



# Report of Enter and View Visit



Oak Lodge Rest Home

Report published May 2015



Care Home Visited	Oak Lodge Rest Home
Date and Time of visit	Tuesday 24 March 10.00am - 2.30pm
Address	98 - 100 Humber Road, Coventry, CV3 1BA
Size and Specialism	Up to 15 residents over 65 years who require personal care Does not provide nursing care
Authorised Representatives	Kerry Vieira and David Spurgeon

## Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

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## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and to gather the perspectives of those who are using the service. We aim to both make recommendations for development and to look for good practice examples of care through our Enter and View visits.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies so we can learn about and share examples from the perspective of people who experience the service first hand.

## Reason for the visit

To gather information about the experience of living in care homes in Coventry including quality of life factors such as activities and choices. To look at homes from the perspective of ‘would I wish my relative to live here?’

## **Methodology**

We collected our information by speaking to 3 of the 13 residents, one visitor and 3 members of staff. At the time of our visit there were two vacancies in the home.

Information was recorded on semi structured questionnaires asking open questions to establish what people liked most and what people felt could be improved.

Before speaking to each person we introduced ourselves by name, explained what Healthwatch is and why we were there. We established that the resident or staff member was happy to speak with us. We confirmed that their name would not be linked with anything they told us and that they were free to end the conversation at any point. We wore name badges to identify who we were and provided the care home manager with a letter of authority from the Healthwatch Coventry Chief Officer.

We made observations throughout the visit and made notes of what we saw around the home.

We left some questionnaires for completion by visitors, which can be posted back to our Freepost address.

## **Impressions**

The home is based on a busy main road and is accessed via a ramp outside and staff allow visitors access via a security coded door. Once in the home there is a reception area with a signing in book and comfortable seating where staff and visitors can sit and talk.

We were greeted by the friendly staff and introduced to the owner/manager and the deputy manager. As we arrived the online shopping order was being delivered.

We felt that during the visit staff showed a caring and compassionate approach.

## **Summary of findings**

We were shown around both floors by the deputy manager.

Adjacent to the reception area are a few steps and a stair lift which lead to the main communal lounge. There is also a newly fitted lift, which is large enough to take a wheelchair and staff to the upper level.

On the ground floor there is a spacious dining area and serving hatches into the kitchen. There were two communal toilets downstairs.

All of the staff were female. When we visited all of the residents were female but the staff told us they have had male residents and they provide a mixed sex facility.

Many of the residents were able to walk, although some needed support and use of walking aids, such as a walking frame.

We established that the home does not have a website; our Authorised Representatives looked at limited information about the home on the carehome.co.uk website prior to the visit.

All of the walls were decorated with different types of flower patterned wall paper. We were told by staff and residents that some rooms in the home had been recently redecorated. The home was carpeted throughout with the exception of the kitchen, toilets and wet rooms, which had hard flooring.

We received some comments regarding different activities that residents would like to be able to do in the home.

## **Results of visit**

All of the rooms we saw were clean and tidy, there were no unpleasant odours and the temperature in the rooms was comfortable. Whilst we were sitting in the dining room we noticed that the temperature became colder. This was due to cold air circulating through the open hatches between the kitchen and the dining room when the kitchen door to the garden was left open for a few minutes.

Residents told us that they find the staff friendly and caring.

We observed residents and staff sharing laughter and joking with each other in the large lounge. There were 4 residents in the small lounge watching television or sleeping in their chairs.

During our visit we observed that after lunch all the residents returned to their chair in the lounges and had a nap. One resident was watching television.

One of the residents was sight impaired. They were sitting in the small lounge and we observed staff asking her if she was alright and talking to her each time they passed through the room.

The residents were sitting quietly in the communal lounges. One resident was in her room and we observed staff checking on her and were told that staff go and turn her at intervals throughout the day. This resident's daughter visits 6 days per week to help to feed her mum, who has dementia and requires bed care. We had an opportunity to talk to this visitor who praised the staff for the quality of care they provide to her mum. She told us that her mum had been at the home before developing dementia and returned to the home after time in hospital. The staff told us that this resident was taken into hospital and needed more personal care. When she was discharged they agreed to take her back at the home and provide her with the care she needed because she had been living at the home a long time and they didn't want her to have to go somewhere else.

