



Enter and View report:

Oak Lodge Care Home
Chard



27 January 2020

A large graphic consisting of two overlapping shapes: a green shape on the left and a pink shape on the right. The green shape contains the text 'Local health and care shaped by you'.

Local health
and care
shaped by
you

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Control sheet

Date submitted to HWS office as draft version	
Date sent to provider to check for factual accuracies	
Date response from provider due	
Follow up actions	

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1. Details of visit

1.1 Service visited and date

Oak Lodge Care Home, Chard on Monday 27 January 2020.

1.2 About the service

Oak Lodge is a purpose-built care home and provides accommodation for frail older people. It is owned operated by Majesticare.

The home is able to care for up to 47 clients. On the date of the visit there were 34 residents living in the home.

Accommodation is provided on two floors, with a dining room, hair salon and lounge area located on the ground floor. There is also a small kitchenette located on the first floor. Residents have their own room with en suite toilet.

1.3 Authorised Representatives

- Sarah Davies (Lead Authorised Representative)
- Anne Clark (Authorised Representative)
- Rena Randall (Authorised Representative)
- Alan Kitch (Authorised Representative)
- Hannah Gray (Healthwatch Somerset Staff Member & Authorised Representative)
- Sheila Burrige (Healthwatch Somerset Staff Member & Authorised Representative)

1.4 Acknowledgements

The Healthwatch Somerset Enter and View team would like to thank the Manager and all staff, residents and family members for a friendly welcome and unlimited access to the premises and activities.

1.5 Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is written by the Lead Enter and View Authorised Representative who carried out the visit on behalf of Healthwatch Somerset.

2. About Healthwatch Somerset

Healthwatch Somerset is the county's independent health and care champion. It exists to ensure that people are at the heart of care. Dedicated teams of staff and volunteers listen to what people like about local health services, and what could be improved. These views are then shared with the decision-making organisations, so together a real difference can be made. Healthwatch Somerset can also help people find the information they need about health and care services in their area.

3. What is Enter and View?

To enable Healthwatch Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow Authorised Representatives from Healthwatch to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch Enter and View visits are:

- not part of a formal inspection process, neither are they any form of audit;
- a way for Healthwatch Somerset to gain a better understanding of local health and social care services by seeing them in operation
- carried out by Authorised Representatives who have received training and been DBS (Disclosure and Barring Service) checked
- a way for Authorised Representatives to observe the service, talk to service users and staff and make comments and recommendations based on their subjective observations and impressions in the form of a report.

3.1 Purpose of visit

The visit was carried out by six Authorised Representatives.

Information was collected from observations of residents in their day-to-day situations, including lunch, interviews with staff, residents, relatives and the care home manager and nurse against a series of agreed questions; reference to the latest CQC report (March 2019) and a final team discussion to review and collate findings.

The team spoke to the manager, the nurse, the administrator, three activity workers plus three further staff members, eleven residents, four relatives or friends, an electrician and a community nurse who was visiting a resident at the home during our visit.

3.2 Key findings

We found the home to be clean, light, attractively decorated and well furnished. The atmosphere seemed pleasant, relaxed and calm. Managers and staff were very welcoming, polite, helpful and happy to speak to us openly. In general, residents and their relatives spoke positively about how the home is currently being managed and the care and support being provided to residents.

It was clear that the home has had some unsettled periods in the past and was placed in special measures back in 2018. Many people have mentioned the improvements since the new manager took over in December 2018. The residents and staff all spoke highly of the manager and the changes that he has brought to the home over the past year or so. The home now has a CQC rating of 'good'.

The home has capacity for 47 residents and there were 34 residents living there when we visited. We were told that current staffing levels would support the home at full capacity. As more residents move in, the home may wish to review this according to levels of occupancy and resident need. There was a full complement of staff on duty when we arrived including a nurse and the manager.

The team wish to commend all the staff for their personalised and individual approach to all the residents and their relatives.

3.3 Visit overview

This visit was unannounced as part of our ongoing partnership working with Somerset County Council regarding quality monitoring, so the Healthwatch Somerset team was not expected. When we arrived, the front door was locked, and the bell was answered promptly by the maintenance manager. We were then welcomed in by the care home manager. We discussed our plans for the visit and then they gave us a tour of the home. No restrictions were placed on access or who we could speak to.

We were provided with a copy of the notes from the previous residents, friends and family meeting held at the home, as well as a copy of the activities sheet providing information on upcoming activities for the week.

