

# Enter And View

**Oak Lodge Residential Home**  
Carried out 22<sup>nd</sup> February 2019



**Local voices  
improving local  
health and social care**



Healthwatch Walsall is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and will make sure that the views of the public and people who use services are considered.

At a local level, Health watch Walsall will work to help people get the best out of the health and social care services in their area; whether it's improving them today or helping to shape them for tomorrow. Local Healthwatch is all about local voices being able to influence the delivery and design of their services - not just people for who use them, but for anyone who might need them in the future.

Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall 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 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 Walsall 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 Walsall 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: Oak Lodge Residential Home  
Address: 1A Adams Rd,  
Walsall Wood,  
Walsall  
WS8 7AL  
Service Type: Residential Care  
Home Capacity: 17 residents but on the day of our visit it was 15 residents.  
Date of Visit: 22<sup>nd</sup> February 2019.

Oak Lodge Residential Home is owned run by Mrs R Ghai and managed by Julie Maddox.

The last CQC inspection was 28<sup>th</sup> November 2016 and the report was published 31<sup>st</sup> January 2017.

The report stated that the home **Requires Improvement** in 2 out of 5 measures, (safe and well led) and was **Good** in 3 of the 5 standards (effective, responsive and caring). Please follow link below to access the full CQC report.

Link: <https://www.cqc.org.uk/location/1-266490983>

## Authorised Representatives

Name: Lynne Fenton

Role: Healthwatch Insight Senior Lead Advocate

Name: Tom Collins

Role: Engagement and Information Lead and Authorised Representative.

## Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents.
- To listen to, observe and capture the experiences of service delivery & care given to residents and observed by their relatives or visitors.

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support needs and staffing levels.
- Observe interaction at all levels between residents, staff, management, relatives and visitors.

## Physical Environment

### External

The property is spread over two floors. The exterior of the property has some external lighting, but no CCTV was evident. The entrance was via the car park to a path to the front door which had a door bell. There is a small front garden area.

There is a small car park enough for 3 to 4 cars.

The exterior guttering may need a clean and guttering debris removed.

### **Internal**

Entrance to the lobby is accessed via a front door/ door bell. Visitors are requested to sign in using a visitor's book.

**Consideration could be given to providing a tear off visitor/contractor signing in book which includes individual authorisation to be on site, imparts the relevant fire, health & safety information and meets legislative requirements.**

**Such signing in books are readily available at minimal cost.**

When we entered the main area of the property there was NO odour of urine.

There is a Managers/ admin office and an area with a desk for staff to complete paperwork. We were told that staff also use the area as a staff area. There were lockers in this area.

The ground floor resident rooms are accessible from the internal hall with stairs to the upper floor. We noted an uneven bump in the hall way from the transition of an extension to the original home area, near a toilet and bathroom. This may represent a safety issue for a resident.

There was a lift to the upper floor for residents.

We did not interview any residents in their rooms but did view a typical interior. It appeared clean but décor and style was dated. There was a wash basin in the room but no toilet. Running hot water was tested in the bedroom and several toilet and bathroom locations. It took a while for water to come through, especially on the upper level of the property, the water was warm, but it did not get excessively hot.

Generally, the corridors were clear, but two mop and buckets and a rug doctor vacuum were inhibiting access to a fire exit and to the garden. We pointed this out and the items were removed. The carpet looked clean but showed some wear due to wheelchair and hoist use.

In the main lounge area there was several TVs, which some residents were watching at the time of our visit. Residents were seated attended by staff.

Most of the soft furnishings appeared to be in good condition and clean, although some did appear dated.

The décor in general was adequate but perhaps could benefit from updating at some point. We could not detect any bad odours in any area of the home.

Fire extinguishers had been serviced November 2018.

There were photographs of residents undertaking activities, but they were not date stamped so it is not possible to identify how current the activities were.

## **Resident Numbers**

At the time of our visit there was 15 residents. Though resident capacity is 17.

## **Agency Usage**

We were told that neither agency or bank staff are used.

## **Staff Numbers**

The manager was not available at the time of our visit, staff nor did the owner know where they were. It appeared that this has happened prior and the owner said they had dealt with. The owner undertook responsibility and delegation of staff in the absence of management.

At the time of our visit there was one senior and two carers. We were told that this is the usual in the day but between 10.00pm and 7.30am there are 2-night staff.

Staff numbers in total are: six Seniors (all Seniors administer medication) and eight carer support workers. There is not a dedicated Activities Coordinator.

Some staff also mix roles and hours as a carer/ cleaner or cook. Which we observed on the day of our visit. Two staff members whose role was a carer was engaged in cleaning and cooking roles.