Each resident's room has an en-suite shower and sink but no toilet. Each resident has a commode in their room and upstairs there are two shared toilets plus a toilet in the communal shower room on the 1<sup>st</sup> floor. Staff told us that the residents don't usually use the showers in their rooms and prefer to use the communal shower. Commodes are emptied into the sluice room which is on the 1<sup>st</sup> floor.

To access the one communal toilet on the 1<sup>st</sup> floor residents must go down a step. We noticed that there was not a hand rail here and residents who prefer to use the toilet rather than their commode may find this difficult due to the step.

Residents' rooms were spacious and residents had personalised their space with photos, furniture, ornaments and books. Residents could choose to spend time in their rooms and told us that staff will take them to their rooms when the request it. Residents told us they can choose to keep their door open or closed.

Staff told us that they have access to training such as a recent course about mental capacity and dementia awareness. Staff undertake training at home in their own time via an online distance learning package. One member of staff said she likes this way of doing training because she can work it around her family life and doesn't need to attend an event on a set day like they used to have to. She also told us that the deputy manager will sign training off as completed when she carries out supervision with staff members.

We were told by staff that there are not regular staff meetings unless the deputy manager feels there is a problem, which the team need to discuss. Full team meetings are difficult to organise with staff working different shifts, so any issues are addressed one to one during supervision or at the time an issue is raised.

Staff told us that they enjoy their work and that Oak Lodge is a lovely place. The owner and managers are approachable and supportive. We were also told that there was a recent bereavement at the home and staff came together as a team and supported each other and the residents to come to terms with the loss.

Residents told us that they feel listened to by staff and they enjoy chatting and laughing with staff and other residents.

One resident told us they do not have a good view from their window as it looks out onto the wall of the neighbouring building, so they tend to spend most of their time downstairs in the large lounge mixing with the other residents. They said that despite the view they do like their room and sometimes go to their room to watch television or read in the evening.

A relative told us that they looked at lots of homes when deciding the best place for their mum to live. She said that picking Oak Lodge was the best decision she made.

## Food and drink

Residents told us they enjoyed the food. They had a choice of hot or cold drinks with their meals and were offered drinks throughout the day. Residents told us that staff provide them with drinks whenever they ask for them.

Residents were asked in the morning what they would like to eat at lunch time.

A resident told us that she has been finding that cranberry juice was helping her with a health problem she has had and staff keep this stocked for her and regularly offer her some. This resident also told us that she had recently moved here from another facility and before coming here she had lost her appetite and been suffering with depression. Since coming moving in here she has gained weight and feels more positive and happy. She felt that the home deserved an award for how well they care for their residents.

One resident told us that as long as staff are not busy in the kitchen she can go and help herself to something to drink or a snack. This resident also told us that she likes to help with cooking and enjoys baking cakes. In the past, staff have bought her ingredients so that she can make cakes to share with the other residents.

A resident told us that today she didn't fancy the shepherd's pie, which was on the menu and she prefers a salad. The staff made her a salad for lunch; she said that they always offer her choices. Her favourite meal is roast lamb and she likes Yorkshire puddings.

We observed 4 residents eating their lunch in the dining room and others being served their meal in the communal lounges on trays. We saw that some residents in the communal lounge received help with eating and staff were patiently talking to residents and encouraging them to eat. One resident was being fed her lunch in her room by her daughter.

We ate lunch with the residents in the dining room. Shepherd's pie with carrots, peas and swede; followed by pears with custard or ice cream for dessert. We thought the food was tasty, nutritious and well presented. We could see that residents cleared their plates and appeared to be enjoying their meals.

## Care

There is one resident who has severe dementia and is confined to her bed, we saw her in her room listening to the radio. We spoke to this resident's relative, she told us that the staff provide excellent care to her mother and they even make her dog welcome when it sometimes comes with her and gets some fuss from the other residents. She added that she values the opportunity to spend quality time with her mum and appreciates the staff letting her help with her mum's care.

Staff told us that if residents use the lift they must sit on the chair which they leave in the lift for safety reasons in case they feel faint or are unsteady on their

feet. They are always accompanied in the lift by a member of staff. They leave a chair in the lift unless they need to get a wheelchair in.

Residents are weighed regularly and any issues are reported to the doctor if they notice unusual changes in a residents' behaviour or weight loss which may cause concern.

The owner/manager told us that there are 4 GPs who look after residents and they will come out to see the residents if required or staff will take them to the relevant doctor's surgery. They can also have telephone consultations with the various doctors.

