



## **Oakmeadow**

Widnes

12<sup>th</sup> September 2017



**Enter & View report**

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## ACKNOWLEDGEMENTS

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Healthwatch Halton would like to thank the management, staff and residents at Oakmeadow for their time and consideration during our visit.

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## WHAT IS ENTER & VIEW

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People who use health and social care services, their carers and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable the Healthwatch Halton to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. In carrying out visits, Healthwatch Halton may be able to validate the evidence that has already been collected from local service users, patients, their carers and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is to consider the standard and provision of local care services and how they may be improved and to promote identified good practice to commissioners and other providers.

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## VISIT DETAILS

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Centre Details	
Name of care centre:	Oakmeadow Community Support Centre
Address:	Peelhouse Lane Widnes Cheshire WA8 6TJ
Telephone number:	0151 511 6050
Email address:	jane.english@halton.gov.uk
Name of registered provider(s):	Halton Borough Council
Name of registered manager (if applicable)	Jane English
Type of registration:	Nursing Care
Number of places registered:	19

The Enter and View visit was conducted on 12<sup>th</sup> September from 10.30am to 12.00pm

The Healthwatch Halton Enter and View Team were:

Jude Burrows, Jane Catt and Matthew Roberts

### Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

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## SUMMARY

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Oakmeadow Community Centre is a rehabilitation centre close to local shops and transport links. Residents have an average stay of 28 days. The centre can accommodate 19 residents in en-suite bedrooms.

The centre benefits from having multi agency staff available within the building to support residents. This includes a GP, Occupational Therapists and Dieticians.

The building is clean but tired looking and would benefit from being redecorated. The signage for the centre is obstructed by shrubbery and the car park was overcrowded at the time of our visit.

The centre benefits from lovely communal dining and garden areas.

The residents we met felt well looked after and were happy in the centre.

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## OBSERVATIONS

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Oakmeadow Community Support Centre (the Centre) is situated in a multi-use building off Peelhouse Lane, Widnes, which is a busy location and within walking distance of a wide range of local amenities.

It offers a range of services for adults of all ages requiring accommodation in the reablement Intermediate Care Unit. It also provides Intermediate Care, Day Care and carers break day care. The residential intermediate care unit is equipped to accommodate up to 19 people.

Signage for the home was completed obstructed by an over grown tree. There is a large car park which includes clearly marked disabled spaces and an ambulance parking space. The car park was very busy, with one car double parked. The exterior of the Centre was clean and well maintained.

The entrance to the Centre was clean and spacious with several chairs available. The team introduced themselves to the Receptionist and signed the visitor's book. The Reception staff are positioned behind a glass window which does have more of an office environment feel to it. We were warmly welcomed by the staff at Oakmeadow.

We were pleased to note that Healthwatch Halton posters and leaflets were displayed in the entrance area. A suggestions box and signing in book were given prominent positions in the reception and would be visible to anyone visiting the home. Hand gel was also available for visitors near to the signing in book.

Jane English, Manager, welcomed us to Oakmeadow. She explained that a corridor was currently closed due to leaks caused by the recent heavy rain. During our visit workmen were already present to fix the roof.

On a tour of the home, it was clear that the rooms and corridors were very clean. Staff informed us that cleaning staff visit every day. The centre is a welcoming environment with good signage on the doors and pictures on the walls. There are handrails around the corridors, with a good colour contrast to enable residents to view and use them with ease. No natural light comes into the corridors and they are very dimly lit. One light bulb was blown and this was pointed out to the staff. The bedrooms are of a good size, have ensuite facilities (a toilet and sink) and a television set. The bedroom viewed was dark and in need of fresh decoration. The team were also shown the shared bathroom, which contained an accessible walk in shower and portable hoist. It was clean but the décor dated. Representatives noted that all areas were clean but tired. There were no bad odours anywhere in the centre. The Manager explained that the schedule of maintenance is ran by Halton Borough Council, with an annual rota in place for maintenance and painting.