## **Resident Experiences and Observations**

Healthwatch visits are linked to the 8 principles of care:

- Essential services.
- Access.
- A safe, dignified quality service.
- Information and education.
- Choice.
- Being listened to.
- Being involved.
- A healthy environment.

We spoke to three residents about their experiences and observations.

Residents were mainly positioned in the two-part lounge area which had three TVs on. One resident was bed bound and another was in their own room reading. They appeared to be well presented and dressed well.

One resident had signs of dementia which resulted in them shouting and counting numbers and stamping their feet. It was noted that the behaviour was impacting on other residents.

Some of those residents interviewed did not wish or wish to remain in the lounge area where this resident was in, due to the disruption and possible aggression if the state of dementia escalated. The resident's relative attended the time of our visit feeding and trying to calm the resident down. Management had informed us that an assessment on the resident and their declining condition was to be made by the mental health team on the following Tuesday which may lead to that resident being moved to more appropriate venue to meet her needs.

One residents room opens onto the lounge directly and their room door was propped open on our visit. We had a concern of privacy and asked the resident how they would like their door to be. Open or closed. The resident replied kept open. It was noted as their choice.

We asked residents about access and understanding of their own care plan. One resident did not know about their care plan. They were generally able to look after their own personal care but would ask for help if needed.

The same resident felt privacy goes out the window in a home. But they felt the staff were like “buddies”. They do not visit the communal lounge area as “nothing happens, and one resident shouts a lot”. They further commented “People are waiting around to die, I don’t want to see this”.

Another resident we asked, did have an understanding of their care plan and appeared to be well cared for by attending staff.

The residents seemed largely happy with their care and surroundings. Food was as they said good quality but could be a little sloppy.

The residents received visits from: GP, Dentist, Hair Dresser, Chiropodist. The schedule of visits varied, and it was mentioned that the Chiropodist had not visited for a while.

An unscheduled GP visit took place on the day of our visit. The home had called the GP as the resident was not their usual self and may have been suffering from a chest infection.

## **Family and Carer Experiences and Observations**

We spoke to two relatives during our visit. One relative felt that they were always made to feel welcomed. Their relative was well looked after and they loved the staff and Manager. They were “kept in loop”.

The relative said they had observed some activity being carried out on Monday, sing songs, but not on another day. “Everytime I visit, my relative (resident) is well looked after, clean and nicely dressed”. “Anything I want to know, I ask. The owner and Manager are always very helpful”.

A relative commented that the resident has a choice of bed time.

There was some concern by one relative relating to the resident with increased dementia signs. They felt that it disrupted other residents, affected their mental status and safety may become a concern. But understood that dementia is not a person’s fault it’s a condition.

One relative commented that the residents have a choice of biscuits occasionally but had not seen fresh fruit.

Generally, relatives were very happy with the care the resident had received. They felt that staff make every effort to look after residents. They felt informed and able to ask questions when necessary and that they would receive a response.

## **Activities**

There isn’t a dedicated Activities Coordinator at the home. Activities are organised and undertaken by staff.

We did see an activities agenda for the week, which included: card games, music and movement, flower arranging, nails and natter, child reminiscence, baking and tasting, singing for the brain, dominoes league, arts and crafts, card games, bingo, movie night, puzzles and colouring, songs of praise sing along.

We did see staff carrying out some colouring activity with residents and in cases one to one. We were told that there had been a skittles activity which had proven popular. But one resident could not recall the event.

There were photographs of residents carrying out activities, but they were not date stamped. A resident's birthday had also been celebrated that week and photographs taken.

One resident we spoke to did not wish to take part in activities as they did not have activities that were of interest to them. They kept themselves to themselves in their bedroom reading and occasionally been taken out by a visitor to a local airfield as he had an interest in aeroplanes.

We were told that residents can go out to local shops and visits to the local pub are arranged. Though there was no evidence or dates shown to us.

One visitor mentioned they had seen activities carried out on a Monday. Not observed much happening other days.

## **Catering Services**

The home has a food hygiene rating of 4 which has fallen from a rating of 5.

On the day of our visit the cook was a stand in cook as the usual cook was not there. We were not informed why. We checked to see that the stand in staff member held a food hygiene safety certificate and this was shown to us. It was valid and current.

We checked the storage of canned and packaged food, which appeared to be within date. There were some fresh vegetables stored in the fridge and a small amount of fresh fruit in a bowl. When we asked about residents' choice and fresh fruit availability, we were told the owner was going to get some more fresh fruit that day.

There was also some home baked cake for residents to eat.

We were told that residents are offered a choice of menu which is set on a weekly basis. Typically, this entails as follows; -

- Breakfast - cereals, toast.
- Lunch - two hot alternatives & pudding.
- Tea - fresh fruit, assorted sandwiches, hot soup.
- Snacks are also available.

We were told that any individual resident requirements can be made up if requested and residents have an input into the menu.

