

ENTER AND VIEW

Unannounced Visit

Oxley Lodge Care Home

Thursday 20 April 2017



Part of the Healthwatch Wolverhampton remit is to carry out Enter and View Visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on 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 Wolverhampton Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Oxley Lodge Care Home
Address: 453 Stafford Road, Oxley, Wolverhampton, WV10 6RR
Manager: Anita Hughes
Deputy Manager: Sam Banks and Susan Freeman
Date of Visit: 20 April 2017

Authorised Representatives

NAME	ROLE
Tracy Cresswell	Authorised Representative Lead
Rasham Gill	Authorised Representative
Judith Stroud	Authorised Representative
Raj Sandhu	Authorised Representative

Purpose of Visit:

Healthwatch Wolverhampton receives feedback on a range of services and treatments received around care homes. This visit was unannounced and was responding to concerns recently received by Healthwatch in respect of services at the above care home. The concerns raised were regards to the quality of the care residents were receiving in the home.

Acknowledgements:

Healthwatch Wolverhampton would like to thank the Home Manager, Deputy Manager, the residents, relatives and the staff for their co-operation during the visit.

1.0 *Physical Environment*

External

- 1.1 The team arrived on site at approximately 10:45am.
- 1.2 The home is situated in the North East of Wolverhampton and approximately 2.5 miles from the city centre.
- 1.3 The sign for Oxley Lodge is some distance in from the access and is dark green not so easily seen.
- 1.4 The site where the home is situated is being maintained, with the outdoor currently taking place on the car parking area, the builders were working tidily.
- 1.5 There were adequate car parking spaces.
- 1.6 There was a sign for the entrance (in the middle of front of the building) but as builders were working at the front of the building it was not apparent. It was visible once the team approached the end of the car park, the entrance was set back.
- 1.7 There did not seem to be any visible spaces designated to disabled users.

Internal

- 1.8 The entrance into the building was via vestibule, gel was available for visitors to use, and a signing in book.
- 1.9 There was a buzzer to alert the staff of visitor's arrivals.
- 1.10 There was a friendly feel and a pleasant smell once entering the building.
- 1.11 Authorised Representative Lead and the team introduced themselves and asked to speak to the manager. The team were informed that the manager was on Annual Leave, the team were invited into the building.
- 1.12 The Lead Authorised Representatives explained the reason for the visit and gave them the letter to the deputy manager.
- 1.13 The deputy manager was happy for the team to walk around the home with supervision.
- 1.14 The layout of the home was duplicated on both sides of the home, the old section and new section. All of the 58 rooms are fitted with a toilet and sink, 5 of the rooms also had showers in place.
- 1.15 There are currently 40+ residents residing at the home at the time of the visit.
- 1.16 The notice board opposite the office had a lot of information on it, CQC report, complaints leaflet, hygiene certificate etc, however it seemed very busy and you had to search for things.
- 1.17 Opposite was a notice board that displayed positive thank you cards, from residents and their relatives.
- 1.18 There were two lifts in the home, one was out of order, waiting for a part to arrive.
- 1.19 There were industrial sized washing machines and dryers, the home employs a laundry assistant who ensures that there are no mix ups with the clothes as she has devised a numbering system when resident's labels become unreadable or become detached, the family members generally labels residents clothing.

- 1.20 CCTV monitors based around the home, this allows the staff to observe the residents throughout the home.
- 1.21 The corridors were clear of clutter, wide enough for a wheelchair and for people to pass by.
- 1.22 There was good interaction between the staff and the residents.
- 1.23 One of the bedrooms on the ground floor had an uneven floor, also the carpet had not been laid properly, the bar by the door was loose and the carpet was coming away from it.
- 1.24 One of the bedrooms was unoccupied, this was not carpeted, and it had lino on the floor which felt sticky.
- 1.25 A number of rooms have fall mats located in them.
- 1.26 Authorised Representatives were shown into another room that was unoccupied with catered for couples who are requiring respite.
- 1.27 The lounge on the one side of the building was split into 3 areas, residents like to sit in one of these areas. In the lounge / diner six residents were sitting in their chairs, the TV was on and very loud, however no-one seemed to be watching it. A room on the ground floor, is being converted into a pub/working man's club.
- 1.28 The bathroom had just recently been mopped, however there was no sign to display this. The carer who supervised the Authorised Representatives spoke to the domestic, the domestic did not speak or understand much English, the carer had to use clear hand signs with regarding putting out the wet floor sign.

2.0 Staff Numbers

- 2.1 There are currently 40 staff employed at the home, they consist of 6/7 carers in the morning, afternoon and evening, and 4 carers during the night. There are 2 activity co-ordinator, with external activity sessions also coming into the home. There are 3 domestics covering the morning and afternoon, 1 maintenance, 1 member catering staff observed in the kitchen during the visit, 1 laundry assistant, 2 students and 3 Management.
- 2.2 There are currently no vacancies in the home
- 2.3 The staff rota was requested and given to the Authorised Representative Lead.

3.0 Agency Usage

- 3.1 The home do not use any agency staff, they cover the shifts with the other staff who are flexible.

4.0 Patient Experiences and Observations:

- 4.1 One resident was happy sitting on his own watching his old films on his TV.
- 4.2 One of the residents stated that she "really liked it here", she said "everything is wonderful", "I like to read a good book and I especially like my bedroom and my bed", "The food is good, I like beef".

