

# healthwatch

Cheshire West

**Enter and View Report**



**Oak Grange, Chester**

**15<sup>th</sup> September 2023**

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## Report Details

<b>Address</b>	Oak Grange Care Home, Mollington Grange, Parkgate Road, Mollington, Chester, CHI 6NP
<b>Service Provider</b>	Barchester Healthcare Ltd
<b>Date of Visit</b>	15 <sup>th</sup> September 2023
<b>Type of Visit</b>	Enter & View visit with prior notice
<b>Representatives</b>	Jodie Hamilton Mark Groves
<b>Date of previous visits by Healthwatch Cheshire West</b>	29 <sup>th</sup> July 2019

This report relates to findings gathered during a visit to the premises on the specific date as set out above. The report is not suggested to be a fully representative portrayal of the experiences of all the residents, friends and family members or staff, but does provide an account of what was observed by Healthwatch Cheshire Authorised Representatives (ARs) at the time of the visit.

## What is Enter and View?

Healthwatch Cheshire is the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England.

Under the Local Government and Public Involvement in Health Act 2007, local Healthwatch have the power to carry out Enter and View visits as part of their scrutiny function. This legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered. This includes:

- Health or care services which are contracted by local authorities or the NHS, such as adult social care homes and day-care centres.
- NHS Trusts
- NHS Foundation Trusts
- Local authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists.

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act 2007 and supplemented by Regulation 14 of the 2013 Local Authorities regulations.

At Healthwatch Cheshire, the Enter and View programme is conducted by a small team of staff and volunteers, who are trained as Authorised Representatives to carry out visits to health and care premises.

Following an Enter and View visit, a formal report is published where findings of good practice and recommendations to improve the service are made. These reports are circulated to the service provider, commissioner, the CQC and relevant partner organisations. They are also made publicly available on the Healthwatch Cheshire websites:

- [www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view](http://www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view)
- [www.healthwatchcwac.org.uk/what-we-do/enter-and-view](http://www.healthwatchcwac.org.uk/what-we-do/enter-and-view).

## Purpose of the Visit

- To engage with residents, friends and relatives of the named services and understand their experiences
- To capture these experiences and any ideas they may have for change
- To observe residents, friends and relatives interacting with the staff and their surroundings
- To make recommendations based on Healthwatch Authorised Representatives' observations and feedback from residents, friends and relatives.

## Methodology

### **This Enter & View visit was carried out with 'Prior Notice'.**

A visit with 'Prior Notice' is when the setting is aware that we will be conducting an Enter & View visit. On this occasion an exact time and date were not given.

Prior to the Enter and View visit the service was asked to display both a letter announcing our visit and a Healthwatch Cheshire poster in a public area. The service was also asked to share surveys amongst residents, friends and relatives. Members of the Healthwatch team visited the service prior to the Enter and View visit to deliver paper copies of the surveys.

To enable us to check that there are no health outbreaks at the premises that would prevent the visit taking place for infection control reasons, this Care Home was made aware that we would be coming on the morning of the visit.

## Preparation

In preparation for an Enter and View visit the Authorised Representatives carrying out the visit conduct research that involves reviewing:

- The latest CQC report from a routine inspection of the service
- Any previous Healthwatch Cheshire Enter and View reports
- The care home's information held on the Carehome.co.uk website
- Entries on social media platforms
- Comments held on Healthwatch Cheshire's feedback centre
- Information received by Healthwatch Cheshire as a result of undertaking surveys.

On the day of the visit the Authorised Representatives hold a briefing to discuss findings from their individual preparation, and decide as a team how they will carry out the visit, and any specific areas of focus based on this prior knowledge.

## About Oak Grange

Oak Grange is part of the Barchester group. It opened in May 2012 and features 70 ensuite bedrooms finished to a high standard. It delivers care to residential, nursing, and Dementia care residents. Oak Grange also offers a respite service for those in need of a short stay, as well as a daycare service.

Residents living with Dementia are supported in a dedicated Memory Lane community which supports people to help maintain their independence, choice, and dignity. There is plenty of space to walk around the gardens surrounding the home.

The Care Home Manager has been in post for the past 18 months and told us during our visit we should expect to see "caring staff and a relaxed atmosphere."

