Enter and View Report
The Oaklands

Care Home Contact Details:
Oaklands Care Home
10 Tarvin Road
Littleton
Chester
CH3 7DG

Date of Visit: 16th October 2019

Time of Visit: 10am

Healthwatch Cheshire Authorised Representatives:
Joanna Brookes, Jenny Young, Carlie Jordan (shadowing).

STAFF Present: Conifers Care Business Manager.

What is Enter and View?

Healthwatch Cheshire (HWC) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWC represents the consumer voice of those using local health and social services and trades as both Healthwatch Cheshire East and Healthwatch Cheshire West.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health and social care services. Enter and View visits may be conducted if providers invite this, if HWC receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the services first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

Contact Details: Healthwatch Cheshire, Sension House, Denton Drive, Northwich, Cheshire, CW9 7LU. Tel: 0300 323 0006.

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1. Description & Nature of Service
Details of home: From Carehome.co.uk Conifers Care Ltd owners of Oaklands Care Home resident aged 44yrs upwards. • **Owner:** Conifers Care Homes Ltd • **Person in charge:** Shinu Mathews (Manager) • **Local Authority / Social Services:** Cheshire West and Chester Council (click for contact details) • **Type of Service:** Care Home with nursing – Privately Owned, Registered for a maximum of 50 Service Users • **Registered Care Categories*:** Old Age • Physical Disability • Sensory Impairment • Younger Adults • **Admission Information:** Ages 60+. • **Languages Spoken by Staff (other than English):** Bulgarian, German, Spanish; Castilian, French, Hindi, Italian, Malayalam, Dutch, Panjabi, Punjabi, Russian, Shona, Tamil, Urdu, Zulu • **Single Rooms:** 42 • **Shared Rooms:** 4 • **Rooms with ensuite WC:** 42 • **Facilities & Services:** Palliative Care • Day Care • Respite Care • Physiotherapy • Own GP if required • Own Furniture if required • Pets by arrangement • Near Public Transport • Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Phone Point in own room/Mobile • Television point in own room • Residents Internet Access

Latest CQC Report – Latest inspection: 9 January 2019

Results of Inspection:

Caring Good

Effective Good

Responsive Good

Safe Good

Well-led Requires improvement

Website information: https://www.coniferscaregroup.com/

2. Acknowledgements

Healthwatch Cheshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

3. Disclaimer

This report relates to findings gathered on a specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all the residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to Healthwatch Cheshire Representatives at the time of the visit.

4. Purpose of the Visit

- To enable Healthwatch Cheshire Representatives to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement
- To enable Healthwatch Cheshire Representatives to observe how the service delivers on the statements it advertises on its website.

5. Introduction/Orientation to Service

6. Methodology

Representatives were equipped with various tools to aid the gathering of information. The following techniques were used by the Representatives:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors.

7. Summary of Key Findings

Oaklands Care Home has 32 residents currently. It is based outside Chester. Its basic structure is an Edwardian building which has been added to over the last 50 years.

8. Detailed Findings

8.1 Location, external appearance, ease of access, signage, parking

It is on the main road and is easy to access. There are two car parks on the property. It has expansive grounds. The frontage was looking overgrown, but it was early Autumn. The main rubbish skips are kept in an enclosure at the front of the building adjacent to the car park.

8.2 Initial impressions (from a visitor's perspective on entering the home)

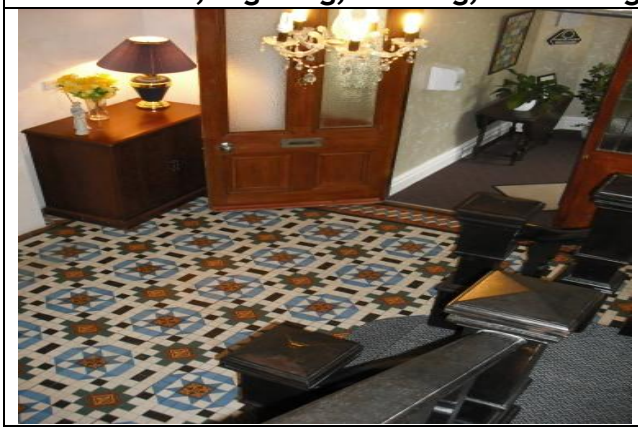
On entering there is a small hall with two offices off the hall. Framed certificates sit on small table. Available for visitors are a signing in book and a handwash. There is a press bell to enter but when we visited the main door was stuck at the top and required a staff member to open.

