

Healthwatch Greenwich

Enter and View Report



The Oaks Care Home

January 2020

1. Details of the visit

1.1 Purpose of our visit

Healthwatch Greenwich is carrying out a series of visits to Residential Care Homes in Greenwich to ascertain the quality of life, experience and views of residents.

Name and address of premises visited	The Oaks Care Home 904 Sidcup Road, London SE9 3PW
Service Provider	Priority Adult Care
Care Home Manager	Una Court
Date/time of visit	29 th January 2020 - 1:45-3:45PM
Healthwatch Greenwich Authorised Representatives	Jummy Alabi and Julie White
Admission Information	Care home for adults 65+ with living with dementia, mental health conditions and nursing care needs
Number of beds	93 - there were 85 residents in-house at time of visit
Staffing levels	1 Carer to 4 residents, plus a nurse. The home uses a staff tracking tool to calculate adequate staffing levels
At our visit	We were unable to speak to residents due to their limited capacity. However, we spent 90 minutes of our visit observing 15 residents across three lounge areas. We spoke to two members of staff. The registered Care Manager was unavailable at time of visit, so we arranged a follow-up telephone interview.

1.2 CQC inspection

The Care Quality Commission (CQC) carried out an unannounced visit to The Oaks on the 10th May 2018. The home was rated as ‘good’ across all areas

(https://www.cqc.org.uk/sites/default/files/new_reports/INS2-3778612726.pdf)

Ratings	
Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

1.3 Other ratings

The Oaks has a rating of 7.8 from Carehome.co.uk (<https://www.carehome.co.uk/carehome.cfm/searchazref/20001005OAKS#reviews-top>)

1.4 Healthwatch Greenwich Enter and View 2018

In February 2018, we conducted an enter and view visit to The Oaks Care Home and provided the following recommendations:

- Ensure all signage is dementia friendly
- Explore the possibility of introducing memory boxes for clients with dementia
- Increase the physicality of residents, discuss the possibility of using colour coded or textured patches

1.5 How our visit was conducted

The visit was unannounced.

We notified the registered manager we would be attending at some point in January, without specifying the date or time. During our visit, we provided the home with

leaflets and letters (to share with residents, relatives, carers and visiting healthcare professionals) giving an opportunity for further feedback.

1.6 Acknowledgements

Healthwatch Greenwich would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme. Healthwatch Greenwich would also like to thank the Healthwatch volunteers and representatives who assist with the visits.

2. Summary

The Oaks Care home provides a homely environment. Resident rooms are spacious and personalised. Staff are attentive and clearly know their residents well. We are pleased to see that most of the issues raised in our previous report have been addressed.

Our main concern is with the dementia-friendliness of the home. We found some corridors to be dimly lit, outdated décor, and inconsistent provision of contrasting handrails. The Care Home Manager is aware of the need for improvements to ensure the home meets the needs of its residents and plans are underway, including the increased provision of memory boxes, and a gardening project to increase the physicality of residents.

3. Our Findings

Communal spaces

External space

The communal garden is pleasant and offers seating and shade, with an additional smoking area for residents. Garden areas are attractive and well maintained, containing a courtyard with statues and bird houses providing a pleasing view for a number of resident rooms.

Reception area

The home has a secure entry system and a small reception area. A signing-in process, using a visitor's book, is in use. The latest CQC rating is displayed, in addition to multiple leaflets and booklets, including information about providing feedback. We are particularly pleased to see dementia information available for visitors in reception, encouraging better understanding of the condition.

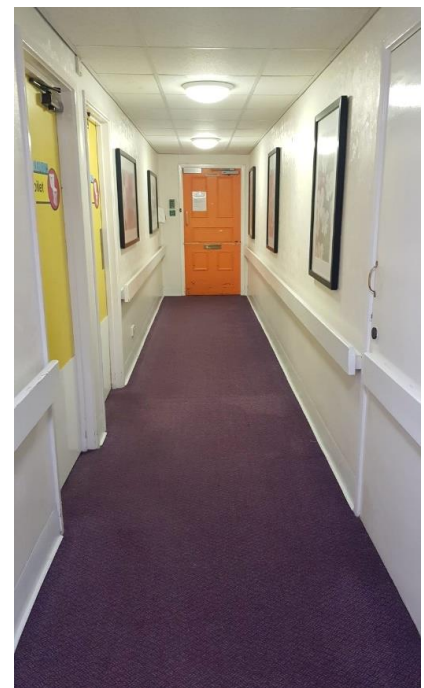


Corridors

Corridors contain a mixture of traditional and modern artwork, reflecting the different age groups of residents. Seating is available, outside of lounge areas, for residents who want to sit by themselves, or with their visitors.

Most corridors are bright, clean and uncluttered, offering good access. However, not all corridors are well lit.

Not all corridors are wide enough to accommodate wheelchairs and residents with walking aids. Not all corridors have handrails painted in colours that offer good contrast with walls,



which could hinder resident's ability to locate them and inhibiting mobility.