# Findings

## Treatment and care

### Quality of care

Residents at Oak Grange Care Home are registered with Fountains Medical Practice in Chester. However, if they wish to stay with their current GP practice and their practice will keep them then this is allowed.

When residents become unwell the home uses the Hospital at Home Service and are referred to the hospital when necessary.

There is a chiropodist that visits the home every 6-8 weeks.

There are three opticians that cover the home and residents have a choice which to use.

The home is linked to Boots Foregate at Home pharmacy service.

Other health care services that visit the home are; Occupational Therapist, Physio, District Nurses, Contenance Service, Dieticians, Speech and Language Team, Tissue Viability and Community Mental Health Teams.

There is a salon in the home which is very modern and clean. The hairdresser attends the home every week on a Wednesday. The Manager told us that the residents' own hairdressers are also welcome to use the salon.

During our visit, a lot of the residents appeared to be in their bedrooms, many were sleeping.



One resident told us that the best thing about the care home is "the care from the caregivers and if they have a smile on their face, I am happy."

The residents we were able to see looked well cared for, clean and tidy in appearance, and comfortable.



We didn't witness any call bells going off. There appeared to be a lot of staff in and out of corridors and around the building carrying out tasks.

## **Privacy, dignity and respect**

The Manager told us that each room has a personal card with the resident's name and personal care cards. Privacy and dignity training is part of the induction for new staff. Staff always knock before they enter a resident's room. Pre-admission assessments take note of the individual's choices and preferences.

A resident told us, "You have to sacrifice some privacy in a care home."

There was no personal information on display anywhere we visited throughout the home.

We didn't observe any alternative systems, accessible information, hearing loops or large print information. The Manager told us hearing loops are installed. Braille communication cards are available. Residents' needs are discussed as part of the admissions policy. Large print documents are available.

## **Understanding resident care plans**

The Manager told us that all residents have care plans and that they are updated monthly or when required. Residents who have the capacity can have involvement with their care plans as can the family if they wish to be involved.

## **Relationships**

### **Interaction with staff**

The Manager told us residents complete a get-to-know-me booklet that is shared with the staff when they are admitted to the care home.

The Manager is really proud of the relationship between staff and residents. There is a resident of the day and a resident ambassador. The home uses a keyworker system. The same staff work in the same communities within



the home so build up relationships with the residents. All staff wear name badges except the kitchen staff.

Staff appeared happy and approachable, the staff all said hello to the Healthwatch representatives.

During our walk around we didn't see much interaction between staff and residents directly. Once in the Jubilee dining room at lunch time we saw a lot of interaction by a member of staff with the residents. This member of staff was very bubbly and kind to the residents. There was lots of conversation from the member of staff; she was very good at interacting in a person-centred way to each resident. When meals were served the residents were given a choice, offered condiments and helped in any way required.

The survey responses showed two residents and one relative said yes, they had a good relationship with the staff. There weren't any further comments from residents and relatives about the relationship they had with staff.

The Manager told us the home has an open-door policy for friends and relatives to chat to management. There is a complaints procedure and an annual survey that can be anonymous if required.

Staff were friendly to family and friends in the building; they said hello when passing.

### **Connection with friends and family**

There were friends and family visiting at the time of our visit.

There are no set times for visiting but friends and family are asked to avoid meal times unless they are having a meal with the resident/s they are visiting. Friends and family are kept in touch through the home's Facebook page. There is also a newsletter. Cordless phones are available for the residents. Residents can also have their own phone line. Some can use Skype.

If there is an infection outbreak the home only allows one visitor per resident. Regular phone and video calls are arranged. Hand hygiene is enforced. Visitors are told not to visit if they feel unwell.

If a friend or relative needs to make a complaint, give feedback or raise a concern they can speak face to face with the staff or management or make contact via email or Facebook. It is hoped that any concerns can be dealt with by speaking first to prevent an escalation through to the complaints procedure.

There is a friends and relatives meeting every three months and residents' meetings take place every month.

## **Wider Local Community**

Residents, friends, relatives and Manager's responses

A member of the activities team told us that the home has connections with the local nursery and primary school. The children from these settings often visit the care home and participate in activities with the residents. Recently the children from the local nursery attended a teddy bear picnic with the residents.

The Manager told us that the Care Home sponsors an under 7s Football team.

