

Enter and View Report

Oakes Care Centre

Published March 2015

Healthwatch Kirklees

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Visit Details

Name and address of premises visited

Oakes Care Centre
Willwood Avenue
Huddersfield
HD3 4YA

Name of service provider

Meridian Healthcare Limited
Enterprise House
Grange Road South
Hyde, Cheshire
SK14 5NU

Date and time of visit


Tuesday 24th March 2015, Time 2pm-4pm

Authorised representatives undertaking the visit

Clare Costello, Katherine Sharp, Dave Rigby, Hazel Wigmore

Contact details of local Healthwatch

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Purpose of the Service

Oakes Care Centre is a residential home and is registered to provide residential and respite care for 60 residents. Some residents fund their own care, whilst others are publicly funded through the local authority.

Staffing/client numbers on day of visit

On the day of Healthwatch Kirklees' visit, there were 56 residents at Oakes Care Centre. Staff on the day were Veronica Hibbert (manager), a general manager, 8 care staff, 2 kitchen staff, laundry and maintenance staff. We were told that Oakes Care centre use their own bank of staff.

Acknowledgements

Thank you to all the service users, staff, visitors and relatives at Oakes Care Centre who spent time talking to us about their experiences of using services or working here. Thank you to Veronica Hibbert for helping us to arrange our visit for talking to us about how the service operates and for taking the time to show us around the home.

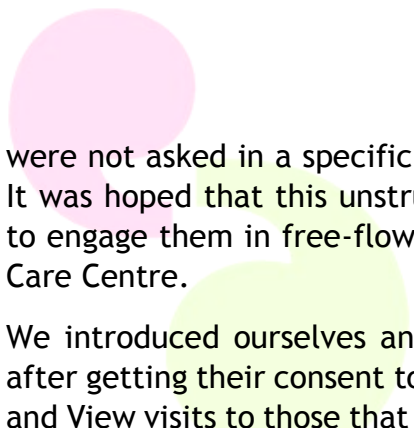
Focus of visit

The focus for this visit was to gather resident, carer and visitor feedback on how the service ensures that residents are able to make choices and feel dignified. We also looked at meal choices and activities available at the home. Our decision to visit Oakes Care Centre was to learn more about the service provided and because we had received feedback about this service.

Methodology

We completed an announced visit of Oakes Care Centre which took two hours and thirty minutes. During the visit we consulted with clients and visitors who use the service and staff who work there.

We agreed that this visit would be informal. We used prompt sheets with questions around choice, dignity, activities and food choices, but questions



were not asked in a specific order, nor were all questions asked of all clients. It was hoped that this unstructured method of speaking to clients would help to engage them in free-flowing discussion on their experiences of using Oakes Care Centre.

We introduced ourselves and noted people's comments as they spoke to us, after getting their consent to do this and offered extra information about Enter and View visits to those that wanted it. Some clients at Oakes Care Centre have mild to severe dementia so we addressed residents from a kneeling or sitting down position, starting small discussions using short sentences with no complicated questions. We also observed body language to gauge interest in what we were asking.

In addition, we wanted to report on the overall impression of Oakes Care Centre, including the atmosphere, appearance, smell and whether clients seemed satisfied to be there.

Relatives, visitors and staff had the opportunity to speak to us directly or fill in a survey about their or their family member's experience whilst staying at Oakes Care Centre. Both staff and visitors were left a link to the surveys to fill in online within a week of the visit.

Who we spoke to

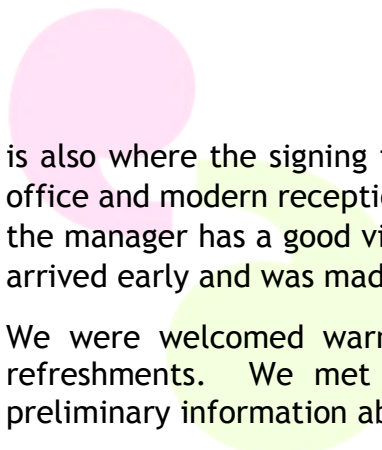
On the day of the visit, we spoke to residents, staff and visitors. We were unable to speak to everyone on the day as some people were resting or because of the limited time of the visit.

Please note: This report relates only to a specific visit and the report is not representative of all service users (only those who contributed within the restricted time available).

