



**Enter and View report:**  
Oake Meadows Care Home  
Taunton



3 February 2020

A large graphic at the bottom of the page consisting of a green shape on the left and a pink shape on the right, overlapping in the center. 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	

# 1. Details of visit

## 1.1 Service visited and date

Oake Meadows Care Home, Taunton on Monday 3 February 2020.

## 1.2 About the service

Oake Meadows is a care home that was adapted some years ago from an original military building on the site. The home specialises in the care of older people living with dementia.

It is owned and managed by Larchwood Care Homes Limited.

The home is able to care for up to 86 residents. On the date of the visit there were 61 residents living in the home.

Accommodation is arranged over two floors as follows:

- A 16 bedded Residential Unit which currently has 13 residents.
- Sutherland - a specialist dementia/nursing unit currently has 16 residents.
- Redwood - a general nursing unit currently has 22 residents.
- Willow Unit has 15 NHS contracted Pathway Beds which are fully funded under the Pathway Beds contract. This unit currently has 10 residents.
- Respite care is offered depending on availability of rooms.

## 1.3 Authorised Representatives

- Sarah Davies (Lead Authorised Representative)
- Anne Clark (Authorised Representative)
- Keith Paine (Authorised Representative)
- Hilary Bartrum (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 (October 2018) and a final team discussion to review and collate findings.

The team spoke to the manager, two activity workers plus five further staff members, seven residents, and six relatives or friends.

## 3.2 Key findings

Our overall impression was that the environment and staff are very welcoming. Care is personal and individual. Staff appear to have a personalised ethos and flexible approach, they are happy to stop and chat.

We found the home to be clean, light, attractively decorated and well furnished. The environment is calm, quiet and orderly and residents appear relaxed.

The manager is very approachable and amenable. There are daily staff meetings.

Staff appear skilled and to work as a team. They were smiling and chatty and appear to be happy.

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. There is open access to families and relatives. Residents and relatives' meetings are held regularly. Larchwood Care sends out a questionnaire twice a year to relatives and residents.

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 administrator. We were welcomed by the manager and given a brief overview of the home. We discussed our plans for the visit and then were given a tour of the home. No restrictions were placed on access or who we could speak to.

The visiting team split into three pairs. One pair spent time talking with the manager and visited the Residential Unit, one pair talked to staff and residents in the Sutherland Unit, and the third pair spoke to staff, residents and relatives in the Willow Unit. The team met up briefly late-morning and then continued their interviews with residents, relatives and staff. One pair spent time observing lunch being served.

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

All the staff we spoke to were permanent and had worked at the home for some length of time e.g. three years and 17 years. One member of staff told us she was happy to move around different departments and was about to try working a night shift (she had only ever worked during the day) to see the different aspects of a night shift.

Fortnightly residents' meetings are run by the activities co-ordinator and focus on subjects such as food, maintenance and cleaning. The home organises a 'residents' day' where all aspects of care are reviewed. Relatives are invited to join this meeting.

The home pays for a weekly visit from a College Way Surgery GP. The same GP comes into the home each week so gets to know the residents.

The home links with Taunton Dental Access Service and a dentist comes to the home. Likewise for an optician - Vision Call, visits the home. Some residents still go out of the home to access their own dentist and optician.

Residents can access a foot health practitioner who visits monthly. A hairdresser visits weekly as does an aromatherapist. These services are private and paid for by the individual resident.

### **Physical Environment:**

Parking was busy on the morning of our visit. One relative told us: "parking is horrendous!"

The entrance front door is obvious and clearly signed. The front door is locked and access is by buzzer.

The entrance foyer is homely and welcoming with information boards showing names and pictures of the staff. There is a 'You said, we did' board. There is a notice board for staff giving information, e.g. about flu jabs.

The home is clean, well decorated and furnished with personal touches. There are no unpleasant smells.

There is clear signage around the home showing the name of the service area/room.

Communal areas such as the lounges are arranged so residents can sit in small groups. There are choices of rooms, e.g. chill out rooms where residents can be quiet or where they can meet visitors.

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 is a central and paved level courtyard with several access points. The manager told us there were plans and the budget was in place to improve and update the courtyard area.

