

Enter and View Report

Oaks Court House Care Home
Unannounced Visit
23rd September 2019



healthwatch
Wolverhampton

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What is Enter and View

Part of Healthwatch Wolverhampton's remit is to carry out Enter and View visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrist and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton's Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

Contents:

	Page
1. Provider details	4
2. Acknowledgments	4
3. Disclaimer	4
4. Authorised Representatives	4
5. Who we share the report with	4
6. Healthwatch Wolverhampton details	4
7. Healthwatch principles	5
8. Purpose of the visit	6
9. What we did	6
10. Findings:	
a) Environment	7
b) Essential services	7
c) Access	8
d) Safe, dignified and quality services	8
e) Information	9
f) Choice	10
g) Being listened to	10
h) Being involved	10
11. Recommendations	12
12. Questions	13
13. Provider feedback	13

Provider details

Name and Address of Service: Oaks Court House Care Home, Oaks Crescent, Chapel Ash, Wolverhampton, WV3 9SA
Manager: Debbie O’Riordan
Service type: Care Home
Client type: Care home for residents over 55 with dementia, Alzheimer’s or respite care.

Acknowledgments

Healthwatch Wolverhampton would like to thank the Registered Home Manager, staff and all the residents and family members for their co-operation during our visit.

Disclaimer

Please note that this report is related to findings and observations made during our visit made on 23rd September 2019. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Authorised Representatives

Emily Lovell, Lead Authorised Representative
Dana Tooby, Authorised Representative

Who we share the report with

This report and its findings will be shared with Oaks Court House Care Home, local Wolverhampton Councillors, City of Wolverhampton Council, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Wolverhampton website.

Healthwatch Wolverhampton details

Address:
Regent House
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Website: www.healthwatchwolverhampton.co.uk
Free phone: 0800 470 1944
Social media: HWWolverhampton

Healthwatch principles

Healthwatch Wolverhampton's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

An unannounced visit was undertaken at Oaks Court House Care Home by Authorised Representatives due to issues highlighted to Healthwatch Wolverhampton by members of the public. Healthwatch Wolverhampton had also received and observed issues within sister homes of Oaks Court House.



Oaks Court House Care Home

What we did

Authorised Representatives initially observed the exterior of the care home. Upon entry the lead Authorised Representative spoke to the registered care home manager and explained the purpose, timeframe and structure of the Enter and View visit. They were prompted to sign in and use the hand gel provided. Authorised Representatives were given a tour of the care home by the deputy care home manager. The lead Authorised Representative interviewed both the deputy and registered care home manager, whilst the other Authorised Representative spoke to residents and family members.

Findings:

Environment

External

The entrance to the care home was well signposted. There was a large carpark with 12 spaces but no allocated disabled bays. The front of the building had a small ramp to the front door which made the building wheelchair and pram accessible, however if a car was to park in this space the ramp would be blocked

off. There was CCTV on the exterior of the building facing the carpark but no notification to state you would be filmed. The front door to the building was locked and Authorised Representatives were buzzed in by a member of staff.

There was a small garden at the front of the building, the lawn was mown and there was a small planted out area which was very sparse. The garden at the back of the building was accessible to residents and was split into a concreted smoking area and a large lawn. There was rubbish and plastic bags scattered around the garden which had a broken fence and no decoration or planting areas. There was a gate to the side of the back garden that lead to the carpark, this was locked on both sides but not padlocked.

Internal

The foyer area of the care home did not feel welcoming. There was a reception desk, large empty and undecorated sweet-cart, a stand with leaflets. The old CQC inspection rating was also displayed which was incorrect, this was also displayed on the website. There was a door leading from the foyer into the rest of the home, this was locked on the residential side and had the key code displayed above the keypad. The home was split across three floors which could be accessed by stairs or a lift. The stair's landing area on the ground floor had a fire exit to the back garden and the floor was covered in snail trails. The home was in need of fresh decoration and the corridors were dark and gloomy, most of the lights were turned off upstairs.

The upstairs bathrooms smelt of urine, the bath was dirty and some of the toilets were also dirty. Some resident rooms had names and numbers on, but others didn't, each resident room had a en-suite toilet. There were also small lounges on the upper two floors with televisions for residents to use that didn't want to go downstairs. A key-coded laundry cupboard upstairs was also observed to be left open.

Downstairs, there was a large lounge and dining area where residents were either eating or listening to music. There was also a quiet lounge which was used by relatives when visiting residents, this room also stored two drug trolleys.

Essential services

Residents changed their GP when they moved to the home and have seen them since being there, however one resident felt that their GP didn't care. The care home was registered with Thornley Street Surgery who did a visit every Thursday.

Residents were able to access additional services such as the dentist, optician and district nurses when they needed to and found that home were supportive in getting these appointments. However, the relatives of one resident said that they would sort appointments if they were needed rather than the home doing it. One resident also told Authorised Representatives that they were receiving podiatry and still needed the support, but the nurses had stopped coming out.

Staff told Authorised Representatives that they supported residents to access additional services such as the opticians, dentist, occupational therapist and hearing services. Care plans were reviewed monthly with the resident and carers, however residents told Authorised Representatives that they didn't have a care plan.

