



Enter and View Report

Oaklands Nursing Home

Chester

26 January 2026



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Report Details

Address	10 Tarvin Road Littleton Chester CH3 7DG
Service Provider	Conifers Care Homes Ltd
Date of Visit	26 January 2026
Type of Visit	Enter and View with prior notice
Representatives	Tricia Cooper Jodie Hamilton Sue Aucutt
Date of previous visits by Healthwatch Cheshire West	16 October 2019

This report relates to findings gathered during a visit to the premises on specific dates 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 visits.

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

- 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 the 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 who will be 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.

Oaklands Nursing Home

Short overview

Oaklands is a family-run, established nursing home on the outskirts of Chester. It cares for those with nursing requirements and mild dementia. The building comprises 50 bedrooms, of which 44 were occupied at the time of our visit. It is located on a main road, approximately three miles from the city centre.

The building was originally a family home and has been operating as a care/nursing home since the 1980s. There is a refurbishment project currently in place, and to date the reception area, TV lounge, nursing station, dining room and beverage area and several of the bedrooms have been updated.

Oaklands has two owner/family Directors who seemed very much invested in the home and being part of the team. During our visit, a Healthwatch representative spent time with the Manager and one of the Directors, asking questions about the home. The second Healthwatch representative and volunteer were shown around the building by the Clinical Lead and the other Director.

One Residents' survey and one Family and Friends survey were completed, with help from our Healthwatch volunteer, during our time at Oaklands. A further eight surveys were completed online by relatives and friends and a further six residents' surveys, with help from staff. Feedback from these is included in the report, and the stated percentages relate to these responses.

Findings

Arriving at the care home

Environment

The home was easy to find on the A51 and was clearly signposted, having a one-way entry and exit system for vehicles. There were two car parks, one at the front and one at the rear, therefore plenty of parking was available for visitors. The outside of the building looked well maintained considering its mature age.



There was an unlocked entrance porch which led to a secure entrance hall to the main home and remainder of the building. We were asked to sign in to a GDPR compliant visitors' book housed in the porch. We noted a contractor's permit to work file, CQC registration certificate and insurance certificates, together with Oaklands Nursing Home Philosophy of Care document.

The porch leads into an attractive hall with the original floor tiles and the original front door. There were carehome.co.uk review cards on display on a small table, and a sound system which was playing relaxing music.

We did not observe the Healthwatch poster and leaflets being displayed, which had been dropped off a few weeks before our visit. None of the Residents' or Family and Friends surveys had been completed by the time we visited. We asked the Manager to encourage people to complete these and agreed we would pick them up a week later.



Treatment and care

During our conversation with the Manager, we were told that residents should be having a good experience and receiving person-centred care.

The home is linked with Fountains Medical Practice and the Manager reported having a good working relationship with the GP who visits the home weekly on Fridays. Nursing staff at the home also have a positive and well-established relationship with the GP.

Residents can remain registered with their own GP if they choose. However, the home encourages them to register with Fountains Medical Practice so they can be under the care of the linked surgery and included in the weekly GP visits. If residents remain registered with an out-of-area practice, for example in Frodsham, the GP is less likely to visit the home. The Manager reported that there have been no issues or concerns with residents registering with Fountains Practice.

The Manager explained that the home aims to support residents in remaining at the nursing home when they become unwell, when it is safe and appropriate to do so. This is guided by each resident's emergency healthcare plan and the preferences and choices of the resident and their family. The home works collaboratively with families and the GP, and also works closely with the Hospital at Home service when required. The Manager reported that this service has provided very good support.

When we enquired about hospital discharge, the Manager described recent experiences of admissions and discharge as *“mixed and not always perfect.”* The home uses the local Countess of Chester hospital. They explained that they request that residents are discharged in the morning, where possible, so that any missing information or issues can be followed up with the hospital discharge team before the end of the working day. However, this is not always achievable due to transport availability and delays with medication.

They highlighted areas for improvement, particularly around discharge documentation. Paperwork is not always completed fully or contains limited information. The Manager added how more detail about residents would support the home when assessing and preparing for their return. The home sometimes must rely heavily on family members for information. However they may not be available, and there is not always a hospital nurse to hand to provide handover details to the care home staff.

Oaklands is linked with a dentist, also through the Fountains Medical practice, and a Chiropodist visits the home every three months and on an ad hoc basis.

The hairdresser goes into the home twice a week, every Thursday and Friday. *“The residents really enjoy their hair being done, especially the ladies.”* We were shown a small salon positioned next to the ‘sun lounge’, however this was being used to store the wheelchairs of residents watching television in the lounge. We were informed that these were removed when the hairdresser was due to come. It was possible to screen this area when in use, by way of a curtain at the entrance.