For residents who require access or provisions for religious and spiritual needs the local minister provides a service in the home once a month. Those residents that are able can attend local religious services.

## **Everyday Life at the Care Home**

### **Activities**

A resident told us that she had recently been on a barge during a day out she said;

"I had a wonderful time; it was a lovely day and even though it rained outside we were ok."

The same resident told us that the staff tell her about activities and that singers come into the home.

The care home has two Activity Coordinators who cover 7 days.

There were no activities taking place at the time we visited. However, we did manage to talk to the activities lead who was in reception creating a display for charity to fundraise. The Activity Coordinator told us how the home has their own mini bus and also a car to take residents out on trips.

Recently they had been on a canal boat trip which residents really enjoyed. There are photographs of this trip on the care home social media Facebook account. The Activities Coordinator told us there are more trips booked; they are taking some residents to Chester cathedral and to a garden centre.

The Activities Coordinator told us about different activities that take place in the home. Some of the favourite activities are cooking/baking, painting and singing. The residents also have a therapy dog that attends the home from the Greyhound Society. While talking to the Activities lead it was very clear that activities are very person-centred and that the enjoyment and needs of all residents are taken into consideration. We discussed how not all residents want to be involved in something and that sometimes residents may just want company, to talk, or just have a book read to them instead of joining a group-led activity. The activity team spends a lot of on to one time with residents as well as group-led activities.

The Manager and Activities Coordinator told us that the residents are involved in the types of activities which take place as they hold a resident's meeting every month.

There was an updated schedule of activities on the wall by the lift, however other schedules had not been updated throughout the home.

There were photo albums of celebrations that had taken place on display in the home. There is also evidence on social media of celebrations taking place.



The Manager told us that the home has two married couples and they arrange private dining and flowers to celebrate their wedding anniversaries.

The care home uses an outside art craft company once a month for residents to complete an art collage.



## Person Centred Experience

The Manager said that they ensure residents experience person-centred care. Pre-admission assessments are used to learn as much as possible about the resident and they have a 'getting to know you' booklet that the staff can read.

There are monthly resident meetings. A resident told us that there was recently a meeting about Christmas and Halloween ideas.

For residents who require access/provisions for religious and spiritual needs the local minister provides a service in the home once a month. Those residents that are able can attend local religious services

## Environment

Oak Grange is located on Parkgate Road in Mollington, Chester. The Home was easy to find and has off-road parking within its grounds. It is accessible by public transport and is wheelchair accessible. The building itself is in very good condition and has two floors and is registered to have 70 service users. The grounds of the home are very well kept with plenty of space.



The care home feels like a hotel with a high standard of housekeeping; it is a very spacious building with lots of natural light.

The reception is very welcoming as you arrive. There is a signing-in book in reception for visitors to sign and we were greeted by the receptionist. Oak

Grange also has a “Meet the team” display board in reception which displays photographs of the staff along with their job titles as well as an employee of the month display.



There is a lovely bistro in reception for residents and visitors.

There is lots of information about different Barchester Healthcare services in reception along with plenty of information in their Welcome Book.



The furniture was well-kept, modern and in line with the style of the home. The soft furnishings were very comfortable and all exceptionally clean.

The home in every area smelt very nice; there were no odours, just the fresh smell of the air freshener. The temperature was good, not too warm, but not too hot. The only noise you could hear was people's televisions as you were passing each room. Overall, it was calm with a low level of noise.



There were spa baths and showers on each floor, all very clean. The spa bathrooms were very inviting and appeared very relaxing.

## Communal Areas

There are four units in the home. These are referred to as communities and are spacious, very light and airy. The building has very big windows which allow in a lot of natural light. Each unit had its own communal area. The communal areas are often used for activities to take place. On our visit,





there wasn't much use of the communal areas by the residents. Corridors are wide and wheelchair accessible; there are handrails down the corridors to help as a walking aid.

There were various displays on show throughout the home including photographs of days out and birthday celebration displays.



## Residents' bedrooms

The residents' bedrooms looked big with plenty of natural light. All rooms appeared clean and tidy. All 70 bedrooms were en-suite. All the rooms we saw looked to have plenty of natural light and although decorated in accordance to the Home's decor they appeared to be personalized to the resident's choice, some with their own pieces of furniture, paintings, and photographs on the wall and lots of the residents' personal belongings.