The visiting team split into three pairs. One pair spent some time talking to the manager, one talked to staff and residents on the ground floor and in the lounge, and the third pair spoke to staff and residents on the first floor. The team met up briefly late-morning and then spent some time observing lunch being served, then continued interviews with residents, relatives and staff.

At the end of the visit the team met to share their findings, and then met with the care home manager to review and discuss the visit.

3.4 Observations and findings

Physical Environment:

The home appeared clean, light and was attractively furnished in all areas.

When we arrived, there were cleaners present and working in communal areas as well as residents' bedrooms. No unpleasant odours were noted during the visit.

On the ground floor there is a mix of resident's bedrooms, a lounge, dining room, hair salon as well as a separate unit, which is currently under refurbishment. The lounge had comfy-looking arm chairs and coffee tables as well as some board games and a small number of books. The team did note there were very few written materials available such as large print books, but it was explained that the residents who wish to read have their own materials in their rooms.

They appeared pleasant areas to sit, and we saw them being used by residents and family members. In the dining room, tables were suitably laid with tablecloths, condiments and cutlery. During our visit we observed that there was plenty of space for people to choose where to sit.

On the first floor there are further residents' bedrooms, a bathroom and kitchenette area, although the manager explained that residents prefer to use the dining room area downstairs.

A few residents invited us to look at their bedrooms. Those we saw were clean, light and nicely decorated. We saw that residents had some personal items in their rooms such as family photographs and books. Some residents had also brought their own furniture. All the bedrooms we saw had a comfy armchair for residents to sit in. Most residents also had an additional comfortable chair for visitors.

Residents' rooms had signs with their names on them as well as personalised pictures, posters and signs. We noted one resident had a sign on their door asking for people to be quiet in the mornings. Another resident had a sign-up stating food preferences.

The bathrooms and toilets we saw were clean and appeared to be well adapted and equipped. Visitor toilets were clearly marked throughout the home.

There were posters up around the home advertising activities as well as notice boards providing information and quotes from residents.

There was a large tree motif in the entrance hall showing staff pictures and job titles.

The team were particularly impressed with the presence the activities team had, the role they play in the day-to-day care of the residents as well as the broad range of activities on offer.

Residents are invited to contribute to the programme of activities at the start of the week and a craft activity involving driftwood collected the previous week was taking place in the dining room on the afternoon of the visit.

One of the residents who has a strong interest in craft activities has been encouraged to lead on some of these sessions, for example, when they did badge-making.

Residents are taken out regularly on outings to the seaside and to Longleat just before Christmas. One resident has expressed an interest in going to a particular place and the activities team are hoping to make this one of their upcoming visits this year.

Interactions:

The team had plenty of opportunities to observe staff interacting with residents during the visit. Staff members were observed supporting residents with drinks, moving around the home, during some activities and during meal times.

All team members noted that the environment appeared to promote personal choice amongst residents with an attitude of 'why not?' when a preference was expressed. As a result, residents appeared very happy, well-cared for and treated as individuals.

The team observed that staff were cheerful and pleasant with residents at all times. It appeared that most staff knew residents well. We saw that staff members took time to explain things to residents and gave them choices. During lunch service, residents were offered two choices for main course, as well as alternatives, if they did not want either of those. For example, one resident brought their own tin of mackerel, which staff heated up and served with vegetables of the day.

The team observed lunch taking place in the dining room. There were 10 residents seated around two tables and one relative had brought their own sandwich lunch to eat alongside the residents. There was a lot of friendly conversation between staff and residents during the meal. It was a friendly atmosphere, but staff were clearly keeping an eye on all the residents to check how they were eating and if they needed any help.

Lunch was served from a heated trolley by the cook and this meant that size portions could be adjusted to suit the individual resident and choice given about the vegetables. The plates were heated as well. Two activity coordinators were involved in taking round the meals and making sure that residents had appropriate cutlery and, in a few cases, a protective rim around the plate to make eating easier for residents with limited use of their arms. One resident was on a soft diet and each part of the meal had been separately liquidised so that the meal looked attractive and not one grey mass. Subsequently it was not surprising to observe this resident eating everything on the plate. Once the residents in the dining room had been served their first course, then meals were served on trays with plate covers for those residents who wanted to eat in their rooms. The trays were mainly taken out by the care staff.

One resident was adamant that she did not want anything to eat. She was asked several times, including by the nurse in charge. However, she did settle for some ice cream. One resident was asleep in his chair at the table. Several attempts were made to gently wake him and eventually he did eat something. He was assisted to eat by a carer who sat next to him quietly talking to him and encouraging him.