We heard the home has a good relationship with Sight Call. Residents, along with their family, are informed about the optical service they provide and are asked on admission whether they would like to be registered with this optician.

Oaklands has a link with McKeevers Pharmacy in Wallasey. The Manager reported a good working relationship with them and said it has been able to

meet the medication needs of its residents, including providing medication deliveries on Friday evenings and at weekends, when needed.

A mental health team, dieticians, MDT team, tissue viability nurses, social workers, and DoLS (Deprivation of Liberty Safeguards) are some of the other services which visit the home.

Whilst we carried out our enter and view visit, call bells were heard ringing on numerous occasions, and these seemed to be answered within a few minutes, although it was difficult to tell at times. We did ask the Clinical Lead if all was well on one occasion, when the bell rang for longer, and it was. In the dining area we noticed a screen displaying which resident was calling for assistance.

During completion of feedback surveys with a resident and a visitor, they told us the call bells could be an annoyance as they seemed to ring constantly. Although they appreciated it was a nursing home so it was to be expected to some degree.

25% of residents who responded to our survey said they very happy with noise levels, 38% were happy and 12.5% were dissatisfied.

"Finds bells going off at night a disturbance. Could doors be shut to bedrooms?" (Resident)

During our walkaround, we saw residents who appeared comfortable and clean, and were dressed appropriately for the time of year and day.

We did observe numerous residents in their beds on each floor, before lunch. The Manager explained *"This can be for a variety of reasons, including personal choice, wellbeing needs, or clinical considerations, and we actively ensure that residents' preferences and best interests remain central to all decisions. For residents who are able to give informed consent, staff engage with them daily to discuss their wishes for the day, including where they would like to spend their time and whether they wish to participate in communal activities. Choice and autonomy are actively promoted and respected at all times. For residents who are unable to make decisions independently, staff anticipate and support their needs by drawing on a detailed understanding of each resident's life history, preferences, routines, and previously expressed wishes, alongside input from families who know residents' interests and hobbies best. This person-centred approach is*

embedded within staff practice to ensure that residents continue to experience meaningful engagement and enjoyment while living in the home."

"Overall, residents spending time in their rooms reflects a balance of personal choice, health needs, and individual preference, rather than a lack of engagement. The home remains fully committed to offering inclusive, flexible, and person-centred opportunities for social interaction and meaningful activity for all residents, regardless of where they choose to spend their time."

Privacy, dignity and respect

The Manager explained that privacy, dignity, and respect are promoted through regular staff observation, auditing and feedback. She added this feedback is actioned and used to improve practice. Staff are reminded to knock on residents' doors before entering and to ensure mealtimes are protected for residents who require assistance.

Staff are trained to communicate respectfully, including speaking to residents at eye level rather than standing over them, to help residents feel comfortable, listened to and valued. The Manager also emphasised the importance of reminding staff to treat residents as they would their own family and to carry out all care tasks in a dignified manner.

On one occasion, we observed a resident who was clearly distressed and was administered to promptly with reassurance, appropriate de-escalation techniques and kindness. A member of staff asked her what she wanted to do and when she said she wanted to go back to her room, that is what the member of staff did straightaway.

The home does not have a hearing loop, but when required, can provide large print documents.

All eight relative respondents said they felt their loved ones were cared for, safe, respected, their dignity was maintained and they have privacy.

"She spends all the time in her room in bed. Staff always close her door before they give her care so she has dignity and privacy." (Relative)

100% of residents who responded said they felt cared for, respected and safe. 83% said they felt their dignity was maintained and they had privacy.

Understanding residents' care plans

The Manager informed us that Oaklands uses electronic care plans. These are reviewed and updated monthly, or sooner if required, when a resident's needs change. For example, if they develop a mobility issue and new equipment is introduced, such as a sensor in their bedroom, their care plan would be reviewed and updated accordingly.

Residents are involved in their care plans where they have the capacity to do so. The Manager explained that many residents do not have capacity; however, involvement is encouraged whenever possible. On admission, it is considered important that residents' preferences are recorded, where appropriate, to ensure care is delivered in a person-centred way.

Family members are involved in the care planning of most residents who do not have capacity. On admission, families are asked to provide input into their loved one's plan, including information about their likes, dislikes, and preferences. This also helps to ensure that care is delivered in a person-centred way.

"Not seen a care plan but have been asked what my care wishes are."
(Resident)

Whilst being shown around, we observed a member of staff updating a digital care plan and we were informed that plans are updated as and when the care takes place.