Bathrooms

All resident rooms include a toilet and basin. Bathrooms and showers are communal, with one each per unit.

Ensuite facilities are, on the whole, clean and well-kept, however, **the drain in one of the shower rooms was dirty, suggesting these areas are not checked as regularly as needed.**

The home is large with lots of corridors, which could be confusing for residents. The home has dementia-friendly signage for bath and shower rooms. However, this could be improved by increasing use of dementia-friendly approaches in other parts of the home such as: providing better signage, increasing rest areas in the corridors, and utilising more appropriate dementia-friendly colours. Refurbishment, to include making the home more dementia-friendly, is dependent upon additional funding. It is not clear when this will be available.

Lounge and dining areas

Lounge areas across the home are large and open plan with both dining tables and armchairs, encouraging interaction between residents and staff. The ground floor offers access to conservatories, providing a pleasant environment for residents to sit in, take part in activities, and engage with each other.



Whilst these create a homely, calming environment, during our observation we noticed residents trying to watch a film on TV without sound and or subtitles, with loud music playing simultaneously, making it difficult to follow the film. Staff did not appear to notice or offer residents the choice to have sound or subtitles on the TV. Nor did we see staff offer residents the choice of having music playing or not.

We found it confusing to have conflicting auditory and visual stimulation and expect residents may have found this difficult too.

3.2 Personal spaces

Resident rooms are spacious and personalised with photos of family members and mementos. The door of each room displays the name of the occupier, and all rooms have memory boxes, although not all of them are used. Resident rooms can accommodate additional items of furniture if provided by families. For instance, in one room we saw a small dining table, and in another room, the resident had an additional sofa.

3.3 Activities

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		1 New Years Day T.V. & Radio for all units Activities off	2 New years coffee club @ 10.45am Oxleas conservatory Film afternoon @ 2.30pm Joydens	3 Say goodbye to Christmas Taking down all Xmas decs All day all units	4	5
6 Nail painting & hand creaming/ Maintenance All day all units	7 Physical fitness session with our personal trainer Tim @ 3pm Joydens unit	8 Newspaper delivery, whats happening in the world? All day, all units	9 coffee club @ 10.45am Oxleas conservatory Film afternoon @ 2.30pm Bursted	10 New years big bingo game @ 2.30pm Oxleas unit	11	12
13 Ding dong sing along with our tony @ 2.30pm All upstairs units	14 Biscuit designing in the AM Tea and biscuit social afternoon Joydens @ 2.30pm	15 New Eltham day nursery visit @ 2.30pm Downstairs units	16 coffee club @ 10.45am Oxleas conservatory Film afternoon @ 2.30pm Oxleas	17 Bread making in Bursted @ 10.30am bread tear and share @ 2.30pm	18 Reading club with Amy All day all units	19
20 Chinese new year, year of the rat Making crafts All day all units	21 Physical fitness session with our personal trainer Tim @ 3pm Bursteds unit	22 Newspaper delivery, whats happening in the world? All day, all units	23 coffee club @ 10.45am Oxleas conservatory Film afternoon @ 2.30pm Belvedere	24 National Chinese day All day, all units	25 Chinese new year, year of the rat Making crafts with Karen All day all units	26
27 Ding dong sing along with tony @ 2.30pm	28 Bread making in Knole @ 10.30am bread tear and	29 New Eltham day nursery visit @ 2.30pm	30 coffee club @ 10.45am Oxleas conservatory	31 The big bingo game @ 2.30pm Lessness unit		

The Oaks employs two full-time and one part-time activity coordinators. Activity timetables are displayed in lounge and dining areas, along with photos of residents taking part in activities. Monthly discussions with residents on what they like/don't like is used to shape activity plans.

Activity coordinators focus on maintaining the physical and cognitive capacity of residents. During our visit, we observed activity coordinators sitting with residents, encouraging them to draw, read and complete puzzles, demonstrating good

awareness of resident's individual preferences. Activity coordinators facilitate external visitors to provide a wider range of opportunities for residents, such as Songs and Smiles¹ - a music group for babies and toddlers delivered within care homes, which is popular with residents. Other events include music performances and visits from local schoolchildren.

Therapeutic and beauty treatments are available, including weekly access to a hairdresser. Care staff give manicures. Weekly visits from a local church offer spiritual support and information on places of worship is on display in the reception area. Plans are underway to organise a choir in the home with a local minister.

3.4 Food and mealtimes

Food is cooked in the main kitchen. Staff in each unit serve food using hot trolleys. Staff use photos to show to residents the meal options for the day. Alternatives are available for residents who do not want the food on offer.

Menus change quarterly. New menus are presented at relative/family meetings and trialled for a month with residents to see how popular they are. Suggestion boxes in dining areas give residents the opportunity to provide feedback.

