Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

The Oaks

Larch Avenue , Shotton , Deeside , Shotton , CH5 1NF

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The inspection visit took place on 26/08/2026

Service Information:

Operated by:	Sapphire Streams Limited
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care and support for people living with dementia, Care and support for people requiring short-breaks or respite care, Care and support for people with a physical disability
Registered places:	26
Main language(s):	Welsh and English
Promotion of Welsh language and culture:	The provider makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service.

Ratings:

Well-being	Requires Improvement
Care & Support	Requires Significant Improvement
Environment	Requires Significant Improvement
Leadership & Management	Requires Significant Improvement

Summary:

People's well-being requires improvement because they do not always have choice and control over their daily lives or receive support that consistently promoted their rights, independence and personal outcomes. Records and observations demonstrate people's physical, mental and emotional well-being needs are not always met in a consistent or person-centred manner. Furthermore, people are placed at risk of harm because management oversight of care and support is not sufficiently robust.

Care and support require significant improvement because personal plans, risk assessments and supporting records do not always reflect people's current needs, preferences or risks. Records relating to personal care, nutrition, hydration, repositioning, falls and incidents are incomplete or inaccurate. Medicines management arrangements are not sufficiently robust to ensure medicines are received, stored, monitored and administered safely. Infection prevention and control measures are not consistently effective.

The environment required significant improvement as poor management of the premises places people's dignity, safety and well-being at risk. The provider has not ensured the accommodation is maintained to an appropriate standard, and a number of environmental concerns identified during this inspection demonstrated a lack of effective oversight and maintenance.

Leadership and management require significant improvement as governance, oversight and quality assurance arrangements are ineffective. The Responsible Individual (RI) has not ensured robust organisational systems are in place to support the safe and effective operation of the service. Management oversight is weak, with auditing, monitoring and quality assurance processes failing to identify a range of concerns relating to personal planning, falls oversight, medicines management, record keeping, risk management, training, staff deployment and the environment.

Findings:



Well-being — Requires Improvement

People do not consistently have control over their day-to-day lives. A dependency tool indicates staffing levels are sufficient; however, the staff skill mixes and deployment arrangements are not always effective in meeting people's needs in a timely, person-centred manner. People do not consistently receive appropriate support with their oral hygiene needs and we are unable to determine if people had received their personal hygiene needs met. We saw a small number of soiled beds where appropriate action had not been taken by care staff. These issues were only addressed after being brought to the attention of management by the inspector. We also noted refreshments are not routinely offered throughout the day, and people are not consistently provided with choice. People's opportunities to engage in meaningful activities and maintain their well-being are inconsistent. In addition, all meals are served on plastic plates, which does not promote a dignified and homely dining experience.

Systems intended to protect people from harm require improvement. Whilst the RI undertakes monitoring activities and there are some safeguarding arrangements in place, governance and oversight systems have failed to identify a range of significant concerns found during this inspection. As a result, people, care staff and visitors are exposed to avoidable risks, and the provider could not demonstrate that effective systems are in place to consistently identify, assess and mitigate potential harm. Care staff recruitment processes are robust, staff have received safeguarding training, and appropriate safeguarding policies and procedures are available to guide practice. However, these arrangements were undermined by weaknesses in care planning, risk management, inadequate staff deployment and management oversight.

People do not live in an accommodation that consistently meets their needs or promotes their well-being. Whilst access into and out of the home is safe and systems are in place to monitor appliance testing, these arrangements alone do not provide assurance the overall environment is suitable, safe or conducive to positive outcomes for people. Considerable investment and urgent remedial action are required to ensure all areas of the home are maintained to an acceptable standard and able to meet the current and future needs of people living there. We identified a number of environmental concerns which demonstrate the provider has not ensured the premises is adequately maintained, clean or fit for purpose.

Care & Support

Requires Significant Improvement

People's personal plans do not consistently provide an accurate, up-to-date, or comprehensive record of their care and support needs. Whilst some documentation contained detailed information, we found several care plans and risk assessments lacked sufficient detail and clear guidance for care staff on how peoples' needs should be met safely and consistently. As a result, it is not always evident from the care planning documentation what specific needs people have or how these should be supported. People's aspirations, goals and desired outcomes are not recorded. This means the service could not demonstrate that care and support were always person-centred or reflective of people's current needs, preferences and outcomes.

People do not always receive care and support at the right time, in the way they preferred, or in accordance with their assessed needs. We saw aspects of daily care, including bathing, showering, personal hygiene and oral care, are often recorded retrospectively later in the day rather than at the time care is provided. We noted a number of dry toothbrushes and dry shower and sink areas after people had arisen, which did not provide assurance that records accurately reflected care delivered. Records relating to nutrition, hydration and repositioning are not consistently completed, with gaps and missing information identified. In addition, all people living in the service were subject to repositioning charts regardless of their assessed level of risk, and there was no documented rationale to support this practice. This meant records are not individualised and did not clearly demonstrate that care was based on assessed need.