Relationships

Interaction with staff

The Manager shared that relationships between residents and staff were very positive. Each resident has a named key worker and therefore benefits from continuity of care, with the same staff supporting them where possible. This helps to build strong relationships and familiarity, which the Manager highlighted was particularly important for residents living with dementia who may not always remember names but are able to recognise familiar

faces. Ensuring consistent staffing was described as a key priority within the nursing home.

The staff we met were very helpful and friendly and those we saw were wearing name badges. We were informed it had been discussed on a recent PAMMS meeting (Provider Assessment and Market Management Solutions carried out by the local authorities) that residents could benefit from a photograph of their key worker in their bedroom.

Oaklands uses four to five different staffing agencies. When agency staff are required, the home aims to use the same agency workers to support continuity of care and familiarity for residents. The Manager explained that agency staff are selected based on their suitability and whether they meet the required training standards to work within the nursing home, and this can be viewed on their profile sent over from the agencies. If the home uses an agency worker that has not worked at the home before they will receive an induction from a senior member of staff and shadow a member of staff during their induction.

We observed only positive interactions between staff and residents and their visitors. During lunchtime we saw a member of staff helping a resident in the dining room and then checking if another resident was alright when they were not eating their food.

88% of survey responders said their loved one had a good relationship with staff at Oaklands and 83% of residents' responses mirrored this.

"Depends which staff are in." (Resident)

100% of respondents said they were made to feel welcome by staff when visiting.

The atmosphere at Oaklands is very welcoming to family members and friends." (Relative)

Connection with friends and family

Friends and family keep in contact with residents through visits and telephone calls. The Manager also provides updates to families via email. In addition, the activities coordinator uses a WhatsApp group for friends and

family, to share information about upcoming events and trips, as well as providing updates on activities and experiences involving their loved ones in the home.

We were told friends and family were welcome to visit at any time and were made aware of protected mealtimes. When visits take place during these times, they can use a suitable area away from the dining room, such as another communal space or the resident's bedroom.

All the survey respondents said their loved ones keep in touch with friends and family by them visiting.

"My mother can't use a phone or tablet any more but we are able to visit at least once a week for the majority of the time."

"Mum is unable to use devices."

"Mum's not able to use devices but has visitors most days."

"Sometimes she is able to use her mobile phone but often she forgets how to, so this doesn't work very well."

"She has no other visitors but myself and her two sons. She cannot use a phone due to her total deafness."

Residents' comments from completed surveys:

"I use my mobile telephone."

"I use my ipad/laptop."

"Staff help me to contact them."

"They come to visit me."

"My son visits me regularly and I can contact him if I need to speak to him."

The Manager shared that friends and family can speak to any member of staff or management if they wish to raise a concern, provide feedback or make a complaint. This can be done in person, by email, or via telephone. On admission, residents' friends and family are provided with a welcome

pack, which includes a copy of the nursing home's policy and clear information on how to raise concerns, make complaints, or give feedback.

Comments regarding feeding back, from family and friends:

"There is an anonymous comments box."

"Phone/email or there is a form in reception."

"Speak to carers and management."

"Email, speak with staff."

"The staff welcome feedback."

"Either verbally when I am there, or by email to the manager."

"Talk directly to the staff or email them."

"Management invite comments, concerns or complaints so they can deal with them. They hold meetings with residents and their relatives including offering online joining of the meeting to discuss concerns. The activities lead also has had meetings with individual residents and their relatives to discuss any issues or comments we might have."

Oaklands previously held relatives' group meetings; however, attendance was lower than expected. As a result, the home now holds individual care review meetings every three months. These involve the resident, where appropriate, along with family or friends, the Manager, the resident's key worker, activities staff, and any other relevant staff. The Manager reported that this approach has been more beneficial and effective in supporting meaningful discussion and addressing any questions or concerns raised by relatives and friends.

Wider Local Community

The Manager emphasised the importance of the home maintaining strong connections with the wider community, and Oaklands has developed positive links with local primary and high schools, and have had intergenerational singing with the children. The home also has links with

nurseries and churches, and members of the local community have volunteered within the home. Also dancers, the Royal Mint and a Chester centurion have recently visited the residents.

The Directors said they are keen to ensure the home remains well connected within the community, recognising that this may also support future staff recruitment by promoting careers in care and highlighting potential career pathways.

The home has partnered with the University of Chester to offer work experience opportunities. This has included placements for a student dietitian, a student occupational therapist, nursing students gaining creative experience with the activities team, and a student studying data analysis. The Manager explained that these opportunities support student engagement with the local community and provide valuable work experience to support their future careers.

We were informed that the Activity Coordinator has connected with a Social Prescriber Link Worker at Fountains Medical Centre/Healthbox where they attended meetings to connect with other local activity coordinators, and the Social Prescriber has been very helpful in assisting the activity team if they have needed to source anything from the wider community for residents within the home.