8.3 Facilities for and involvement with family/friends

Residents' meetings are held every three months. There are two quiet lounges at the front of the building for family to meet with residents. The 'Quiet Lounge' had a 'musty' odour and looked as if it would benefit from a deep clean. A bed table in the room looked rusty at the base.

8.4 Internal physical environment

8.4.1 Décor, Lighting, heating, furnishing & floor coverings



Entrance hall (photo from carehomeuk)

There was evidence of scuffs and damage to paintwork around the home. In one room on the top floor the curtain pole was set at a slope. Furnishings were a little dated; floor coverings were reasonable. Floors in the toilet and bath areas were clean however the bathrooms did not appear to be used regularly. Bath and shower areas were dry, or used as storage areas. Matron advised us that residents had daily showers or baths depending on their choice. One bathroom had its sign covered with a store sign taped to it.

In general, the building would benefit from a rolling decoration programme. The CQC report (2019) indicated that 'equipment was well maintained'; we did not see evidence of this. The equipment we saw was in need of replacement.

8.4.2 Freshness, cleanliness/hygiene & cross infection measures

Freshness odour was patchy in the main. There was a musty smell in the home in the main rooms and at the end of the narrow ground floor corridor in the new build. The housekeeping staff are trying their best but with a home of this size and hours available to them it will be a problem. Hand gel dispensers were not very visible.

8.4.3 Suitability of design

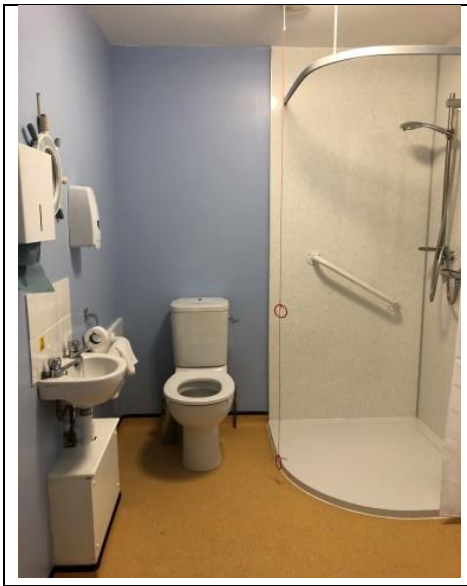
The home is a warren of corridors and rooms. The ground floor corridor which connects the building to an extension is just wide enough for a resident in a wheelchair to get through - this in a powered chair - a self-propelled chair could have a problem. The dining room has been re-decorated and looks very cheerful, but it is a thoroughfare for the home.

One of the lounges (picture from carehomeuk)

8.5 Staff support skills & interaction

Minimum staff were seen during the visit. There are some large notice boards on the main corridor displaying all staff champions and associated learning information which would be more appropriate in a staff room rather than in a public area. The Activities Co-ordinator was assisting a resident with breakfast as staff are under stress. On the web site there were many languages mentioned for their staff including English, Bulgarian, Polish, Punjabi and Zulu.

8.5.1 Staff appearance/presentation
The staff that were present and observed by the Authorised Representatives were tidy in appearance and smiled readily.
8.5.2 Affording dignity and respect/Approach to care giving
Minimal care giving was observed by representatives but no concerns with what was seen.
8.5.3 Effective communications – alternative systems and accessible information
Patients were happy to talk to us on our visit. When asked, one stated they had not been consulted about their care. Another resident thought the home was in need of decoration and a tidy up as they felt it was cluttered. Call bells for some bed-fast patients were put on a stand along-side the bed/chair so it was within their reach. We felt that this was a simple, effective innovation.
8.6 Physical Welfare
8.6.1 Appearance, dress & hygiene
All appeared tidy and well dressed. Laundry is done on the premises daily. All residents looked well.
8.6.2 Nutrition/mealtimes and hydration
All residents looked well hydrated and meals catered to all tastes. Vegetarian options available. All fresh ingredients from local wholesalers. Four kitchen staff work on a rota. Chef on the day was not wearing a hat.
8.6.3 Support with general & specialist health needs/Maximising mobility & sensory capacities
Fundamental health and social needs were being catered for during our visit. The one younger resident who accompanied us around the home had no issues. He was attending a hospital appointment later that day and was going via Plus Bus and did not require a staff member to accompany him.