To meet residents' cultural needs and preferences, the kitchen can make a wide variety of food. In addition, celebration days, featuring different nations, includes offering residents food from other countries. For instance, having Chinese food on the menu to celebrate Chinese New Year.

Residents do have the option of having their meals in their room, however this is dependent on their needs and care plan. Protected mealtimes are in operation but does not apply to relatives.

¹ <https://www.thetogetherproject.co.uk/songs-and-smiles>

3.5 Staff and resident relationships



During our visit, we observed interactions between staff and residents sitting together in the dining and lounge areas. Staff are friendly, attentive, and know the residents well.

There is a keyworker system at the home with a named member of staff taking additional responsibility for the care and needs of a resident. Care plans are reviewed monthly, as well as when something pertinent changes.

Regular audits, observations and ‘lessons learned’ discussions (amongst staff) are carried out to ensure residents dignity is maintained and their needs are met. Recent training on intimacy and relationships, held by the Dementia Society, led to the provision of guest beds, enabling occasional stays for relatives. With this, the home has introduced “Do not disturb” signs for residents.

3.6 Relative and resident feedback



We are told that, due to the limited capacity of residents, the home does not hold resident meetings. Instead, the home conducts regular walk about audits, whereby management walk around the home and ask individual residents how they feel, and if they would like changes to the support offered.

An open-door policy means relatives can speak to senior members of staff, and provide feedback, as and when. Additionally, monthly relative meetings, which are rotated between weeknights and weekends give families further opportunities to enter dialogue.

3.7 Addressing Healthwatch recommendations from 2018 enter and view

The table below lists changes made following our previous Enter and View report:

Recommendation	Action
<p>Ensure all signage is dementia friendly</p> <p>Signage around the home ought to include pictorial representations which would make the home more dementia friendly. This would enable residents to be more independent in navigating the home.</p>	<p>This has been brought to the attention of the Head Office of the care home chain.</p> <p>A dementia care specialist has visited the home.</p> <p>A budget had been organised to improve the dementia-friendliness, however, the home is awaiting confirmation for plans to move ahead. The Care Manager acknowledges that much more could be done.</p>
<p>Explore the possibility of introducing memory boxes for clients with dementia</p> <p>Memory boxes can improve clients' familiarity with their environments and assist with their navigation around the home. We would encourage the home to consider implementing these</p>	<p>Activity coordinators have asked relatives to supply information to be used in memory boxes for residents. In addition, letters have been sent to relatives and notices put up in the home, however the home reports a low response rate.</p> <p>Activity coordinators now creating memory boxes from what they know about the residents.</p>
<p>Increase the physicality of residents, discuss the possibility of using colour coded or textured patches</p> <p>Using textured patches on the wall can encourage patients with dementia to walk around more. It can</p>	<p>The home introduced knitted fidget toys², but identified them as a choking risk, so discontinued use.</p> <p>In the summer, the home uses sensory plants with different textures and scents.</p>

² <https://www.alzheimers.org.uk/about-dementia/symptoms-and-diagnosis/symptoms/restlessness>

also help with residents recognition of where they are	A gardening project with residents will begin in the summer.
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4. Recommendations

Recommendation 1: Improve dementia-friendliness of the home

Given the limited capacity of many of the residents and the complex layout of the home, we suggest the home introduces more signage indicating the direction of the bathroom/shower rooms and toilets along the corridors.

Whilst we acknowledge that the Care Home Manager is aware that the general décor of the home is outdated, and that refurbishment plans to make the home more dementia friendly have been agreed, we strongly suggest that plans for communal areas are bought forward and these area are refurbished as a matter of urgency. This should also include ensuring all corridors have contrasting handrails.

Recommendation 2: Improve the general hygiene and maintenance of the home

All communal bathrooms, shower rooms and toilets should be checked on a regular basis to maintain the general hygiene and cleanliness of the home.

Recommendation 3: Ensure lounge areas remain a peaceful environment

Music playing whilst residents watch TV, with no subtitles, could confuse and overwhelm residents. We suggest separating these two sources of entertainment as separate activities.

5. Service providers response

All providers are given the opportunity to review our Enter and View reports prior to publication, check for factual accuracy and provide a formal response.

Comment from provider:

Cleaning schedule

We do have a robust cleaning schedule, and all areas are regularly reviewed as part of our daily walkabout audits.

Una Court, Care Home Manager

6. What is an Enter and View?

Part of the Local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch Authorised 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 2012 allows local Healthwatch 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 good practice, from the perspective of people who experience the service first hand.



6.1 Our approach

To collect information, our Authorised Representatives complete an observation form. Where possible, we also speak to residents, service users, patients and staff as appropriate. We emphasise to all service users and patients that participation is voluntary. We always check with staff if there are individuals who we should not approach or who are unable to give informed consent.

6.2 Disclaimer

Please note that our reports relate to findings observed on the specified date of our visit. Our report is not necessarily a representative portrayal of the experiences of all service users and staff, simply an account of what was observed and contributed at the time.

7. Contact us

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