Everyday Life at the Care Home

Activities

Oaklands employs two Activities Co-ordinators, one full-time and one part-time, who plan and deliver the range of activities for residents. These include arts and crafts, seated exercises, gardening and flower arranging. Entertainment such as bands, singers, ballroom dancing and pet therapy have also taken place. The Manager explained that when the full-time Activities Coordinator is not on duty, staff are provided with a list of activities they can carry out with residents. Each person receives a copy of the activity planner, which is also emailed to family and displayed within the home. For

example, on days when the Activities Co-ordinator is not working, staff are informed of residents' preferences, such as who wishes to watch a band, and their room numbers. The Manager highlighted that activities are always prepared in advance to ensure continuity and engagement.

"Nana says she's in her 90s so doesn't need exercise!"

"I would like to stay in my room. I do like to be outside if weather is nice."

During residents' meetings, the activities they would like to take part in are discussed. *"The activities coordinator is great at sourcing activities based on residents' interests. For example, a resident was recently supported to attend a vintage car show, reflecting their personal interests."* (Manager)

The Activity Coordinator holds one to ones in the mornings with those who stay in their rooms, as most of the activities in the Sun Lounge happen in the afternoon. Activities vary depending on the person's hobbies and interests prior to going to Oaklands. If a resident is not able to communicate with staff, this information can be obtained from discussions with the family. For some residents, it could be reading a newspaper or a book, or having a conversation. *"With one lady who is deaf, we use a white board to communicate with her and will just have a chat about her life while she's been at home or maybe about her family who visit her."* These residents would still receive the weekly planner and be encouraged to sit out in the sun lounge for entertainers or activities.

The Manager and Directors explained that the home hosts a variety of special occasions and themed events. Once a month, residents participate in an 'Around the World' experience, sampling food from different countries. Residents are also celebrated on their birthdays and key events such as Christmas, Easter, Chinese New Year, Burns Night, Christmas Eve, and the home hosts a Christmas dinner, to which families are invited. *"These events are designed to make residents feel valued and included."* (Manager)

The Activities Coordinator plans to use the salon for more sensory activities, and the university placements have involved the students participating in sensory experiences with residents. The Director shared that they are

planning on having sensory spaces in other parts of the building too as part of the refurbishment, and this would involve tactile objects on tables in corridors.

At the time of our visit, we did not see any activities taking place, however there was an activity calendar in the back lounge area and lots of crafting equipment in boxes. In addition, whilst completing surveys with a resident and visitors, both said there was a varied activity programme which included external trips where appropriate.

"Would prefer if the home had our own minibus for trips." (Resident)

We were told about a number of outings the residents have been on. Chester Zoo, Chester Cathedral, the garden centre, Hooton hanger are amongst some of these recent days out.

38% of family respondents said their loved ones were very happy with the activities on offer, 25% said they were happy, 25% said they were satisfied and 12% said they were dissatisfied with what is on offer.

67% of residents who responded said they were very happy with the activities on offer and 33% were happy.

88% of respondents said their loved ones were kept up to date with the activities taking place.

"List of activities for the week is posted at various places and on the dining room tables." (Relative)

"Oaklands email us with details of weekly activities along with an invitation to join in should we wish to do so."

"An activities weekly schedule. Word of mouth by the activities team."

"There are posters and a weekly board with activities listed on."

*"**** talks to dad and tries to include him."*

Residents' comments from survey included:

"Yes but I don't get involved."

"I am most of the time, but sometimes they tell me that day which is ok."

Person Centred Experience

When we enquired about person centred experiences, the Manager explained that care begins on admission, when a care plan is created using as much information as possible about the resident. Around one week after admission, the plan is reviewed with the resident, where appropriate, to ensure their needs, preferences and wishes are being met and that care remains person-centred.

When moving into Oaklands, residents are encouraged to personalise their bedrooms and are supported to choose how their room is decorated, including items such as curtains, to ensure their environment feels homely and comfortable.

The Manager told us that they have a resident of the day which involves the person being made to feel special, asking them about what food they like and having a pamper day.

Regarding how residents and relatives can raise complaints or feedback, we were informed that upon admission, residents receive a welcome pack which contains information on the home's policy on how to raise a complaint, concerns and provide feedback. *"The residents know they can speak to any staff member or myself about any concerns they may have."* (Manager)

"Speak to family."

"I feel very comfortable saying to the staff if I'm not happy with something and will comment if I am pleased too!" (Resident)

The majority of residents who responded said they would talk to staff.