We were told by one resident the food could be a bit sloppy, they did not see fresh fruit, another resident said the food was of good quality and there was choice. There was occasionally a choice of biscuits.

We were told that residents are happy with the variety and quality of the meals provided.

The kitchen looked to be adequately equipped and food was adequately stored and labelled.

Staff informed us that weight and hydration are monitored and residents are weighed every month. Staff are on hand to assist residents and user-friendly utensils are available to help eating.

Portable appliance testing (P.A.T.) was carried out November 2018.

## **Staff Experiences and Observations**

The Manager was not available on the day of our visit, they were scheduled to be working. The owner could not contact the Manager at a time prior to and during our visit. It appeared that such an instance has happened in the past.

We were able to speak to 2 staff members and the owner of Oak Lodge. We were told by staff that there is a good level of teamwork in the home and that they felt adequately trained to carry out their roles.

Staff told us that they are encouraged to acquire new skills and embed skills through additional training such as: mandatory updates, DOLS (Deprivation of Liberty Safeguards), mental capacity and safeguarding updates.

Staff told us there is a training matrix and training is usually carried out in house or externally for mandatory updates.

On the day of our visit we saw staff members supporting and interacting with residents in the communal area. One staff member was feeding a resident whom was bed bound.

We did not observe lifting equipment being used at the time of our visit.

One staff member told us that knowledge of resident preferences and histories was reliant on good communication between colleagues and the relevant documented care plans/handover sessions.

We were told that changes to resident needs and preferences are reported to management and recorded.

They are also visible and known to residents and interact with residents to meet personal needs within the home.

Medication is secured and controlled by designated staff, Seniors only. It is administered as prescribed and is signed off prior.

The owner told us that care plans are developed once a potential new resident has a day visit to the home. Care plans are updated when needed.

Staff appeared to be happy in their roles and negative feedback was not presented. They felt adequately supported.

It was unclear what impact the lack of Manager attendance on the day had, as the owner was in attendance to support the staff. But there may be occasions that this arrangement may not be able to be implemented?

The owner indicated that they are considering employing a Deputy Manager.



## Summary, Comments and Further Observations

The Manager was not in attendance or able to be contacted. This raises a concern around leadership, reporting and supporting staff on duty as well as the general care .

Feedback suggests that more could be done to adequately engage residents in activities which are more stimulatory based and more of a person-centred experience. For instance, there are 3 male residents and on Tuesdays the activities apparently consist of flower arranging and nails and natter.

Activities should be more flexible with more than one activity to choose from, rather than one set activity to suit all. One male resident has an interest in planes and has a visitor whom takes them out to a local airfield. We found no record or evidence of this, yet it would have been a good opportunity to reflect stimulatory activities that are individual.

Stimulation and mental engagement is important to all. A greater awareness and effort should be made across all care providers to offer greater activities and stimulation. This will enable greater mental health and general health with residents.

Facilities and decor whilst dated are clean and comfortable and food standards are acceptable to good.

**We thank the residents, relatives, staff and owners for their cooperation and contributions during our visit.**

## Recommendations and Follow Up Action

- It is important that staff have access to management for leadership and direction. The unknown and ongoing absence of the manager should be addressed.
- Review the provision of a dedicated Activities Co-ordinator, (even part time), to ensure sensory stimulation and engagement for all residents.
- Offer choice of activities that can encompass individuals, some male residents may not wish to take part in nail and natter activities.
- Consider activities that will mentally and physically engage residents including external visits when weather and conditions permit.
- Record and evidence activities. Identify if a resident has chosen not take part and possibly why as this may be because the activity does not suit the resident.
- Ensure all residents / relatives are aware of individual details of care plans and have opportunities to contribute and change them when needed.
- Consider updating décor and some furnishing.
- Consider the dietary and eating needs of individuals. Some residents may be able to consume more solidified diet.
- Consider implementing more robust signing in documentation.
- Consider updating infrastructure to include better storage for staff and a suitable staff break area.
- Exterior guttering of property could be cleaned and cleared.

## **Provider Feedback**

*The provider was sent a draft report to; correct, amend or to comment on.  
Healthwatch Walsall did not receive a response.*

If you have any NHS or Social Care service experiences that you wish to share, you can visit our online 24/7 “Experience Exchange”. Whether it’s a “compliment, concern or complaint”.

Use our web link or QR Code below.



Web link: <http://x2.healthwatchwalsall.co.uk/>



**DISCLAIMER**

*Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.*



**healthwatch**  
Walsall

Office 10, Bridge House  
47-55 Bridge Street  
Walsall  
WS1 1JQ  
Tel: 0800 470 1660

Email: [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk)

Visit our website: [www.healthwatchwalsall.co.uk](http://www.healthwatchwalsall.co.uk)

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