Overall impression

Oakes Care Centre is a well-presented and well signed building in a residential area of outer Huddersfield. It has a well-maintained front garden area with trees, bedding flowers, benches and interesting features such as an old style telephone box which make it an attractive setting. The small car park with turning circle to the front has extra disabled parking and there is additional parking to the rear.

The entrance to the building was by two sets of doors, both key-code controlled. The vestibule was decorated with bowler hats on the wall and this



is also where the signing in book was kept. There was an open, glass-fronted office and modern reception area through the second set of doors. We noticed the manager has a good view of all visitors from this area. One representative arrived early and was made most welcome.


We were welcomed warmly by the manager, Veronica, and were offered refreshments. We met in the library and cinema area to obtain some preliminary information about Oakes Care Centre.

We were informed that staff are expected to attend mandatory training and all have a minimum of a level 2 NVQ. They have different training months held at the service - March and November is fire safety; April will be Safeguarding month; September is manual handling. Veronica offers staff extra training where appropriate; seventeen staff are doing a dementia distance learning course and some other staff are doing end of life care. We were told that it's difficult to get all staff in at the same time for team meetings, but Veronica tries to speak to about twelve staff at once then takes notes from the meeting to share with other staff.

Veronica tries to keep the same staff on each floor so that residents have consistency. Oakes Care Centre use their own staff including some casual workers. We were told they have all the equipment for moving residents safely, e.g. hoists, at Oakes Care centre. Visitors are welcome any time of the day and can also eat with loved ones if they wish. When someone was dying recently the relatives stayed all day and all night.

On our tour around the home we were shown the communal areas on all three floors and an empty bedroom. The home was beautifully decorated, almost like a hotel with lovely fixtures and fittings. There were fresh flowers arranged in various areas, pictures on walls creating a homely feel and handrails in the large, roomy corridors to encourage independence. There were stairs to each floor and a lift also. The bathroom we were shown was lovely with extra ornaments and a movable bath with a hoist although this was not often used due to residents having their own shower areas in bedrooms. We were told there was an allocated smoking room at Oakes Care Centre should residents wish to use this, but residents could also smoke outside if accompanied.

The ground floor is the residential unit and the first floor is the dementia unit. There is a restaurant or dining room and a large lounge on both floors. The lounges had comfortable seating placed in clusters to encourage conversation. The bedrooms are situated on both of these floors and are all single rooms with en-suite wet rooms; there was a lockable cupboard available to use in each room. Residents had their names on their own bedroom doors and some ground floor rooms had French windows leading to a patio. The dining room had round tables with settings for 6 people, with large windows into the corridor.



On the ground floor there is a library and picture room which has many books which are rotated regularly; this is also used as a games room or relaxing meeting room. Films are shown in here and it feels like a small cinema with its extra-large television, many DVDs to watch and easy chairs with blankets. We noticed there were call bells in the library and lounges. There was a baby grand piano in a mirrored area on the ground floor. This was a very attractive area where we noticed residents sat to chat and have refreshments. One resident told us later on our visit *“There are two piano’s - one big and another behind it”* this was due to the reflection in mirror. One resident told us she regularly played the piano downstairs and showed a book of music she used. She said she played *“every day”*.

There was a small shop on the first floor which was also a coffee shop at times. This used to be a ‘dementia shop’ with objects from the past which are still used in this area, but the dementia shop wasn’t well used so it’s now been turned into a shop where residents can buy things like toiletries, sweets, drinks. All profits from this go back into their social fund. The hairdressing room was also on this floor and we were told was opened once or twice a week and the price list was displayed on the wall. This was not in use at the time of our visit but we were told it gets very busy with two hairdressers.


On the lower ground floor there was another themed room which was decorated as a beach area with sea and sand mural on the wall. There was a warm sunlight lamp, real sand and deckchairs, sunglasses and hats. Seaside music or sounds of the sea with waves crashing on the sand could be heard in the background. Drinks were served from a beach-side bar. All along the corridor were signs saying ‘to the beach’ and donkeys on the wall with residents names on them. We were told the beach area was used weekly.

All the rooms had names on doors making it clear where to go. The environment was calm and comfortable and temperature of areas was good. The call signals were unobtrusive with display of room numbers to identify who needed support or help. All areas were clean and tidy with no obstructions. The noise of laughter with residents was heard on both units as we looked around.

After looking around the home the visiting representatives split into two pairs and visited a different unit each.