The Sutherland Specialist Dementia Unit was found to be calm and quiet. We observed staff taking steps to distract any resident who was beginning to show signs of agitation or upset. There was a flexibility of routine on the Unit, e.g. if a resident had been up most of the night, the staff let them sleep in in the morning, breakfast was served to suit the individual resident. At lunchtime residents were shown what was for lunch before being served with what they wanted.

We observed that not all residents had signage on their bedroom doors which associated them to their room.

We observed the outlook from the Sutherland dining room was onto a blank fence and wondered if this could be brightened. A suggestion was that local students could be invited to decorate it.

### **Activities:**

There are two activity co-ordinators on site. There is a weekly plan of activities and these vary according to the unit, e.g. on the dementia, unit activities differ for each resident depending on their individual behaviours. We spoke to the activities co-ordinator who uses picture prompts with residents to encourage conversation and recall memories.

Activities include massage, arts and crafts, puzzles, quizzes, dominoes and gardening. We witnessed residents receiving one-to-one attention in the lounge area. Activities are flexible with a wide choice to meet individual needs.

Residents are enabled to make outside visits and are regularly taken out in the mini-bus. Sometimes they are taken shopping and to buy their own clothes. A resident told us she is taken out to attend religious meetings of her choice and also to attend shopping trips.

At Christmas residents were taken out for a lunch. Residents are escorted to hospital appointments.

There is a regular church visitor who comes in twice a week to lead a religious service and to visit individuals as required.

External entertainment takes place in the main lounge, e.g. singing with outside groups.

### **Interactions:**

The team had plenty of opportunities to observe staff interacting with residents and relatives during the visit. Staff members were observed supporting residents with drinks, moving around the home, during some activities and during lunch time. At lunchtime staff were very patient and helped with feeding those residents who needed it. The team observed that staff were cheerful and pleasant with residents at all times. It appeared that most staff knew residents well.

The staff are kind and respectful. We witnessed a good example as a staff member asked if it was OK to enter a resident's room and clean it, making the promise to ensure the room was locked when she left. The resident also held her own key - she explained there had been an incident where another resident had gone into her room and broken her TV.

We spoke to a resident whose husband is also a resident in the higher dependency wing and she visits him regularly with the support of the staff.

We spoke to a resident who is supported with cooking her own porridge for breakfast. She is happy that she can make it to her own taste.

A resident told us he can choose what he wants to do during the day with no arguments.

Residents can take their meals in a small, more private dining room. We were told that a married couple who are residents choose to take their meals in this smaller room.

Residents told us the food is good, a menu is provided and choice is given. Meals can be taken in the dining area or in a resident's own room. At lunch a choice of two hot main meals was available and, as well as a written menu, pictures of food were used.

### **What residents said:**

"I like it here. My wife is also here. The staff are kind and listen. I have a tube in my throat so have different food but it's similar to the real thing. I can choose my clothes and I put them in the basket to get them washed."

"The activities co-ordinator is brilliant."

"I do get a little depressed and I like to cook as an activity. I would like the opportunity to do more."

"The best thing about living here is the staff."

"The laundry is good. I can choose what I want to wear then put it in the basket for washing."

### **What family and relatives said:**

We spoke to a lady whose husband is a resident on the nursing wing. He has lots of problems but she told us he receives excellent care. She told us the staff are very good and she is very happy with the way he is looked after.

A family member was visiting from Australia and told us although her grandfather's condition had deteriorated since last she visited, he looked more happy and appeared more comfortable.

A relative told us: "I'm very happy with the care my husband receives. His room is clean and well decorated. Staff don't mind if the furniture is re-organised."

We spoke to a visitor whose friend of 50 years moved into the home directly from Musgrove Park Hospital. This was her third visit and she told us that staff are friendly and helpful. She often stays for lunch and orders her food choice on arrival. She told us that her friend's room is nice and warm.

## **What staff said:**

Staff told us they feel supported and there is a good team atmosphere. A member of staff said: “The manager is very approachable and does her best to answer all queries and problems.”