There have been a number of unwitnessed falls within the service. Although a falls safety calendar is in use, there is limited evidence of management analysis or oversight of falls to identify patterns, trends or required actions to reduce risk. Similar concerns were identified in relation to incident monitoring, where records do not demonstrate effective management review or follow-up actions. Furthermore, falls risk assessments and personal plans are not consistently reviewed and updated following falls or slips. The lack of oversight of personal planning, risk assessments, daily care documentation and falls management 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.

Confidential records are not managed in a secure manner. During the inspection, care records were found on tables in communal lounge areas where they could be viewed by individuals who were not authorised to access them. We had unrestricted access to these records, which increased the risk of unauthorised disclosure of personal and sensitive information. The manager informed us that the care record folders should have been stored in the locked cabinets provided on each floor; however, this was not occurring consistently at the time of the inspection. This has been identified as an area for improvement, and we expect the provider to take action. We will review these areas

in the next inspection.

Arrangements for the management of medicines are not sufficiently robust to ensure medicines are stored, monitored and administered safely. Care staff have received training in medication administration; however, medication competency assessments for three of the five staff members are overdue. Systems for the management of medication are not sufficiently robust. Prescribed medications are not consistently checked and signed into the service on receipt. In addition, there is no process in place to monitor and record transdermal patch applications and checks for individuals prescribed these medicines until this was brought to the attention of the acting manager. The medication room requires a thorough deep clean and improved organisation to ensure it was maintained in a safe and orderly condition. The current medication audit process is not effective. The audit tool in use relates to a medication system that is no longer operational and has failed to identify the concerns outlined above. 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.

Standards relating to infection prevention and control, environmental cleanliness, and overall hygiene within the service require improvement. Although staff have completed infection prevention and control training, some staff did not demonstrate a sufficient understanding of their responsibilities in maintaining a clean and hygienic environment. We observed staff failing to remove and dispose of personal protective equipment appropriately after providing care and before assisting other people living in the home. Used disposable gloves were found discarded in general waste bins within bedrooms, and a used continence pad contained within a disposal bag had been left on the floor of an en-suite bathroom. Some beds had been made despite soiled bedding remaining in use, and other furnishings that had not been appropriately cleaned or replaced. 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.

Environment

Requires Significant Improvement

The home environment is functional; however, it lacked a homely, welcoming and personalised atmosphere. Investment is required in several areas to enhance people's quality of life and overall living experience. The provider has acknowledged this and informed us improvements are planned following completion of the home's extension project. However, current management oversight of the environment is not sufficiently effective to identify and address concerns in a timely manner. The provider had not fully considered current best practice in creating a dementia-friendly environment. Communal areas lack features designed to promote orientation, stimulation and meaningful engagement for people living with dementia. In addition, many bedrooms are sparsely furnished and contained limited personal items, reducing opportunities for people to feel comfortable, maintain their identity and feel at home within their living environment. One corridor was excessively cold despite warm external temperatures on the day of the inspection. The acting manager told us this was an ongoing issue, which they attributed to people adjusting the thermostat settings.

The acting manager does not undertake internal and external audits of the premises, which would enable them to identify any areas of concern. The first-floor kitchenette is in a poor state of repair and cleanliness and does not reflect safe food hygiene practices. Significant cleaning is required, and several kitchen items and appliances need replacing. Following the inspection, the provider informed us these issues have been addressed. We also found inappropriate storage practices that could compromise safety. A fire extinguisher cabinet on the first floor is being used to store bin bags and disposable aprons. The fireplace area contains clutter and exposed wires, and several fire doors are being held open using items such as hoist weighing scales, chairs and curtains. We also observed a damaged dark red window covering, which detracted from the overall standard of decoration and maintenance within the home and may frighten a person with dementia. Records relating to fire safety arrangements highlight further concerns. The most recent fire drill identified issues regarding the frequency of evacuation practice and the provider's ability to demonstrate ongoing emergency preparedness. These findings demonstrate significant shortcomings in environmental oversight, resulting in negative impacts on people's well-being, health and safety, and increasing infection risks. 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.

There are measures in place to promote the safety and security of the environment. Keypads and alarm systems are fitted to external exits and selected internal doors, preventing people from accessing hazardous or unauthorised areas without supervision. Visitors are unable to enter the home without staff authorisation, and records are maintained of their arrival and departure times.

Passenger lifts, hoists and fire safety equipment are subject to routine servicing and maintenance. Gas and electrical safety inspections are completed in line with regulatory requirements, and records demonstrate that repairs are reported and addressed promptly.