Residential Unit

Many of the residents were sat in the main lounge, all at one side as an activity was taking place during our visit - knitting Easter chickens and pompom making. We witnessed staff supporting residents that needed help to make pompoms, kindly explaining what to do and commenting positively on knitting that residents, who were more independent, were doing. This area was a large room with a column in the centre with a large television and fire as focal point. The



dining room was set out for tea with place settings and a lounge area at one side for residents to relax in after eating or sit with visitors. Some residents were enjoying this area and other residents were in their own rooms. The attention bell was ringing during the time we were there but we noticed that it was people in different rooms needing help. The clock in the lounge was set at the wrong time or may have stopped.

Dementia Unit

The dementia unit was accessed by a key-coded door we noticed a strong odour at the top of the stairs at the entrance to this area and in the small lounge on the unit, we did not notice this smell elsewhere in the home. We were told later that this area had just been cleaned and was drying which Veronica felt may be causing the smell.

There was a very large picture of Castle Hill on the stairway wall which was an attractive feature and a very large scale map of Huddersfield at the top leading to the dementia unit.

During our visit music was playing on this unit and residents were singing and had musical instruments, e.g. tambourine and bells so they could join in. Staff were singing along and dancing and encouraging residents to join in. Seating in the lounge was in clusters and felt homely and the atmosphere was relaxed. We were told that one resident is very tearful but that she enjoys the music; this resident held out their hands to a member of staff who took their hands and sat with them. The resident put their head on the staff member's shoulder and the staff member sang to her which was clearly very comforting to the resident as the resident kissed the staff member on the cheek. Later, the same resident took a drink from the staff member's fizzy drink and she really enjoyed it. By this time, her daughter was visiting and she asked to buy a can from the shop which the staff member sorted out. The resident enjoyed having her own fizzy drink.

Refreshments were served at set times and according to choice. There was a large faced clock displaying the time.

We noticed again that staff interaction with residents was good, with staff talking to the quieter residents and getting down to their level to speak with them, maintaining eye contact and talking clearly.

As we were leaving the unit, one resident was pouring left over tea into an artificial plant. We told a member of staff who handled this with tact, saying "*Are you watering our plants again?*" in a gentle voice and steered the resident away from the exit.



Comments on choice and dignity

We were told that individual needs and requirements of each resident are identified through care plans and client reviews. The manager has an open door policy and residents, staff and visitors can pop in, telephone or email to chat or to discuss anything, or if they're unhappy or feel staff are not respecting their dignity. There are also residents meetings where relatives can come along too and discuss what improvements can be made in the home. Menus are looked at and people's suggestions for different meals are agreed. They also talk about how to make a complaint should the need arise. Dates for next residents meetings were on display.

We noticed that staff were friendly and respectful to residents, chatting while doing required tasks. Some residents happily told us that their choices were being met but a few seemed unaware or perhaps were not fully aware they could ask for different food choices. A resident raised a point about the difficulty of going outside or on trips out on their own as they needed support and staff are not always available to do this. We were informed there is an external, payable, service that can be used if required. We were told that two residents have opted to live on the dementia unit rather than downstairs because they prefer it there, showing that choices are being accommodated.

When the question was asked about how residents like to be addressed and if they are comfortable with this they confirmed that they were happy. It was also confirmed that they were able to rise and retire as and when they wish, one residents stating *“as long as you are down before a certain time for breakfast or lunch”*

We were told bedrooms can be personalised with own furniture but soft furnishings must be fire-retardant and all electrical equipment PAT tested. Residents confirmed this later on.

Comments from residents from the Residential Unit:

“In the middle of the night they will bring you a drink if you need one no fuss made” (staff)

“I make my own bed and have a shower myself”

“Staff tell you then they come on evening shift and tell you to tell them if you want anything”

“Bells in bedroom, only for help in an emergency”



Comments from residents from dementia unit:

“Don’t like fish so don’t have it”

“Like sweets in shop”

Comments from survey completed by visitors:

It was agreed that the individual felt that the residents needs were being met and they themselves felt involved in the care choices made and was encouraged to get involved in the planning.

Comments from survey completed by staff:

Staff all agreed they knew the residents very well but there were some differences when asked if they had enough time to talk to them with one member saying yes and others saying most of the time.

