

# Enter and View report

Oak House Care Home

06 October 2017



# Contents

1	Introduction.....	3
1.1	Details of visit .....	3
1.2	Acknowledgements .....	3
1.3	Disclaimer.....	3
2	What is Enter and View? .....	3
3	Purpose of Visit .....	4
3.1	Strategic drivers .....	4
3.2	Methodology .....	4
3.3	Summary of findings.....	5
3.4	Results of visit.....	5
3.5	Recommendations .....	10
3.6	Service providers response .....	11



# 1 Introduction

## 1.1 Details of visit

Details of visit:	
<b>Service Address</b>	Oak House Residential Care Home, Pond Lane, Greetham.
<b>Service Provider</b>	Oak House Residential Home Ltd
<b>Date and Time</b>	06 October 2017 11:00 – 1415
<b>Authorised Representatives</b>	Barry Henson, Bart Hellyer, Judith Phillips, Stevie Jackson. Henceforth referred to as 'The team'.
<b>Contact details</b>	01572 720381

## 1.2 Acknowledgements

Healthwatch Rutland would like to thank the service provider, service users and staff for their contribution to the Enter and View programme.

## 1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

# 2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local



Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers at premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

---

## 3 Purpose of Visit

---

- To observe how the facility operates and provides its services.
- To collect views of residents, staff and any visitors on how the services provided affect the quality of life of residents.
- To identify 'Best Practice' and highlight any areas of concern.

### 3.1 Strategic drivers

In 2016, Healthwatch Rutland commenced a programme of visits to all Care Homes in Rutland to look at the quality of life of residents. The visit to Oak House Residential Care Home (henceforth referred to as 'Oak House') on 06 October 2017 was part of this series of visits.

### 3.2 Methodology

Some three weeks before the Enter and View visit, the Enter and View team leader met with the manager of Oak House. At that meeting the purpose of the visit was explained and agreement was reached about the timing of the Enter and View visit and how staff residents and their families/regular visitors would be informed of the visit using a letter produced by Healthwatch Rutland.

The team from Healthwatch Rutland visited over a three and one quarter hour period starting at 11:00 on 06 October 2017.



The team stayed in areas accessible to all residents and staff. In addition to general observation we talked to staff and residents using the framework prepared in advance of the series of care home visits. Unfortunately no relatives or other visitors were seen during the visit.

Following the visit, a meeting was held with the manager where key observations were shared.

### 3.3 Summary of findings

- a) Oak House is a retirement home used by privately funded and council assisted residents.
- b) We were met by friendly, cooperative staff and happy residents.
- c) Residents told us that they felt safe and well cared for.
- d) Residents were very positive about all aspects of their care and particularly of their treatment by staff.
- e) There is internet access in the office only but due to the thickness of walls, there is no Wi-Fi. CCTV monitors both outer doors and communal areas inside.
- f) We were told activities for residents were wide ranging and information for residents and their families includes publication of the notes of a monthly Forum.
- g) There is secure access and egress through the main front door. The rear door is kept locked.

### 3.4 Results of visit

Oak House has been developed from several separate buildings, having been upgraded and extended into one large structure. It is part single storey and part double. At the time of our visit there were 19 residents. Maximum capacity is 25. There is no dementia unit although two residents have dementia which we were told is easily managed. These people and their families are aware that if their dementia becomes too difficult to manage, they will need to move. The home has private and local authority assisted fee-paying residents.

#### Approach/Exterior

Oak House is in the centre of Greetham, on the main road (B668) which, being a feeder road for the A1, has a high volume of traffic. Parking on this road in the vicinity of the home is very limited. The home is next door to the village shop and when delivery vehicles are parked, visibility for vehicles exiting Oak House is severely restricted.

There are no traffic signs warning of the likely presence of elderly people.





Although the postal address is 'Pond Lane', the entrance is from Greetham Main Street. There is one small sign identifying 'Oak House' but this is not obvious, being fixed high on a wall and being somewhat faded. It is only visible from one direction and was missed by team members, who approached from Oakham.

There is limited car parking in a very narrow yard and large vehicles would find maneuvering very difficult. A slope in the car park presents a problem for wheel-chair users.

There is no dedicated 'Disabled Parking'.

The main entrance, which provides wheelchair access, is through an external glass door into a porch. An internal glass door which is kept locked, opens onto the Reception Area. A staff member responds when the bell is rung. The rear entrance is kept locked.