Residents' meetings are used to discuss health and safety, maintenance, housekeeping, décor choices, seasonal menus, and supporting resident involvement in decision-making.

We were told there is access to religious and spiritual needs within the home, and they have visits from local churches.

50% of respondents said their loved one's spiritual needs were met, 38% said this was not required and 12% said they did not know.

Comments from family, friends and residents include:

"Every Monday there is a Mass for those wanting to attend."

"The home arranged for my sister to be confirmed at the home by the Bishop of Birkenhead. This was facilitated by the Activity Coordinator, the visiting vicar and verger who carry out monthly communion services at the home. An occasion was made of the confirmation for those residents who wished to witness it."

"A Christian service is held in the home once or twice a month and she is supported to attend. There is also a chaplain who visits residents."

"She has never been a religious person."

"There is a service held around the first Monday of every month in the afternoon including communion."

"I am a Buddhist." (Resident)

"I'm not a religious or spiritual person." (Resident)

Pets can live at Oaklands, following a request and subject to completion of a risk assessment. There were budgies living in the sun lounge. Family pets are also welcome to visit, and they have received visits from therapy dogs, goats and sheep!

When asked about the best thing about living in Oaklands, residents responded:

"The food and the company."

"I have a lovely room with an ensuite toilet all to myself."

"Always got care and people who love us all the time."

"Being cared for and helped doing things I want to do."

"Staff and activities."

Relatives responded with:

"It's family run with a very good manager and caring nursing and care staff. Residents are treated with kindness and respect."

"Mother-in-law is safe and contented."

"The considerate care and friendliness provided to the residents by the care, nursing and activity staff. There is a happy feel to the home."

"Entertainment, the staff, food, personalised bedrooms and handyman does everything he can to do things for the resident."

"The staff are fantastic."

"The staff (nurses, carers, cleaners, handyman, everyone) are very friendly, cheerful, always willing to help. My mother's individual needs, character and preferences are attended to. There is a very varied and interesting programme of activities and even trips out. Visitors are made to feel very welcome."

"The nursing and care staff really care and are very good."

"Excellent staff - caring and professional who care for my mother and attend to her medical needs. The friendly activities staff also provide entertainment and activities for the residents and organise trips for those able to attend."

We asked if there was anything they would change about the care home, and friends', family and residents' responses included:

"I am happy with the way the home is managed."

"Nothing"

"Brighter and newer decor, larger ensuite bathrooms, storage area for wheelchairs when not used daily, just for outings."

"No. It is just the high cost of the care."

"I would rather have a room that had a door leading into the garden."
(Resident)

"No, I wouldn't change anything." (Resident)

Communal Areas

The home has several communal areas, including a newly decorated attractive 'TV lounge' with a large television (used as a film screen when required) in the front area of the building. Past the nurses' station, there is a large, pleasant dining room, which the Director told us will soon incorporate a lounge-style seating area, and a 'beverage area' accessible to everyone including visitors. There is a large light 'sun lounge' at the far end of the home where most of the activities take place, and is used to house the crafting equipment. Both lounges had views of the grounds. We observed a few residents watching a nature programme in there before lunch.



At the entrance to the sun lounge, on a wall was a large art display residents had created. There were many other pieces of craft hanging from the ceiling and on the walls of this room, and a sink area for residents to use, eg for watering plants potted during a gardening activity session. The home's pet budgies were in a cage singing away.



Furniture in the home was attractive and relatively new mostly, and therefore in a good condition.

Oaklands has been extended hugely, and corridors are quite long but suitable for those with mobility aids, although one short length of corridor is narrower. However, we were told it was wide enough for wheelchairs and trolleys.



These rooms and corridors were free from odours and the temperature around the home was comfortable and the atmosphere generally calm.

Feedback from relatives' surveys:

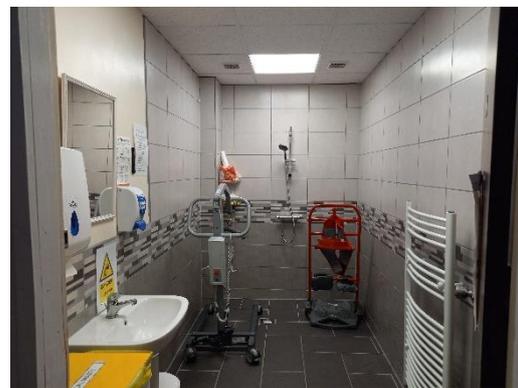
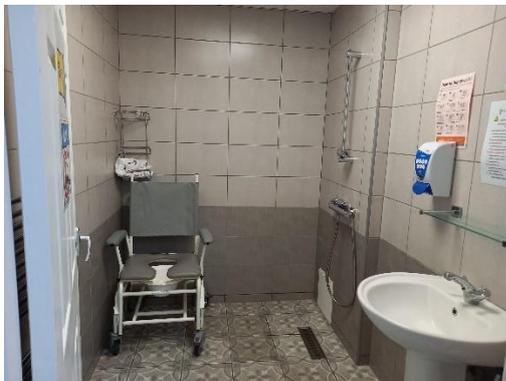
"She has had a constant issue with being cold and this has been an issue for several years. The care home has been good installing an additional wall heater in her room and another plug-in fan heater and a cold fan to try and regulate the temperature to suit her needs."