“I did have a care plan at home but since I came here, I didn't have one - what is a care plan?”

The home was signed up to the Red Bags project but it didn't work, this is something they were going to reconsider.

Access

All residents said that they were relatively happy and content at the care home and that they felt treated fairly and had never been harassed or discriminated against.

“I am okay here. I am not unhappy”

Staff said that they ensured they treated every resident the same through equal opportunities. Residents of different ethnicities were supported by staff providing them with different food and supporting residents to go to church. A priest also visited the home once or twice a week.

Safe, dignified and quality services

Residents felt they were treated with respect and compassion and were spoken to using their name and that staff were friendly and helpful. Residents felt safe, however one resident told Authorised Representatives that they are aware that residents living on the ground floor did not always feel safe. Residents felt that their privacy and dignity was always maintained. All staff were safeguarding trained to protect residents from risk of abuse. Staff were aware of how to raise a safeguarding concern should one have arisen. All staff were also trained in; GDPR, inclusion and diversity, dementia, falls and end of life. This was reviewed annually. Falls prevention measures were in place for residents at risk of falls and “wanderers”; the home use alert and crash mats.

Residents were also supported at end of life by Compton Care and district nurses. Residents were made as comfortable as possible and were checked on every 30 minutes. Other residents were checked on every hour. However, residents felt that staff did not come quickly enough when they used the call bell.

“This is the main source of frustration” “They usually come quickly, longest wait has been around 20 minutes” “I want to go [to the toilet] when I want not when they want me to go” “Sometimes have to wait half an hour for them to respond”.

Information and Education

Residents did not receive a welcome pack on arrival to the home, nor does the home have a newsletter to provide residents or relatives with additional information. Staff told Authorised Representatives that when residents first arrived at the home, they were given a leaflet and are introduced to staff quickly. All staff except the manager were wearing a uniform with their names embroidered on the shirts.

There was a notice board which detailed the staff on duty and what is for breakfast, lunch and dinner. Residents said that there was no point looking at this, but relatives do.

Residents were asked if they had any preferred communication methods and these were all being met. The home had residents with different language and communication needs, for this staff would use flashcards. There was a Deaf resident and to support this staff had been sent on a basic BSL course, they also used a white board and a pen and book an interpreter for meetings and appointments.

Choice

Staff told Authorised Representatives that they support residents to remain independent by allowing them to choose what they wear, what time they go to bed, encouraging them to wash themselves and supporting them where they needed it. Residents choice was promoted when it came to their personal care and the times they wake up and go to bed. “They wash me twice a day - I like to be clean”. Residents also saw a hairdresser every Friday when they visited the home. However, residents felt they didn’t have choice over what they wore; “they don’t ask” “I wear what they put on me”.

Residents also felt that there was limited food choice. The food choice on the day of the visit was limited. Breakfast was tomatoes on toast, lunch was egg, chips and peas or pasta bake and dinner was corned beef hash or sandwiches. These were served at 8am-10am, 12pm and 5pm respectively. There was also a tea of toast provided at 9pm. Relatives were able to visit whenever they wanted but were discouraged from coming at mealtimes.

Being listened to

Residents felt comfortable to ask questions and raise concerns with staff, but residents and staff didn’t know how to make a complaint, one said they would speak to the manager and their family, but they haven’t seen any leaflets of how to make a complaint. Not all residents felt that staff actively sought their views or listened to and acted upon them. Staff told Authorised Representatives that all residents were aware of the complaints process should they have needed to use it. Staff also told the Authorised Representatives that they used surveys to collect feedback from residents.

Being involved

Residents didn't know of an activities coordinator and found that they weren't provided with regular activities. "We don't have any activities, there is nobody, I have been here seven months and there have not been any activities". Another resident said they "have never heard about any [activities]". Relatives told Authorised Representatives that the home does have things on but not very regularly. During the visit Authorised Representatives observed loud music playing in the lounge, this was the activity for the day. Residents were asked if anything more could be done to meet their needs one told us; "I would like to see activities. They don't have puzzle books, jigsaws or anything".

However, staff told Authorised Representatives that there was an activities coordinator that worked 5 days a week and put on daily activities for the residents such as: bingo, skittles, arts and crafts, reflexology, singers, pub lunches and trips to Bantock Park.

Staff told Authorised Representatives that the activities coordinators put on monthly resident meetings which everyone was willing to attend however, not many residents turn up. But none of the residents that Authorised Representatives engaged with knew of a resident meeting.

Every resident that Authorised Representatives engaged with told them that they didn't feel part of a community.

Recommendations

1. Ensure the lights are on in corridors to reduce the chance of residents falling
2. Ensure all areas of the home are kept clean, including the toilets, bathrooms and landing areas.
3. Change the number to the key coded door and remove the password from the wall.
4. Clean the rubbish out of the back garden and fix the broken fence panel.
5. Display a CCTV sign to give people notice they are being filmed.
6. Consider decorating the sweet-cart to make the foyer more of a welcoming environment.
7. Ensure key coded cupboards are kept locked.
8. Move the drugs trolleys into an area that is not used by members of public such as a locked storeroom or office.
9. Ensure that all residents living on the ground floor feel safe.
10. Ensure that residents calls are responded to promptly and residents aren't left waiting for 20-30 minutes.
11. Consider introducing a welcome pack for new residents.
12. Ensure that resident's choice is promoted, especially in regard to what they wear.