### Reception

There is a visitors' book on a table by the front door for visitors to sign in and out of the home. Not all members of the team were asked to use this. Relevant notices and publications, including the last CQC Report, 'Whistleblowing Procedure' and copy of a Healthwatch Rutland leaflet announcing our visit, were displayed on the table and an adjacent notice board.

Leading directly off the Reception are a stair-lift to the upper floor, a staff room, the Administration Office and the Manager's Office, which are therefore convenient for anyone visiting. A CCTV monitor with six sub-screens covering both entrances and various communal areas, is located in the Admin. Office. Staff were friendly, and the team was immediately made to feel welcome.

### Layout and General Environment

In addition to the reception and administrative offices, the ground floor has a large lounge/communal room, a spacious and airy dining room, the kitchens and several residents' rooms. All residents' rooms are single occupancy with en-suite facilities.

There is a slope between the reception and the lounge which potentially presents difficulties for some wheelchair users. A member of the team who is a wheel chair user found this difficult to negotiate.

There are three stair lifts to the upper level residents' rooms and there is no vertical lift. A member of the team who is a wheel chair user was unable to view the rooms on the 1<sup>st</sup> floor due to this. We were told that there are, however, sufficient bedrooms on the ground floor for this not to be a problem that negatively impacts on residents.



All areas appeared clean and well maintained, as was the furniture, which is of good quality. No unpleasant smells were observed.



There is a large, well maintained garden with lawns and flower beds plus a stream running through, which we were told the residents enjoy when the weather permits.

To the rear is a small area where one of the residents, a keen gardener, has a greenhouse and vegetable beds from which he produces fresh vegetables for use in the kitchen.

At the bottom of the garden is an area which we were told could be adapted to increase the car parking space. However we were told that this would take a lot of groundwork and would probably be very expensive.

### Activities

There are two Activities Coordinators (identified by their pink uniforms) who work five mornings a week. Residents are encouraged to participate in various activities, but activities are not compulsory. We were told that there is a greater likelihood of resident participation in the morning, when they tend to be more alert.

Whilst we were there residents were playing 'Scategories', a quiz type game which we were told stimulates mental activity. They seemed to be enjoying themselves.

Other activities for the week were listed on a board.

Singing is popular, and a local lady comes in to lead flower arranging activities.

Oak House does not have a mini-bus or other transport and except for occasional activities in the local church, village hall or pub, residents do not go on group outings. We were told that all residents were advised that this was the case before they took up residence.

Anyone is at liberty to go out with their relatives or friends, should they so wish.

Residents with whom the team spoke were quite happy with the activities which were available.

### Residents /Families

There are currently 19 residents although there is capacity for 25. Each occupies a single room with en suite facilities. There are no double rooms. Rooms appeared clean, light, airy and well appointed. Residents who wish to, bring in their own furniture.



Communal areas are decorated in pastel colours with cheerful pictures and photographs on the wall.

Families and friends may visit at any time and residents may go out if they wish.

The team noted that patient/staff interaction was easy and friendly, with each using first names when addressing the other.

We spoke with several residents and all were very positive about the home, their care and relationships with staff.

There is a twice yearly 'Residents' Forum', chaired by an independent Greetham resident with no connection with Oak House. Residents and family members may participate and have their say on any matters relevant to the home. The team saw a copy of the notes of the latest meeting.

Oak House's 'Open Door Policy' enables ongoing communication between residents /families and management. Residents advised that there were no problems with communicating with management or staff, who are all very approachable.

### Meals

The large, airy dining room has an adjacent kitchen in which all meals are prepared. The resident chef is supported by a kitchen team. One of the Oak House directors is also a chef and when not working in the Oak House kitchen, assists with training the catering staff at other residential homes in the district.



All food is produced on site from fresh supplies. Individual diet plans are kept in the kitchen and any special needs or requests are catered for. Menus are discussed at the Monthly Forum. Residents commented very positively on the choice,

presentation and quality of the food.

Residents, other than any who may be bed ridden, eat in the dining room, either singly or in groups, as they choose. Visiting family members are welcome to join in at mealtimes.

An extended lunchtime, between 1200hrs and 1400hrs has been trialed and has proved popular. The flexibility provided is appreciated by residents.

The team witnessed lunch being served. A variety of hot and cold drinks were available, including alcohol for anyone who wanted it.

Staff were present but unobtrusive. Anyone who needed assistance with their food, received it. One staff member was seen briefly encouraging a resident to eat.