Residents had their names on their doors. The rooms have beautiful views of the gardens and 32 of the residents had patio doors on the ground floor that opened up onto the gardens.



Both residents we spoke to said they were able to make their rooms their own. One resident told us that he had his brother's paintings on his walls and another resident told us that she has lots of pictures up on her wall.

## Outdoor areas



Oak Grange Care home is surrounded by beautiful communal gardens for the residents to enjoy. The gardens are very well kept and provide plenty of choice on where you could sit or walk around. The outside areas are accessible to all residents.



There are areas of the garden with planters; residents have been involved in planting things in the garden and there is evidence of this on social media. Photographs have been shared of residents enjoying time in the



garden and taking part in activities such as a teddy bear picnic and planting flowers.

A member of staff told us “some families bring small children to visit and they play football in the gardens.”



## Food and drink

There were menus displayed throughout the home and outside each dining room, although some menus hadn't been updated by the time we had arrived. Menus were not pictorial. The dining areas were well decorated and tables were set out as they would be in a restaurant.



The dining rooms were well maintained and each dining area had its own kitchen which was very clean and tidy. Staff served meals from the kitchen to the resident. The dining room we visited at lunchtime was run by two members of staff. Lunchtime was very person-centred; the residents were not rushed, were given two options and were served the different courses when they were ready individually for their next course. All residents appeared happy with the two different choices of meals offered and appeared to enjoy their food. Residents have the choice to decide where they would like to eat their lunch. Relatives are allowed to join residents for lunch if they wish.

The Manager told us that the home caters to different dietary needs.



We didn't see snacks offered throughout our time in the home, but in the rooms, we did see residents having a full jug of water or juice in their rooms.

The Café Bistro offers hot and cold drinks to visitors and residents, there are also crisps, fruit and cakes available.



There was a food allergen sign on the wall for people to see and the cake available also had a list of ingredients that it may contain in case of allergies.



We were invited to join the residents for lunch in the Jubilee dining room. It was 'Fish Friday' so we opted for that, however, we were offered a second choice of sausage with onion gravy. The food was lovely, fresh and hot, and a good portion size for residents. We were also able to help ourselves to a drink at Café Bistro.



## Care Home Best Practice Initiatives

MUST (Malnutrition Universal Screening Tool) is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition (undernutrition), or obesity. It also includes management guidelines that can be used to develop a care plan. The Manager told us that the home uses this.

Restore2 (Recognise Early Soft-signs, Take Observations, Respond, Escalate) is a physical deterioration and escalation tool for care settings. It is designed to support homes and health professionals to recognise when a resident may be deteriorating or at risk of physical deterioration and act appropriately according to the resident's care plan to protect and manage the resident. The home uses a similar system.

RITA (Reminiscence/Rehabilitation and Interactive Therapy Activities) is an all-in-one touch screen solution which offers digital reminiscence therapy. It encompasses the use of user-friendly interactive screens and tablets to blend entertainment with therapy and to assist patients (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke and watching films. The home has small handheld tablets that provide something similar.

The End of Life Partnership are running care home support initiatives including additional training for staff, dementia support and activity coordinator forums. The Care home uses these services regularly.

The Manager told us that the biggest challenge in the Home has been recruiting the right staff that want to be there for the long term.

The Manager told us that the biggest successes to date are:

The feel of the home. Pride in the team and what they do. The positive interactions between the staff and residents.

End of Life care is done exceptionally well and excellent support is provided for the families.

That all training is up to date and reviewed regularly.

## Recommendations

- Ensure that all menus and activity schedules are updated daily or as required.

## What's working well?

- The housekeeping of the home is a high standard
- The Home is very well organized

- The gardens are well maintained and accessible
- Food is of an excellent quality
- Staff are very supportive and caring.

## Service Provider Response

- Both Jodie and Mark were very professional, respectful and friendly to residents, staff and visitors during their visit
- Page 7 - the posters and surveys were on display when we initially received them however the previous visit was postponed due to an ongoing CQC inspection, the poster was not on display but the hard copy of the surveys were on the reception desk next to the signing in book. We were also in the process of conducting our own internal feedback survey at the time.
- Page 10 - if there is an outbreak we follow the latest government infection prevention guidelines, with support from our local infection prevention team rather where it states we allow one visitor as this was specific to COVID and not other outbreaks.