Staff informed us they get to know the residents by:

“Spending time with them”

“By reading the care plans and life story books and generally spending time with them”

“Spending time with individual residents, taking time to talk to family members”

Comments on food

All food is cooked on site and menu choices are reviewed at residents meetings and changes made as needed. Veronica told us that there are picture cards to help residents with limited verbal communications to choose what they would like to eat.

Residents can eat in their own rooms, lounge or dining room and although there are set times for meals, extra meals can be provided if these are not suitable. Visitors can eat with residents if notice is given and a table can be set up in another area if needed.

One Resident expressed they didn’t like the choices of food as it was potato and vegetables all the time and seemed unaware they could ask for another choice. They also felt they had to eat at a set time of 5.30pm for evening meal. This view wasn’t reflected in comments from other residents. Refreshments and drinks are provided at certain times of the day but residents can ask at other times.

Comments from residents from Residential unit:

“Food was not nice when I first came but they have sorted it now”

“Food good, dinner’s a good meal”

“If there’s nothing I like for lunch they do something else for me, sometimes poached eggs”

“I like pasta and Italian food, never had here”

Comments from residents from dementia unit:

“Food good”

“Nice food”

Comments from Visitors:

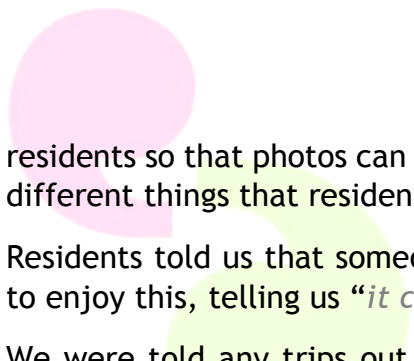
“My dad loves it here. The only thing he ever complains about is breakfast because the place settings are sometimes not set up correctly and there are sometimes no teaspoons”

Comments on activities provided

There is a new activities worker and this is her sole role. She works Monday to Friday, 6 hours per day and provides different activities for both units but residents from both units often mix and do activities together. Weekends tend to be busy with visitors but staff put on a film or the television if residents want this. There has been good engagement from residents in activities since the new worker began here. The manager told us *“She’s very outgoing and encourages people to get involved”*.

Activities provided are singing for the brain, parachute, bean bags, exercises and relaxation sessions, games, skittles, films, knitting activities and a lady comes to the service to do manicures. There are also occasional parties held upstairs due to the room layout. The café and shop open Monday and Fridays where special coffees and tea are served. There is a small charge for this, but no-one is left out if they don’t have the means to pay. The beach area is visited weekly but residents need to be escorted there, so this is dependent on staff availability.

There was a Spa session happening at the time of our visit where residents could book in to have a treatment or nails painted. Residents can get involved in planning what they want to do at residents meetings which are now held monthly. Life story books are something being completed at the home but are proving difficult to finish so family members are asked to contribute to these. Veronica told us it was lovely finding out all the things residents had been involved with and different backgrounds people had experienced and it is a lovely way to reminisce and memory jog. Scrap books are used for dementia



residents so that photos can be displayed in them, enabling relatives to see the different things that residents have been taking part in and enjoyed.

Residents told us that someone plays the piano occasionally and they seemed to enjoy this, telling us *“it can play itself, you can press a button”*

We were told any trips out arranged would be chargeable and as the better weather arrives more would be arranged. The activities plan was on display but in a small font size. Some were joint activities with both units taking part and others were separate activities.

Comments from residents from Residential Unit:

Comments varied around activities; some residents said they were not particularly involved in activities and others said they were and that they enjoyed them. Veronica did explain to us later that some residents do forget and have to be reminded of their choices.

“Singing, yes upstairs I sat with a load of people singing with a drink”

“I like to read and music”

“Someone now and again plays the piano”

“No one to take you out to the village”

“Only been once it’s a rubbish beach I can’t pretend it’s the real thing” (when asked about the beach)

“Everything happens upstairs”

“The piano, a lady plays beautiful”

Comments from residents from dementia unit:

“Enjoy shakers” (tambourines etc.)