13. Consider introducing more food choices to the menu with more rotation, including more cultural food options.
14. Ensure all residents and family members are aware of the complaints process.
15. Increase the number of resident activities to reduce loneliness and isolation and to ensure residents feel part of a community.
16. Put on regular resident meetings with all staff and encourage residents to attend.
17. Reconsider reintroducing the Red Bag Scheme and talking to other care homes that have used it to understand how they have benefitted from it.

Questions

1. How you support residents of other religions?
2. Do you provide interpreters for meetings and appointments for all residents that speak different languages? If yes, who is responsible for booking the interpreters?
3. How regularly are residents asked to complete feedback surveys? What format are they in; paper surveys or by conversation?
4. How regularly are resident's activities put on?
5. Are residents happy to be communicated to with whiteboards and pens, or is this an assumption?

Provider feedback

Firstly, I would like to thank you on your visit to Oaks Court House on 23rd September 2019

External

Our car park has 12 car parking spaces and 1 disabled parking space however this is not been recognised due to the marking in the parking bay which has faded,

This is due to be re-painted over the next few weeks.

The CCTV which is on the exterior of the building is not in use

This is now been removed from building

The rubbish in garden area is cleaned up on a daily basis by the cleaners which is do at the end on their shift

INTERNAL

Reception area has got a large sweet-cart which was undecorated on your visit this was due to it getting redecorated the next day ready for Halloween our sweet

cart is decorated to fit in the seasons and what ever is happening throughout the year and we ask some of the residents to help decorated which the help to

CQC inspection rating was changed on the day you were in the building however this should have been changed when I received it

Ground floor has not long been decorated from dark brown doors and frames too white

I do agree with the rest of the home is in need of re-decoration

The lights to first floor and second floor work of a sensor

Bathrooms and toilet's, we now have 3 cleaners and new cleaning rota is in place

Key coded laundry cupboards have now got notices on and senior member of staff to do hourly checks around building

Drug trolleys are not stored in the quiet lounge the staff member with doing her medication round and was put in to treatment room when she had finished which is looked

ESSENTIAL SERVICES

One resident has stated that she/he feels her/his GP didn't care, we have a GP visit once a week to see all residents

Resident which was is receiving podiatry she still is receiving support as the nurse come out to the home every 3 months, and this lady has refused this service which is documented in her care plan

All resident have a care plan which is up dated every month and residents are asked if their would like to sit with staff while their care plans are updated so their can have an input on their choices

Safe, dignified and quality services

Residents says she/he felt them didn't always feel safe,

I have spoke to residents which live on the ground floor and all residents have said that there are happy and don't want to change rooms or move up stairs. As a manager I want all my residents to feel safe and happy with the environment which that their live in

When residents feel like their have to wait round 20 minutes to go to the bathroom

This was an issue due to only having one stand hoist but we now have 2 and an extra rotunda

INFORMATION AND EDUCATION

All new residents are invited to the home to have a look round with their families then we will go out and do an assessment to see if we can meet their care needs,

when new resident come in to the home their receive a service user guide which is kept in their rooms which has information about the home

All staff do have names embroidered to uniform, I myself don't but I am waiting on a I.D badge which I will be wearing

Notice board

The notice board was asked for by the residents at one of the residents meeting a long time ago its been in place for about 2 years now and residents (not all) and family do read it

CHOICE

all residents are given choice in want their want to wear, except for the resident who don't need any help with personal care

BEING LISTENED TO

residents and staff don't know how to make a complaint

all residents have a service user guide in their rooms which has a complaints procedure to the back of guide, there is a complaints procedure in the staff room on the notice board, on notice board in corridor on ground floor and in reception area however this will be mentioned in a staff and residents meeting

BEING INVOLVED

Resident meeting are advertised on the white notice board on the day of meeting all residents are invited to the meeting but so just don't want to know

This was good feed back from yourself as now we will be putting a new letter in place and the minutes from the meeting will be printed for the residents

RECOMMENDATIONS

I have read all your recommendations and I am working through them as stated above some of them can not be made like no 3 can not remove code from wall as this was recommended from CQC

Again thank you for your visit and bring information to my attention and I look forward to seeing you again

Questions

1. we find out by asking the resident or their family want religion and beliefs do their follow

2. if resident has appointment which has been made by social worker, GP, hospital or any other the professional will arrange for an interpreter

3.all residents are given a survey every 6 -8 months this is done by conversation then answers entered on paper

4. activities are put on daily, it's the residents choice if and when their want to join in, not all residents want to do activities, but all residents are asked and prompted to join in

5.this is only used for one resident which is deaf and is unable to communicate

With kind regards

Debbie O'Riordan

Manager

18.10.2019

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