The dining room is a large communal area with sofas near to the window as well as the dining tables. A representative noted the dining area being particularly lovely with a huge glass window that allows in a lot of natural light. At the time of our visit the area had been tidied after breakfast and was set up for lunch to be served a little later on. The tables looked welcoming with a menu displayed on each, with 2 choices of main meal. All staff have food hygiene certificates and sandwiches and fry ups can also be made up for residents if required. Specialist food, such as gluten free bread, is bought in if needed. Fire Marshall and First Aider information was displayed on the wall of the dining room. There were also some small photographs of a Christmas celebration held previously in the dining area. The centre also has a lovely garden which staff tell us residents do enjoy using. It was not in use on the day of our visit.

The manager was happy to answer all our questions in the manager's office which is on the upper level, amongst a number of other services including the British Red Cross and the Adult Safeguarding Team. Jane explained that Oakmeadow is different from other care homes as it is a rehabilitation centre and people usually stay for no longer than 6 weeks. The average stay is 28 days. The centre is a stepping stone for people to get back home. On occasion people do go on to longer term residential care in different establishments. On the day of our visit 19 residents were staying at the centre, meaning they were at full capacity. Two residents were currently staying longer than the 6 weeks as it was seen as the best option for them currently. Around 70% of residents come from hospital discharge with the other 30% coming in to avoid having to go to hospital.

The day is split in to 3 different shifts for staff. These are 7.30am-3.30pm, 3.15-10.15pm and the night shift. The 2 day shifts have 4 Care and Support staff with 1 Coordinator and the night shift has 2 Care and Support staff and 1 Coordinator. Care and Support staff have mandatory training on safeguarding, food hygiene, manual handling, medicines training

and basic first aid. New staff are given individual inductions depending on previous care experience. Staff retention is good with some members of the team recently promoted to Coordinator level. New members of staff work shadow shifts over 4-6 weeks on commencing employment. As Jane also Managers Community Support Services she can arrange for cover, if needed for any reason, from her 2 pools of staff. Occupation Therapists, Nurses and Dieticians also work within the centre on a daily basis. A General Support worker is also available 8 hours a day for cleaning duties as well as a Cook 5 days a week. For 2 days a week food is delivered from Meals on Wheels. (Meals on wheels were used on a daily basis for a time but a cook was hired at the result of residents feedback). A new alarm system was installed recently, with staff carrying bleeps. The staff now have the bleep volume turned down at the request of residents.

Oakmeadow has a GP, supplied by a contract with the Bevan Group, who visits 5 days a week. They have access to patient notes on a computer within the centre. Patients could ask for their own GP but this has only happened once in the past.

Residents can be accepted at the home 24 hours a day. Jane explained that Oakmeadow's preference would be for new people to arrive in the morning so they can be settled in throughout the day. However this of course depends on the time of the hospital discharge and whilst most patients arrive in the day time it is known for people to arrive late into the night on occasion. Patients arrive with a discharge summary from the hospital. On occasion residents have arrived missing medication or DNRA forms but the Manager explained these issues are quickly rectified with the centres dedicated GP.

On one occasion two people were discharged to the centre when only one was expected and one had to be returned to hospital.

Kelly (a Care and Support Worker at the home) showed our team around, introducing them to some residents in the communal area. Kelly was very courteous and kind. Kelly has worked at the centre for 5 years. We were very grateful for her time. All of the interactions we witnessed were kind, professional and caring. There seemed to be great affection between the residents and the staff. The team witnessed a resident receiving support from an Occupational Therapist in the corridor, who was pleasant and respectful. One resident gave an unprompted score of 100% for staff. Another resident commented that Oakmeadow was a "*home from home*".