"I am guessing to an extent. Sometimes she has said she was a little cold even though the rooms are always warm to very warm but she has not commented recently on the temperature."

"Would rather use a fan throughout the year rather than the window being open. Noise from other residents."

88% said their loved ones were either very happy or happy with the temperature in the home. 12% said they were dissatisfied.

There were modern toilets and wet rooms on each floor for residents' use. Two lifts in the building give residents and staff the ability to be mobile around the home.



Residents' bedrooms

We were shown numerous bedrooms of differing sizes and colour schemes. All have natural light and some have very large windows overlooking different aspects of the grounds and some of the carpark. The Director informed us the premium rooms would have a better grade of furniture and a preferable view. The furniture seemed good quality and the chairs in the home had fabric on the backs *"to give them a more homely feel."*



All bedrooms have ensuite with basin and toilet, and six have a shower.

The Manager and Directors emphasised the importance of residents being able to make their rooms feel like their own. They recognised that residents have moved from their homes filled with personal belongings and so they therefore encourage residents to choose their preferred décor and bring personal items from home to make their rooms feel more homely. Staff described this as important in helping residents feel comfortable, settled and happy living at Oaklands.

"I have pictures and some ornaments."

"Nana likes having her plants." (Relative)

We viewed several bedrooms which had personal possessions such as plants, cuddly toys, photographs and one had easy chairs brought from home. Some rooms were very cosy. The small number of bedrooms on the second floor were quieter rooms with lovely views of the garden.

Currently there are no couples living within the home; however, the Manager explained that there are larger rooms available that could accommodate couples if required. These rooms have sufficient space for two single beds and a small seating area.

During the tour one of the Directors explained that the Manager will put time aside to decide which is the best room for a new resident, and if a room is not working for a particular person, for example they would like to stay in a quieter area of the home, the Manager will discuss this with the resident and family to see if they would like to try a different room. *"The process is very person centred."* (Director)

Outdoor areas

Oaklands' rear garden has a large, paved area and is accessible. There are plenty of wooden benches for residents to sit on and a number of potted plants.



Both front and rear gardens have large lawns and plenty of mature trees which would provide shade in the warmer months. We were informed that the gardener grows vegetables and fruit which are used in the cooking of some of the meals, and there is a plan to have this area made accessible so that residents can help out if they wish.



Front garden

Food and drink

Oaklands employs its own chef, who prepares home-cooked meals on site using a seasonal menu.



Each morning, the kitchen assistant visits residents with the daily menu to discuss choices and record their meal preferences. This was confirmed by responses received from residents.

Two main meal options are offered. In addition, there is a 'something different' menu, which includes lighter options such as jacket potatoes.

On the day of our visit the menu included turkey fricassee and vegetable and stilton bake for lunch. We saw a written menu on each of the dining room tables.

The home caters for special dietary requirements, including soft diets for residents who need them.

86% of family and friends survey respondents confirmed this to be the case.

"Can't have sugar." (Resident)

"Diabetic" (Resident)

Residents are able to choose where to eat their meals, and all the relatives' responses confirmed this.

"Always encouraged to eat main meal in the dining room. Otherwise in her room out of choice."

"She used to have the option of dining room or her own room when she eats meals."

The Manager explained that snacks and drinks are available throughout the day. Fresh fruit and cakes were also accessible, and Healthwatch saw fruit on the snack trolley in a bowl in the dining area.

Oaklands provides its own fortified drinks, such as smoothies and cocktails, to support residents who require additional nutrition. These are particularly used to support those with a MUST score of one, as a preventative measure to reduce escalation to MUST two, which may require prescribed supplements. The Manager shared that in-house fortified drinks help residents maintain balanced nutrition, particularly following the dietitian's input, as prescribed supplements can sometimes be withdrawn.

The home also provides 'Power Mousse', a high-protein option for residents needing additional nutritional support. The Manager reported that both the fortified drinks and mousse are well received by residents.

"The staff are caring and friendly. When she first entered the home after a hospital stay she was under weight and they have helped her to regain weight to a healthy level." (Relative)

Other snacks are offered, like sausage rolls and quiches, and at supper time, cheese and crackers.

