements are needed to ensure the training and support given to staff meets the regulations.

Well-being

People who live at the home have choices about the care and support they get and about doing the things they like. People spoke to us about what matters to them, how they spend their days and about the support they receive from staff. Our observations and discussions with staff show they cater for people's preferences. People engage in a range of activities within the home and the community. We noted the service provider has appointed an activity coordinator since our last inspection. They arrange group and individual activities. Two people who use the service told us about the enjoyment they get from regular trips out. People who use the service take part in residents' meetings. The minutes show they discuss topics which matter to them and use these to let the service provider know what they would like. We also saw, the RI seeks direct feedback from people and/or their representatives about the quality of care they receive. There is a service guide which gives people important information about the service they can expect and gives them the contact details of agencies they can approach if they have any issues. People are supported to remain as healthy as possible, both physically and mentally. This includes supporting people with their medication and ensuring they eat and drink well. In addition, people access external health care professionals when necessary. People are encouraged to make to choices, to be active and to maintain meaningful relationships. Staff take time to have discussions with people about what matters to them and about worries they may have. This all contributes their emotional well-being. The home provides people with suitable accommodation which reflects individuals' needs and interests and where there are good standards of hygiene.

Measures are in place to protect people from abuse and neglect. Care staff are trained in safeguarding and have policies and procedures to guide them. There are risk management plans in place and these are kept up to date to keep people as safe and as independent as possible. The manager liaises with relevant agencies to ensure any restrictions placed on a person's liberty are only in their best interests. There are systems in place to ensure medication is stored and administered safely. When concerns are raised, the relevant external agencies are notified, and the correct safeguarding procedures are followed. Recruitments checks must be strengthened so that people can have full confidence all staff have been fully vetted.

Care and Support

People receive the support they need and want. We observed healthcare support workers supporting people and noted a natural rapport between them. The interactions we observed show all staff know people well and have a good understanding of their needs. We saw people spending time in different parts of the home and pursuing different activities. One person spoke to us about things they like and living at the home. We noted they take part in activities they want to do, including going out and having food which their diet requires and food they like. They also spoke of staff, and said they are all nice. They named a nurse who they said looks after them. Another person spoke to us about their life before coming to the home and about the positive changes in their lifestyle which they have managed to sustain since moving in. The records we examined show staff have discussions with people about things which matter to them. We saw, for example, two nurses spent time with a person during the day and in the evening when they were anxious and were looking for reassurance.

There is documentation in place for each person. It reflects information gathered from people and significant others including health care professionals. A comprehensive pre-assessment of people's needs is completed before they move into the home. The information collated is used to develop their personal plans. These cover the areas in which people need support, for example with personal care. Risk assessments are also carried out and steps to mitigate identified risks are listed. In addition, people have plans which detail how staff must support them when they start showing signs of struggling with their emotions and with controlling the way they act. Nurses review people's personal plans once a month. On a daily basis staff record the care and support delivered to people. We discussed people's care documentation with the RI and the manager as we noted staff's extensive knowledge of people's needs and interests is not always all included in people's personal plans. We also noted what people are doing and achieving is not always captured in the monthly reviews of their care documentation. The RI and the manager told us they will make improvements to plans and their reviews to ensure all known information is recorded.

Care staff keep people safe by following policies and procedures. Senior staff and the RI keep people safe by taking timely action when needed. We saw when concerns were brought to the attention of the manager, these were shared with the RI, the local authority safeguarding team and the regulator. The service provider then worked in collaboration with the safeguarding team to ensure all concerns are investigated and acted upon when necessary. The correct safeguarding procedures were followed. There are good systems in place to ensure medication is stored and administered safely. Regular internal audits take place. We noted the service provider has strengthened these since our last inspection. In addition, we saw the home's administration of medication was audited by external professionals and found to be overall satisfactory.

Environment

People live in an environment that meets their needs and promotes their well-being and lifestyle choices. The home is welcoming and clean. There are communal areas including a dining room, a conservatory, and lounges throughout the home where people can spend time alone, with each other or with visitors. Bedroom decor reflects people's needs and interests. People also have access to outdoor areas. We saw people spending time in various communal areas. We noted people have displayed some of their craft work in the communal areas. At the time of our inspection, the home's décor reflected the current season and seasonal celebrations. We also noted one of the smaller lounges has been equipped with a range of lighting and sound effects, making it a pleasant sensory room.

There are good systems in place to identify and deal with risks to people's health and safety. Each person has a Personal Emergency Evacuation Plan (PEEP). These plans advise staff and emergency services of people needs and the support they require in the case of an emergency. Staff at the home carry out regular health and safety checks of the environment and equipment. External contractors carry out specialist checks. The home has a food hygiene rating of five which means standards are very good. We observed good practice in relation to hygiene. We noted good standards of cleanliness.

Leadership and Management

The service provider has good arrangements in place to support the effective running of the service. The RI maintains oversight, they visit the service regularly and support the manager. Since the last inspection, they have made changes to the leadership and management team in the home. A manager who is registered with Social Care Wales (SCW) is in charge of the day-to-day management of the service. A deputy manager supports them. Our observations show they know people who use the service well and are trusted by them. The feedback we received also indicates, they have good relationships with staff. Discussions with the RI, the registered manager and the deputy manager show they have a clear vision of the improvements they want to make, and they are working together to consolidate the systems and practices in the service. The RI seeks feedback from the people they support, relatives and from staff at the required frequency and completes the necessary reports.

There are arrangements in place to carry out recruitment checks before a person can start working at the home. These include a Disclosure and Barring Check (DBS), asking people for a full employment history and seeking references. Whilst these activities take place, we found in three personnel files, employment histories have not been fully reviewed, reasons why previous employment in care or involving children ended, have not always been checked and a reference classed as a 'work reference' was not from a previous employer but from a colleague. This means the service provider has not always got all the necessary factual information when deciding whether to appoint a person or not. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The service provider has systems and processes in place to ensure staff are inducted, trained and supported. Healthcare support workers told us, and records show, new staff receive a three day induction and carry out shadow shifts until confident. They then complete training before registering with the workforce regulator SCW. Records also show staff receive supervisions. Staff told us they feel supported by the manager and by colleagues. One person told us there is a good strong team at the home. Another person said staff have different backgrounds and they have a wide range of knowledge between them. We found, in three personnel files, supervisions have not always occurred at the required frequency and people's inductions have not been fully recorded. We noted the new leadership and management team has increased the frequency of supervisions. We discussed with the RI the need for all staff to have regular and appropriate supervisions. These must take place at least once every quarter or more frequently depending on the individual circumstances of each member of staff. We also advised all induction activities must be in line with the All Wales Induction Framework and must be recorded. This is an area for improvement and we expect the provider to take action.

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
35	The service provider must ensure employment histories and, reasons why previous employment in care or involving children ended, are checked. It must also ensure references which are not character references are from employers.	New

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
36	The service provider must ensure staff supervisions occur at the required frequency, inductions are aligned to the All Wales Induction Framework and all induction activities are recorded.	New

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