Staff told us they feel very welcome and included. The management are happy to take suggestions from staff.

The staff we spoke to said they enjoy their job. One staff member told us: “There are not enough hours in the day, but I love it.”

Staff receive induction training and updates of mandatory training. There is a mixture of face-to-face training (delivered by a trainer from Larchwood Care) and e-learning. Staff are trained in resuscitation and infection control.

The home employs qualified nursing staff with specialist medical skills, e.g. wound care and end of life care.

The home links with St Margaret’s Hospice around end of life care.

The home is particularly focussed on discharge of residents from hospital and their discharge medication.

## **Willow Unit Pathway beds**

Two of our Healthwatch team focused solely on the Willow Unit which opened in November 2019 to take patients discharged from Musgrove Park Hospital on Pathway 3.

There is a unit manager and staff here work solely on this unit. The team includes therapists and a social worker.

## **Physical environment:**

The unit was found to be calm and quiet. Décor is quite bland and clinical in appearance. Fire zones are clearly marked.

One relative told us she did not realise she had entered the Willow Unit when she first visited as there was not a sign for the unit.

There is a therapy room and a kitchenette on the unit. Residents have access to a lounge and dining room. On our visit we did not observe any residents using these rooms. Residents can access the on-site hairdresser.

Residents rooms were light and airy with comfortable chairs plus additional chairs for visitors. We observed that in a resident’s bedroom there were no grab rails to assist getting around the room.

No clocks or calendars were visible on the unit or in bedrooms during our visit - this could make it difficult for patients to grasp time and date.

## **What residents said:**

The residents we spoke to told us they take their meals in their rooms. One resident told us the food was not as good, nor as hot as the food in Musgrove Park. However another resident told us there is a varied menu and she has plenty to eat.

We spoke to a resident who had transferred from Musgrove Park Hospital four days previously. She told us that the staff were all very kind and friendly. So far she had not met any other residents. She told us that snacks and drinks were available on request.

We spoke to a resident who had been here for one week following a month long stay in Musgrove Park. She is very happy with the staff and told us they are very helpful. “I can’t get out of bed until the staff come to help me.” She had a call bell in her room but it was noted that this did not stretch

across the room to the chair where she was sat. She stated that it was “wonderful to be able to open windows to get fresh air and feel closer to nature.”

### **What relatives said:**

We spoke to two relatives and they understood why their mother had been moved from Musgrove Park Hospital to Willow Unit. They supported this as their mother had broken her hip and was unable to return home.

Relatives told us the unit manager is “absolutely lovely.”

The relatives reported their only criticism was their mum was “washed & dressed by two men yesterday - no privacy and no choice as it’s the weekend.”

The relatives told us there were no visitor restrictions. They stated the unit kitchen was well-stocked and they were able to access this - they told us: “it is spotlessly clean.” They felt it would have helped to have been given an information booklet/welcome pack about the unit.

### **What staff said:**

The care home manager told us: “We have recruited a team specifically for the pathway beds including the unit manager who brought his team with him. I think it is working really well.”

The unit manager told us: “the unit is like a mini community hospital. There is a multi-disciplinary approach from all professionals involved. Staff are trained in the rehab ethos.”

The occupational therapist told us they were looking to set up activity groups on the unit to encourage socialising and to bring patients together at meal times as part of their rehab.

## **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. Consider developing a group of external volunteer visitors for those residents who have no visitors.
2. Healthwatch supports the home’s plan for a quiet spiritual/contemplative area.
3. Consider ways of making Willow Unit less clinical and more homely, e.g. with the addition of clocks and calendars. Consider an information booklet about the home and services to be given to residents and their relatives on arrival or soon afterwards.
4. Sutherland Specialist Dementia Unit - it may be helpful to consider an association of individual residents to their bedrooms, e.g. a photo, a colour or related item on the door.

## **5. Service provider response**

The report has been shared with the provider for comment:

“The team at Oake Meadows are always happy to facilitate visits such as these and welcome feedback on our service. Since the visit I am pleased to say that we have developed our Pathway 3 rehabilitation unit further, especially with regards to making it homelier.”

***Care Home Manager at Oake Meadows***

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