“Like Song & Dance & Jive, Bingo and Exercises”

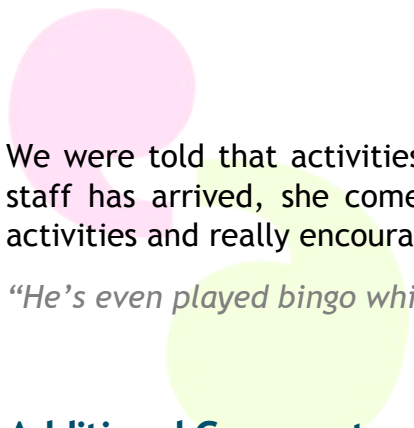
“Like Beach-room”

“Like dancing, Used to like going dancing”

“Like singing”

Another resident enjoyed showing us a gardening book with pictures of flowers. She confirmed she enjoyed gardening by saying *“yes”*. When asked if she would like to do some gardening and she said, *“Yes”*.

Comments from Visitors:



We were told that activities have increased lately since the new member of staff has arrived, she comes to the residents' rooms and tells them about activities and really encourages them to join in.

"He's even played bingo which he's never done before in his life"

Additional Comments

Comments from visitors:

"My mother is at Oakes Care centre and seems to be well cared for and happy, however there seems to be an unbalanced ratio between contact time and paperwork"

"Things have improved during the last few months. I'm not sure if this is just because it's been taken over, occasionally seem understaffed and there seems to be quite a high turnover of staff."

"It's clean, very rare there's a smell and if there is it gets dealt with quickly."

A visitor mentioned they had a few issues with their relative's medication and with the recording of a fall, this is being dealt with directly by the visitor.

Comments from surveys

By Visitors:

The visitor agreed that the service provided and personal care was very good and that the person they visit felt safe.

By staff:

Staff agreed that working here was either "very good" or "good". Staff opinion varied about workloads with one person saying yes they were happy and the others agreeing that most of the time they were happy.

Staff told us they are offered opportunities for further training. All staff agreed they would feel comfortable speaking to a senior staff member if any concerns or problems relating to work occurred. Staff rated the overall service for residents as very good. All staff members filling in the survey said they would be happy to recommend this care home to their family. A staff member told us the home is constantly changing to meet the needs and expectations of the people who live here and others said services could be improved by higher staff ratios and more outings.

When asked what is good about this care home



Visitors said:

“Lovely friendly staff who care about residents”

Staff said:

“The people who live here have a voice to make their needs and wishes known”

“The residents”

Staff said they would change:

“More staff to make it even better”

“Better pay”

About local health and care services that come into the home:

Comments from Visitors:

“Health service chiropodist could visit residents if possible and allowed”

Comments from Staff

“I think they are generally good, however care home liaison team can be rather rude”

“District nurses and local doctors are very supportive”

Conclusion

The visit to Oakes Care centre was an enjoyable experience, the home was welcoming and had a calm atmosphere and was maintained to a high standard. We really liked the idea of the themed rooms, especially the beach room which we had never witnessed before on our visits.

The staff we met at Oakes Care Centre were caring and cheerful and spoke to residents in friendly, easy to understand language. There was an emphasis on meeting individual needs and staff treated residents with care and dignity. We felt that needs of residents were met but some needed to be reminded more frequently of their choices, which the manager assured us does happen.

Visitors were greeted warmly on arrival and regular visitors with knowledge of the door codes were able to enter and depart as they wished. Activities seemed to be an area that residents enjoyed and visitors mentioned had improved lately, with mention from some that outings would be something they would like more of.



Recommendations

1. We recommend having an easy to read activity plan with larger font size, in the communal lounges or corridors with pictures to inform dementia residents of their choices.
2. We recommend that more regular outings are arranged to support choice and independence such as shopping or local trips out.

Provider Feedback

Enter and view Recommendations	Feedback from Joanne Frith Operations Manager of Oakes Care Centre
We recommend having an easy to read activity plan with larger font size, in the communal lounges or corridors with pictures to inform dementia residents of their choices	The Care Centre Manager has ordered picture cards to display in the communal area on a daily basis, so that clients that do suffer from Dementia can see the visual prompts which will assist them to make a choice to participate or not.
We recommend that more regular outings are arranged to support choice and independence such as shopping or local trips out.	The Care Centre Manager has held a residents meeting to ask the residents that currently reside at the Oakes, if they would like trips out if so where to. The residents have made some suggestions and the team at The Oakes are currently making arrangements for these trips to take place. It is worth noting that over the colder months trips from the care centre do reduce due to the bad weather conditions, and the team within the facility do organise more local trips during the spring and summer months.