The Manager explained that relatives are welcome to join residents at mealtimes and are asked to book in advance. This allows the home to prepare a suitable area while continuing to protect mealtimes for residents who require assistance.

When asked if they could access snacks at any time of day, a relative commented:

"I think if Nana asked she would get snacks."

Regarding the quality of the food at the home, 25% of family and friends' respondents said their loved one was very happy and 37% said they were happy. 13% were dissatisfied. Their comments included:

"Regular drinks brought round and snacks provided - usually fruit in the morning with various drinks options."

"All good, appears to be of a high standard."

"Needs to have a choice of drink with meal offered as she doesn't like orange squash. Orange squash seems to be the only drink offered."

"She has a very small appetite and says she is given too much on her plate."

"She has chosen not to eat much for many weeks. However, the kitchen will prepare her something if she wants it eg poached egg or bowl of custard. Staff used to offer her a soft diet of meals when she first went there so were catering for her needs."

"When I visit drinks are provided for residents and often for visitors mid-morning and mid-afternoon as well as at mealtimes for residents. There is water available too. Healthy snacks or a biscuit are also provided during the drinks trolley round. There seems to be a good choice of food from the menus I see in the dining rooms and sometimes I have been visiting Mum when she has been asked what she would like by the chef. Sometimes events are held at the home where visitors also receive food (we pay a small amount towards the cost) and the food I have had has been good quality and tasty."

"They are asked each morning."

"I have been present when the chef has visited my Mum in her room and asked her what she would like to eat but only on a couple of occasions so it might depend on the timing of my visits."

25% who responded to our survey said they were very happy with the quantity of the food, 13% said they were happy and 25% said they were dissatisfied.

Residents' comments included:

"Sometimes the food is not very well seasoned to how I like it, at home I would season it more."

"Could be seasoned better."

Biggest challenges

The Manager described hospital discharge as one of the home's biggest challenges, particularly due to the limited information received about residents prior to admission. They explained information provided through brokerage is often insufficient. Although staff carry out pre-admission assessments, not all needs, such as behavioural issues, can always be identified during an initial visit.

Challenges when residents are transferred from other nursing settings to dementia care were highlighted too. In some cases, residents have been admitted whose needs were later identified as greater than the home was able to safely support. This resulted in individuals needing to move on to a more suitable care setting. The Manager explained that this process has been upsetting and confusing for residents, and *"feels unfair for the individual involved."*

Biggest success to date

The Manager identified staffing as the Oaklands' biggest success, describing a strong and supportive team focused on residents' needs. As an example, they shared how staff supported a resident to stay overnight at a hotel with their wife. Staff assisted by transporting the resident to the hotel, ensuring all required equipment was taken, and liaising with the hotel to provide emergency contact details, with the reassurance that Oaklands' staff would attend if needed.

This support enabled the resident to continue living the life they chose and to maintain meaningful time with their spouse. The Manager explained that the resident has greatly valued and looked forward to these planned hotel stays.

Additional Comments from family, friends and residents

"Oaklands is an established care home in Chester in a large Victorian house which has been extended. It is in need of updating which is ongoing and may put some prospective resident's families off. However, it should not as it's the standard of care and atmosphere that is most important. My Mum

has been at Oaklands for over 2 years while my Dad passed away there in May 25 after a year's stay following a stroke. They have both received excellent care and Dad was very well looked after in his final weeks. The night staff - nursing and care staff are equally helpful and caring." (Relative)

"Overall I feel this home provides a very caring environment with good medical overview. My mother-in-law has special needs with being totally deaf. All communication has to be via a white board which my mother-in-law struggles to read but staff take time to explain things to her. She always looks clean and comfortable when I visit and there is never a smell in the home or in her room." (Relative)

"Oaklands Nursing Home is a warm, safe and caring environment for my mother to live in due to the hard working, professional and friendly staff in all areas of the organisation. (Relative)

"Top of the range this place. Can't fault this place." (Resident)

Care Home Best Practice Initiatives

During Enter and View visits, Healthwatch observe which NHS care initiatives have been adopted at the care home. The three we focus on are:

MUST (Malnutrition Universal Screening Tool)	A tool used to identify adults who are malnourished, at risk of malnutrition(undernutrition), or obesity. It also includes management guidelines which can be used to develop a care plan.
Restore2 (Recognise Early Soft-signs, Take Observations, Respond, Escalate)	A tool designed to help staff recognise when a resident may be deteriorating or at risk of physical deterioration and act appropriately according to their care plan to protect and manage the resident.
RITA (Reminiscence /Rehabilitation & Interactive Therapy Activities)	A digital reminiscence therapy with user-friendly interactive screens and tablets to blend entertainment with therapy. It assists 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.