Ensuite shower room

8.7 Social, emotional and cultural welfare

8.7.1 Choice, control & identity

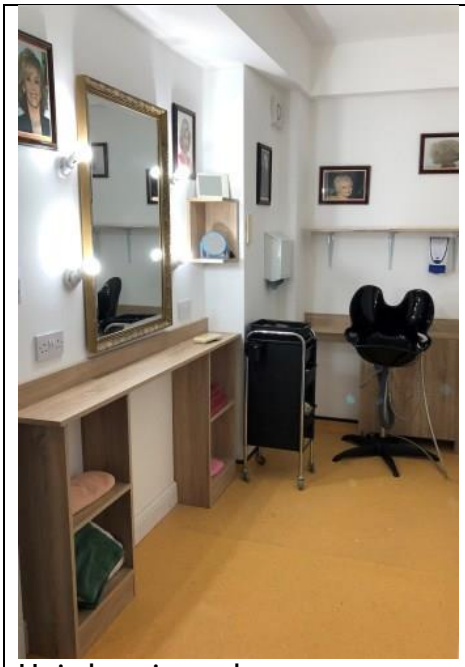
End of Life Care for residents is carried out in conjunction with GPs, District Nurses Macmillan Nurses and the home's staff.

8.7.2 Feeling safe and able to raise concerns/complaints

Matron holds a weekly open surgery for residents with problems/issues on a Wednesday at 11am. When we arrived at 9.45am on a Wednesday the manager was not on the premises due to doing an assessment at the local hospital.

8.7.3 Structured and unstructured activities/stimulation

The Activities Co-ordinator is employed five days a week. The Plan for the month was on view at the visitor's entrance at the back of the building. It was not a laminated notice and Activity programmes in each resident's room were for the previous month and not laminated and secured by sticky tape; this is not conducive to preventing cross infection. When we asked about the day's activity, we were told it was making cakes. The Coordinator was asked how she would achieve this and she stated she would use a cake mix - make it up then divide it among the residents to put some mixture in cake cases. We felt this was not a full activity for the residents.
We were advised PAT dogs visit.



Hairdressing salon.

8.7.4 Cultural, religious/spiritual needs

Residents are able to access local churches for services.

8.7.5 Gardens – maintenance & design/suitability for use/enjoyment

Two gardeners/handymen manage the gardens. We tried to engage with a handyman on leaving, however he didn't speak enough English to converse with us.

Garden areas

9. Observations
9.1 Other observations/findings of note applicable
Some resident's notes were outside their rooms, they should be in their rooms. In the conservatory we noted a filing cabinet which appeared open. We were assured it was the activity co-coordinator's information in the cabinet, therefore not client sensitive. The main public areas were already decorated for Halloween. Hairdressers and Chiropodists visit the home regularly. Fire Alarm was tested, as informed, at 11am.
10. Comparisons
10.1 Comparisons of observations against providers website
The website provides a good representation of the Care Home.
10.2 Comparisons with previous Healthwatch visit(s) where applicable
Healthwatch previously visited on Thursday 10th May 2018. There were no outstanding issues from that report.
11. Recommendations
We spoke to the Manager who has been in post for 13months. She is supported by a Clinical Lead and Business Manager for Conifers Care who is employed 3 days a week. • Highlighted that the signs require lamination and to be secured by means other than sticky tape. • Felt some notice boards were cluttered with too many signs/information, some of which were not relevant/up to date. • The large boards with staff champions on and their training information were not relevant in a public area. The staff champions information should be on a general notice board showing the home staff. This was in the Matron's office awaiting updating. • Some patient call bells in toilets were tied up and not accessible. This included the far toilet by the Kitchen. • Asked why the lift was locked and not able to access; we were told there is a key code to call the lift. • When looking out of an upstairs room we viewed a very large collection of used equipment. Perhaps dispose of equipment appropriately or store in a less visible place. • We asked whether the rear entrance for visitors is safe. It has a digital lock which is given to visitors and staff to enter the building. There is a visitor book to record visits.

Feedback from Provider of Service
No feedback was received.