The second course was served at 13.20 - it took time for all the residents to finish their first course and the staff also had to serve all those in their rooms. The dessert was a steamed pudding which most had with either custard or ice cream. There was also a strawberry mousse served with cream and other options available in individual portions e.g. yoghurt, custard.

Residents were able to choose whether to have their meals in their rooms or the dining room. We noted many of the residents chose to have their breakfast in their rooms and some residents spent most of their day in their rooms with the doors open. This appeared to be their individual preference.

The team did notice that the timescales for answering the call bell lengthened over the lunch period when many of the staff were involved in the lunch service. This could mean a delay in residents receiving help during busier times of the day.

What residents said:

We spoke to eleven residents during the visit about their experience of living at the home. They were able to talk to us with varying levels of detail, but they were all happy to chat and able to give us some impressions of their experience living at Oak Lodge.

All residents reported feeling happy and safe living in the home. They all spoke highly of the manager and the changes he has made over the past year as well as how pleasant the staff are.

One resident reported that they felt able to approach the manager if they had a problem and felt able to express their preferences and needs easily to staff.

One resident stated that staff are: "so kind, they can't do enough for you....so friendly."

Another resident when speaking with our team, wrote a very positive poem to express their feelings about the home.

Many of the residents we spoke with have their own belongings in their rooms such as photos and ornaments. Another resident is bringing a bird table and pots from their garden to put in the gardens at the home.

Many of the residents reported that they have regular visits from friends and family. Some residents spend large parts of their day in their room with their doors open. When asked about this their response was they preferred to be in their rooms and there was always someone passing to wave at and say hello to.

A number of residents we spoke with have their nails regularly manicured and some will go out with family - one resident had been out shopping for clothes with their daughter recently.

When asked about moving around the home, one resident felt it “can be chaotic at mealtimes to get everyone downstairs” and this can sometimes have an impact on where they sit and with whom. “One day by the time I got to the table the others on the table were onto their pudding.” It would appear that the lift can only take one wheelchair at time so this can often result in a queue of residents needing to be taken downstairs at mealtimes or for activities. This was feedback to the manager who was already aware of this potential situation.

What family and relatives said:

We spoke with four relatives who were visiting residents at the home.

The visitors we spoke with were all very complimentary of the management and staff at the home stating that the manager is very ‘approachable’.

A number of residents had come from other care settings and the relatives we spoke with were all happy with the move and felt it was a much better environment for their loved one. One relative described a negative experience at a previous home and stated they have no concerns for their relative living at the home and feel they are safe and well-cared for. They are involved in their loved one’s care planning and felt preferences were taken into account.

Another relative explained how the care home staff will contact them to report positive changes as well as any issues and they are kept informed about their loved one, which they found reassuring.

What staff said:

We spoke to a variety of staff members who were all permanent members of staff, ranging from three weeks to 11 years service at the home.

All the staff we spoke to stated they were happy in their roles and enjoyed seeing and interacting with the residents. One staff member stated it “feels like a family”.

A number of staff commented on the change of management with one stating they “noticed a difference since the new manager came.....very proactive, very helpful, great with residents. People like him and respect him.”

“Since the new manager arrived staff want to work here.” A newer member of staff came to work at the home because they already had a relative working here who spoke very highly of the home as an employer.

They felt there was clear line management and welcomed the daily staff meetings which are held. They felt confident they could report any issues to senior staff and that the manager was “very approachable and gets things done”.

We observed the medication round being undertaken and the staff member was bright and caring during this time. Despite only having been working at Oak Lodge for a relatively short time, they appeared to have a good knowledge of each resident’s needs and preferences.

This staff member praised the home for being genuinely person-centred in some respects and felt comfortable challenging the ways in which things are done to develop this approach further within the home, and ensure residents were able to have as much autonomy and choice as they can.

4. Recommendations

The visiting team would like the home to consider the following recommendations which are based on outcomes and findings from the visit:

1. Ensure the entrance door and bell is clearly signposted for visitors. Our team were unsure which door to use on arrival at the home.
2. Consider sourcing external volunteers who could support quieter residents who may value 1:1 interactions and may not wish to partake in the larger, group activities on offer.
3. Consider staffing levels over busier periods such as lunchtime to prevent delays in answering call bells, and moving residents from the first floor down to the dining room area.

5. Service provider response

The report has been shared with the provider for comment:

“I’m very happy with the report, and feel your team were extremely thorough and professional during the visit to our home. It is clear that a wide variety of opinions were sought, and the residents, relatives and staff I spoke to after the inspection found the day interesting and pleasant, and all felt their views had been listened to.”

Andy Kirby, General Manager at Oak Lodge



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