Oaklands uses MUST and Neus scoring which is in line with the GP's preference.

The home has a magic table rather than RITA.

Prior to funding cuts, we were told the home worked with End of Life Partnership and valued the support and training provided, particularly from the Admiral Nurse.

Recommendations

- Consider a 'silent' strategy regarding the call bell system as it was mentioned as seeming to sound continuously by a resident and some visitors.
- Organise alternative storage spaces for equipment, trolleys and so on, instead of using the communal bathrooms and salon.
- Consider using moulds for food for residents on 'soft' diets, to make meals look more appetising and reflect what is being served.
- For those residents who have difficulty or are unable to use a mobile phone, look into supporting them in doing this, or using the home's phone, so they can easily connect with their family and friends.

What's working well?

- The caring and friendly team of staff, from the carers, nurses, activity co-ordinators, cleaners and the handyman, which was demonstrated by the responses received from relatives and friends in the Healthwatch surveys and in person.
- Staff appeared responsive to residents' needs and demonstrated patience and kindness towards residents while we were there.
- The home encourages feedback from relatives and friends, ensuring open discussions around any issues to help resolve them.
- Activities for residents are varied, including trips out of the home.
- The family directors are invested and involved in the running and upkeep of the home.
- The links the home has with Chester University and Social Prescribing are very positive.

- Seating in the front TV room is arranged in an informal grouping which demonstrated that seating was thoughtfully available.

Service Provider's Response

Recommendation 1

Consider a 'silent' strategy regarding the call bell system as it was mentioned as seeming to sound continuously by a resident and some visitors.

Service provider's response

We appreciate this observation and recognize the importance of creating a calm environment for our residents and visitors. We are currently reviewing and conducting a comprehensive analysis of our call bell system to address the concerns raised. We have liaised with our current call bell provider to explore the feasibility of implementing a 'silent strategy' or alternative notification system. We are open to innovation in this area and have committed to including this initiative in our action plan.

We will establish a timeline for evaluation and implementation, assign a responsible member of our management team to oversee this project, and gather feedback from residents and staff to measure the effectiveness of any changes introduced.

Recommendation 2

Organise alternative storage spaces for equipment, trolleys and so on, instead of using the communal bathrooms and salon.

Service provider's response

We have taken this recommendation seriously and have already begun organizing our storage facilities. We are actively working on identifying and allocating additional storage spaces to properly accommodate equipment and trolleys, ensuring they are no longer stored in communal bathrooms and salon areas. This initiative has been included in our ongoing walk-around observations and facility assessments. We are committed to completing this reorganization within a defined timeframe and will assign responsibility to our facilities team.

Action

This has been included in our walk around/ observations.

Recommendation 3

Consider using moulds for food for residents on 'soft' diets, to make meals look more appetising and reflect what is being served.

Service provider's response

We found this to be an excellent observation that aligns with our commitment to dignity and quality of life. In response, we have already purchased specialized moulds for pureed foods to enhance the visual presentation of meals for residents on soft diets. We recognize that food presentation significantly impacts appetite and enjoyment, and these moulds will help ensure that meals are not only nutritious but also appetizing and reflective of what is being served.

Action

We will provide training to our kitchen staff on the proper use of these moulds and will monitor their implementation to ensure consistency. We will also gather feedback from residents and care staff to evaluate the impact of this change on resident satisfaction and nutritional intake.

Recommendation 4

For those residents who have difficulty or are unable to use a mobile phone, look into supporting them in doing this, or using the home's phone, so they can easily connect with their family and friends.

Service provider's response

We are pleased to confirm that support for residents in using mobile phones or the home's telephone system is already available within our service. However, we recognize the value of reinforcing this practice more consistently across our home. We will strengthen our communication with relatives through our care review meetings and will ensure that all residents and their families are aware of the support available to them. Our staff will continue to aid residents who have difficulty using phones, and we will explore additional accessibility features where appropriate.

Action

This will be an ongoing priority, with regular communication to relatives about available support and encouragement for residents to maintain regular contact with their loved ones.

Any other feedback from the Service Provider

Feedback received from the Nursing Home Manager 6/03/2026.

I have reviewed the report and am pleased to note that it is largely positive in its findings. We greatly appreciate the constructive feedback and recommendations provided by your team.

We have carefully considered all points raised during your visit and welcome the valuable insights you have shared.

I would like to extend our gratitude to you and your team for the thorough and professional manner in which the Enter and View visit was conducted. Your input is genuinely appreciated and will prove invaluable as we continue to enhance our service delivery.