- 4.3 One resident had been there for 12 years, “The best place in Wolverhampton”, he was happy sitting in the quieter of the 3 lounges.
- 4.4 One resident did not want to be there anymore, another resident informed the Authorised Representatives that he didn’t want to live anymore.
- 4.5 The Authorised Representatives observed that one resident seemed a little agitated, he spoke to one of the staff, got really angry and swore at her, he only wanted to get into his room, but he couldn’t because he couldn’t open the door and the doors were really heavy. A member of staff helped him back to his room.
- 4.6 The activity co-ordinator was planting seeds with two of the residents.
- 4.7 There was singing taking place and the residents were enjoying themselves and singing along with the activity co-ordinator, male and female member of staff were supporting the residents during this activity.

5.0 *Family and Carer Experiences and Observations*

- 5.1 A family of a resident felt confident with the care that their mom was receiving, and that she was being looked after well. “Would not think of moving her.”

6.0 *Catering Services*

- 6.1 The kitchen is located on the ground floor, it was a large kitchen and clean, they were cooking roast pork for dinner.
- 6.2 The residents are given a menu, who choose what they want to eat, however they make extra, as some of the residents change their minds.
- 6.3 There is a set menu, however there are a number of residents that ask for different food and the catering services accommodate the residents.
- 6.4 They have a hygiene certificate - Level 5.
- 6.5 The staff are up to date with their training.

7.0 *Staff Experiences and Observations:*

- 7.1 A member of staff who supported the Authorised Representatives during the visit had been there for a year and half, she had just been promoted to senior carer.
- 7.2 Staff are up to date with their mandatory training, however they are not up to date with Deprivation of Liberty Safeguards (DoLS), the manager informed the Authorised Representatives that all staff will be up to date in 2 weeks. As for carrying out Mental Capacity Assessments, there seems to be confusion on who carries these out, the home have contacted both the CCG and LA for support with this and have had conflicting information.
- 7.3 There are a number of policies in place for the home and staff.

- 7.4 Staff do not have separate confidentiality training, this is embedded into everything that the staff do.
- 7.5 The emergency cover is covered by the manager as well as some of the day staff.
- 7.6 Their staff ratio is currently 1 to 8.5 residents.
- 7.7 Staff are given the opportunity to discuss specific training /career opportunities during their supervision.
- 7.8 The residents and their relatives / carers are given an admission document to complete on arrival.
- 7.9 The home communicates to carers / relatives through a number of channels, telephone, face to face, e-mail.
- 7.10 The manager was asked who was responsible for contacting family members, if a resident had had a fall, the Authorised Representatives were informed that any member of staff can inform the relatives, however on speaking to a member of staff who informed the Authorised Representatives that the senior carers and managers ring the relatives.
- 7.11 There are always senior carers on every shift.
- 7.12 Chaplains come into home.
- 7.13 Residents have mini mental exams on arrival as part of the patient capacity assessments
- 7.14 The home expressed issues that they were having difficulties on who is responsible for carrying out the mental capacity assessments.
- 7.15 They have an open door policy, for staff, residents, carers, relatives
- 7.16 Everyone who has had an accident / incident it gets reported into the accident file.
- 7.17 The home cannot refer to Falls prevention, as they have stopped doing care homes.
- 7.18 The medication is locked away in a locked trolley.
- 7.19 The current challenge for the home is the mental capacity assessments/DoLs and HR, dealing with the staff. The manager has been in post for 12 months, and she has spent most of that time ensuring that the home has the right mix of staff.

8.0 Summary, Comments and Further Observations

- 8.1 The maintenance of the building is ongoing with work being carried out inside and outside of the home, even though more needs to be done with the carpets in some of the rooms.

9.0 Follow - Up Action:

None requested

10.0 Recommendations

- 10.1 To ensure all staff have confidentiality training on a regular basis, not just on induction.
- 10.2 Encourage residents to sit in the pass over, more stimulant for the residents who can sit and watch what is going on outside, they can watch the birds, rather than just sitting in the chairs in the lounge, looking at the walls etc.
- 10.3 Ensure that the notice board is free of clutter and residents, visitors, carers and relatives can view the information without having to search for it.
- 10.4 Chase up the part for the lift.
- 10.5 Ensure that the carpets are fitted correctly before the residents are allocated the rooms.
- 10.6 Ensure that the rooms are appropriate for the needs of the residents, for example if you have a resident who has fallen or is prone to falls, do not place them in a room where the floor is uneven, the carpet is coming away from the door.
- 10.7 Re-iterate to staff the importance of putting signs up after cleaning, ie Wet Floor by the bathroom.
- 10.8 The management to enquire on who can support them with falls prevention in the home.
- 10.9 There seems to be confusing evidence with regards who communicates with the relatives / carers when a resident has had an accident / incident / fall. Better communication from the management is required on who needs to contact the relatives / carers.
- 10.10 If a patient has a fall and it is alerted by the mat, what is the procedure for dealing with the residents?
- 10.11 What training is in place for staff who do not speak or understand English?

11.0 Provider Response and Intended Action:

No provider response received.

12.0 Disclaimer

Please note that this report relates to findings observed during our visit made on **Thursday 20 April 2017**. The report does not claim to be representative of all service users, only of those who contributed within the restricted time available.