Personal Emergency Evacuation Plans are regularly reviewed and are readily accessible to staff. Staff receive fire safety training as part of their mandatory training programme and but the management oversight of staff participating in regular fire drills to ensure they are familiar with emergency procedures requires improving.

Leadership & Management

Requires Significant Improvement

Arrangements for the oversight and governance of the service require significant strengthening. Systems in place to monitor the quality and safety of care are currently not sufficiently robust to effectively identify, assess, and address areas of concern. Audits of key aspects of care and support are either not consistently completed or lack sufficient scrutiny to drive improvement. The RI undertakes regular visits to the home and maintains regular contact with the acting manager. Three-monthly quality of care reports are completed following these visits. However, the provider's quality assurance arrangements have not been effective in identifying or responding to several issues found during this inspection.

We found the provider's oversight arrangements are largely reactive, with action taken after concerns have been brought to their attention. Opportunities to identify and address issues at an earlier stage have therefore been missed. Areas where provider oversight has not been sufficiently effective includes the management of environmental concerns, the quality and completeness of handover and daily care records. Oversight of staff deployment, medication management, staff training, falls and incident management, and the promotion of people's personal hygiene and confidentiality has also been omitted. These shortfalls demonstrate weaknesses in governance and quality assurance arrangements and have the potential to impact people's well-being, safety, and the quality of care and support they receive. 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 these issues.

Arrangements to ensure care staff are appropriately trained, deployed and competent to meet people's needs requires improvement. While care staff had completed a number of mandatory training courses, including manual handling, mental capacity, safeguarding and infection prevention and control, not all staff have completed the training necessary to meet the specific needs of people living in the home. Although training records identify training completed, we found gaps in key areas of practice. There have been a number of unobserved falls within the home; however, the provider was unable to demonstrate that care staff had received training in falls prevention and management. In addition, people living at the service require support with catheter care, stoma care and diabetes management, yet staff have not received appropriate training to ensure they can provide this care safely and effectively. We also observed occasions when people are left unsupervised for periods of time. Agency staff are not always provided with sufficient information about people's needs and risks to enable them to provide safe and consistent care. Staff handover records lack detail and quality, and management oversight of these records is not effective. 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 these issues.

People are supported by a staff team that are recruited safely and receive regular supervision. The

provider follows appropriate recruitment procedures, including obtaining references and completing Disclosure and Barring Service checks before staff commence employment. The service has a range of policies and procedures in place to support the safe and effective delivery of care. Staff demonstrate an awareness of these documents and told us they have opportunities to discuss policies, working practices and professional development during supervision sessions. Care staff are supported to register with Social Care Wales, the workforce regulator and speak positively about the support they receive from management. One member of staff told us they "*feel supported in their role*", receive regular supervision every three months and feel confident raising ideas, concerns and issues. Another member of staff said they receive "*good support from the manager*" and feel valued as part of the team.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
People's privacy, dignity and confidentiality are not consistently safeguarded because confidential care records were found unsecured in communal areas. This creates a risk of unauthorised access to personal information and means people cannot be assured that their sensitive information is being managed and stored securely.	26/08/26

Summary of areas for Priority Action	Date identified
People are at risk of harm because the provider has not ensured that care information is accurate, complete and regularly reviewed. Inadequate oversight of falls, weight management and care records means risks may not be identified, monitored or managed effectively, compromising people's safety and well-being.	26/08/26
People are exposed to the risk of harm because medicines management systems and processes are ineffective. The provider cannot demonstrate that medicines are consistently stored, monitored and administered safely.	26/08/26
People are not consistently protected from the risk of infection because the provider has not ensured effective systems are in place to identify, monitor, and address weaknesses in infection prevention and control, environmental hygiene, and waste management practices. As a result, the provider cannot demonstrate that the service is maintained in a clean, safe, and dignified manner that promotes people's health, wellbeing, and safety.	26/08/26
People's dignity, comfort, safety, and wellbeing are adversely affected by the poor condition and maintenance of the environment. The lack of provider	26/08/26

oversight increases the risk of avoidable harm and results in an environment that does not consistently promote independence, quality of life, or positive outcomes for people living at the service.	
People are at risk of receiving unsafe, ineffective, and inconsistent care because the provider could not demonstrate that staff had received training in key areas relevant to people's assessed needs. Insufficient staff knowledge and competence may result in avoidable harm, unmet health needs, poor risk management, and reduced quality of care and support.	26/08/26
People are at risk of harm as weak governance and oversight arrangements have had a negative impact on the quality and consistency of care provided. People are at risk of receiving care that is not always safe, timely or person-centred due to deficiencies in staff training, falls management, record keeping, environmental oversight and staffing deployment. As a result, people's health, wellbeing, dignity, choice and independence may be compromised.	26/08/26

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