Residents are each given a person centred care plan with goals set. As this is a rehabilitation setting these plans are updated at least every week and sometimes daily. The centre no longer employs an Activity Coordinator and the Manager said that many residents want to focus on their rehabilitation rather than socialising. Care and Support staff said that residents seem reluctant to leave the dining area after meals have finished, which shows what a pleasant area it is but also suggests that residents may benefit from social time being available. No activities or information about activities was seen on our visit. One resident said "*I enjoy walking*" and explained that she walks up and down the corridors to help her recovery from a hip operation, when asked about activities. Another commented that he likes receiving his daily newspaper.

The Manager explained planning things can be a challenge due to the short time nature of peoples stays. However the Therapy Assistant does offer activities, 1 to 1 or in small groups, such as exercise or cooking classes. These are part of the rehabilitation process. Local schools do not come into the centre but they are hoping to get college students involved in adding art work to the café area. Special events are put on for occasions such as Christmas or Older People's day. This could involve a talking or reminisce group. The centre does not have its own mini bus. Residents can go to local shops or on outings with their families or may do this as part of their rehabilitation with a member of staff. A hairdresser is available on a weekly basis with residents paying for this themselves.

On arrival residents have a welcome pack in their rooms and this includes a Statement of Purpose and the Complaints Procedure. Person centred goals are set, a medical plan is drawn up and an oral hygiene assessment conducted. Jane was able to show us the working board that staff fill in for each resident. If a resident has an issue it is written up on the board to be addressed the next morning at a staff briefing. This seems to be an excellent way to quickly tackle any problems people are experiencing within a multi-disciplined team.

Visits from Dentists, Opticians and members of the clergy are not offered routinely but are called in if needed. Jane explained that a few months previously a lay preacher was visiting the centre regularly to see a resident but it was currently not needed. A Dentist would be called from a residents own practice or a local surgery if an issue was found on the oral hygiene assessment or if a resident needed any dental care. No problems have been experienced in getting a Dentist but the need is only very occasional, due to the short nature of residents stays.

The home does not comply with the Herbert Protocol, if a resident with Dementia leaves the home unsupervised but does have a Missing Persons Policy in place.

Oakmeadow no longer has a friends and family residents meeting as it was poorly attended. Jane suggested this is due to the short nature of residents stays. They do have a suggestion box and families are introduced to the manager. Families and friends are often involved in care plans and goal setting so they can share their experience and opinions.

Visitors can bring food in for residents if they would like to and are free to make drinks in the communal area.

Family are contacted if a resident needs to go into hospital and if possible they will accompany them, in line with the Escort Policy. If family are unable to go with the resident a staff member will support them, either from the centre or the Community Support Team.

If a resident became very ill family or friends could stay with them in their room. (There are no family rooms available on site.) This is however very rare as Oakmeadow is about rehabilitation, rather than long term care.



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## RECOMMENDATIONS & OBSERVATIONS

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1. To engage with Healthwatch Halton when any health or social care issues arise for staff or residents.
2. To offer residents social activities in the communal areas.
3. Complete the Herbert Protocol forms for residents with Dementia.  
<https://www.cheshire.police.uk/advice-and-support/missing-persons/herbert-protocol/>
4. We felt that the addition of some colour to the centre, either with new décor or some bright pictures and photographs would be of benefit.

Healthwatch Halton has statutory powers and responsibilities under the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5.

Providers and commissioners of health and social care services are required to respond to our requests within 20 working days by:

- Acknowledgement of receipt of the report or recommendation in writing;
- Providing (in writing) an explanation of any action they intend to take in response, or if no action is to be taken, to provide an explanation of why they do not intend to take any action.

Healthwatch Halton are required to report if any providers/commissioners have not provided a response within the required timeframe; this information will be included in our Annual Report.

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## SERVICE PROVIDER RESPONSE

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The following response was received from Jane English, Principal Manager, Independent Living Services.

“In general I agree with all that is recorded and would like to thank you for your comments.

1. Arrangements have been made to have the foliage trimmed. This will ensure that the signage is no longer obstructed
2. Information regarding activities are to be advertised throughout the building
3. Halton Borough Council does support the Herbert Protocol. All staff have now received training and the Missing person policy is to be reviewed in line with the protocol

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