A member of the kitchen staff advised that she was allowed to go out into the dining room and mix with the diners and so get to know them and any family who might be there. To her, this was a very positive thing and reinforced her job satisfaction.

Hot and cold drinks and snacks are available all day in the dining room and there is a juice dispenser in the lounge.

### **Medical/Care**

Oak House is not a nursing home, so there are no qualified nursing staff. Catheter changing and other nursing support is provided by Community Nursing Service (District Nurses), who supply 24/7 emergency service.

Residents' own GPs, from local practices visit their patients at Oak House regularly. Empingham Medical Practice is described as 'brilliant'. Oakham Medical Practice doesn't visit as frequently and always uses the telephone first.

Response time for ambulances is about 20 minutes but first responders get there faster.

The 'repeat prescription scheme' generally works very well although there are odd hiccups with Boots Oakham.

Residents requiring dental examination and treatment are taken to the NHS dentist in Oakham.

Simmonds Optician from Oakham visits Oak House periodically.

All prescribed equipment that the team saw appeared in good condition. The Manager advised that any requirements were promptly supplied by Nottingham Rehabilitation Services, whom she thought were a competent and well-established supplier.

There are two Arjo baths with lifter seats in situ and good H/W mobile hoists.

Seven profiling beds are in place at the moment and all beds are gradually being replaced with profiling beds.

All residents have care plans which are reviewed regularly.

We were told that further training on pressure sore risks/ management and catheter management would be valuable.

### **Staff**

Staff number 34 in total, including managers, who, we were told, are very 'hands on'.

There are six kitchen staff including the chef. They interact with the residents at meal-times and get to know them.



The full-time Maintenance Manager, who has been at Oak House for nine years, is able to turn his hand to most things. He knows all of the residents and they know that they can approach him if they have any maintenance queries or problems.

Two Activities Coordinators work five mornings a week.

Two carers cover the night shift. Notes from the last 'Forum Meeting' indicate that residents are quite happy with the night coverage.

Not included in staff numbers, are cleaners, who are all from an external cleaning firm.

Management told us that staff are encouraged to participate in training regularly, both in house or elsewhere. This is organized and paid for by Oak House. Full use is made of training put on by Rutland County Council.

Two staff members said that they had not received Safeguarding Training.

Staff are aware of the 'Whistleblowing Policy', details of which are displayed in several locations. We were advised by staff that "There is no fear of pointing out issues here".

We were told, and it was obvious from our observed, that staff are friendly and caring. The management was praised by both residents and staff, as approachable and caring.

### **Dementia.**

Oak House does not have a dementia specialist unit. Management told us that two residents with mild dementia will have to be moved to a more appropriate location if their condition becomes too difficult to manage. Management told us that the residents and their families are aware of this.

## **3.5 Recommendations**

- The postal address to be officially changed from 'Pond Lane' to 'Main Road' and this should be reflected on web sites etc.
- Rutland County Council to be approached by Oak House to have 'Elderly People' traffic signs erected on the main road and to investigate means to improve safety of residents and vehicles leaving Oak House onto the main road.
- 'Oak House Residential Home' sign/signs, plainly visible from both directions, to be erected at the main entrance.
- If finance becomes available, have the parking area increased.
- Create a 'Disabled Parking' bay fairly close to the main entrance.
- Review staff training records and ensure that all staff receive relevant training.



- Oak House's practice of a regular, independently chaired 'Resident's Forum' be shared by Healthwatch Rutland with other Care Homes as best practice. It is a positive way of care homes gaining meaningful feedback from their residents.

### 3.6 Service providers response

Oak House would like to thank the Health Watch Team for their visit and all their positive comments.

With regard to your recommendations I have spoken to Barry Howarth at Rutland County Council Street naming and numbering. He is arranging to change our address with Royal Mail and will notify us when this happens.

I have asked the Highways Department to visit us and discuss the Older People alert signs in the village and how we can improve the safety of vehicles leaving Oak House onto the main road.

The signs on Oak House were a gift from a past residents' family. We are aware that they are not the best and will aim to change them as soon as finances allow.

We have recently had another Safeguarding training session and have ensured that all staff who have not previously attended this course have now done so.

With regards to our car park and disabled parking, there is not enough room in the car park for a disabled space which would allow access to exit the vehicle from both sides. The same applies to the main entrance where ambulances and/or doctors may also have to park. A space could be provided but with limited space due to the layout of the car park.