Residents told us that they are supported by staff to go up and down via the stairs or lift whenever they ask.

Residents said that staff respect their individual choices, there are not set times for people to go to bed at night or get up in the mornings. Staff told us that one resident usually gets up at 4am and likes to go to bed as early as 5pm. The manager told us that they used to be concerned about her going to bed so early and would try to wake her up for a meal in the evening. The resident got upset by this and told them when she is in bed she just wants to go to sleep and doesn't want staff to disturb her. They try to work her meals and drinks around this by offering her more to eat and drink during the afternoon.

Residents told us they have never been made to feel uncomfortable or embarrassed and that staff respect their dignity and privacy. One resident said that when she first moved in she felt uncomfortable about having to be 'looked after' but that staff have helped her to adjust to needing care, have put her at ease and made her feel more comfortable about it.

Residents told us that they ask for pain relief if they need it and staff provide this for them. They also told us that they feel able to point out if they are not happy about something and know that staff will talk to them and listen to their concerns. One resident said that her duvet had a tear in it and staff noticed this when they were changing her bed and replaced it straight away.

We were told that staff have a rota and each resident is taken for a shower daily.

Staff told us that residents choose what they want to wear and staff assist them with dressing if they need help.

We observed staff communicating well with residents in a non-patronising way and not shouting.

A relative of a resident told us that staff are vigilant and notice if her mum is unwell. They keep her clean and comfortable. She added that there are never any odours even though her mum is incontinent and that even when her mum was in hospital the staff from the home visited her and bathed her, 'nothing is too much trouble'.

## Activities

The owner/manager told us that residents who are able are free to come and go as they please and are given the code for the front door. Other residents who are less able due to restricted mobility or mental capacity, only go out if accompanied by a carer or if their friends and relatives take them. Some of the residents go for a walk to the local pub and shops. The owner/manager has taken residents on outings to local events and will pick them up after the event to enable them to have some independence. She described how she had tried to identify some activities that residents could attend such as a dancing group with Age UK and other social activities. However, this had not worked out as residents had felt they were cliquey and the residents did not feel like going back.

Staff told us that they will sometimes take the residents out shopping; two staff with three residents if they are in wheelchairs, or one to one. Staff prefer to do one to one outings as residents like to go in different shops and do different things. The home does not have access to a mini bus so they can only take a few residents out at any one time.

The home has two communal lounges, one large and one small. There is a television in the small lounge and chairs around the edge of the room and there are two large televisions in the large lounge with chairs round the edge of both ends of the room. We noticed that residents were all watching the same programme even though there are three televisions. Each resident also has a television in their room.

A resident commented that sometimes it is noisy in the large lounge with two televisions on and people chatting. They would like to be able to sit quietly and read, but still be around others. When the weather is dry and warm they can sit in the garden, but during the colder months the only way to spend quiet time is in their own room.

There is a door in the large lounge which leads to the small enclosed garden which is paved. There were some bedding plants and garden furniture.

We spoke to a resident who had been living in the home for 12 years; she said that she used to go out more by herself for walks to the local shops and pub but has recently felt less confident going out by herself. She said she may start going out more when the weather is warmer. She also likes gardening and used to tend the garden at the home. However, she told us she was disappointed because they got rid of the grass and put slabs in the garden a while ago and she preferred it when there was grass and flowers out there. She would like the garden to be greener and would like to be able to do some gardening again. She also likes drawing and said that staff got her some art pencils and paints so that she could do her drawings in the garden.

Another resident we spoke to had only been living in the home a few months and does not feel confident enough to go out alone as she has recently had to start

using a walking frame. This resident told us that she had settled in well and she was very happy living there. The staff and residents had been very supportive and kind which had been instrumental in helping her to adjust to living in a residential home.

Residents told us that they would like to have more activities organised during the day. Staff told us that not all residents like to join in with activities and sometimes this makes it difficult to arrange and it is sometimes difficult to keep all of the residents happy with this aspect of the job. She added "It is hard to get most of the residents to play games but we do try".

One resident told us that they would like to play games such as cards and that there used to be some games in the home but no one has played with them for a while and no one else is interested in playing them with her. We were also told that there used to be a Wii games console on which residents used to enjoy playing games such as bowling with but this has not been seen for a while so they don't know if they still have one. We asked the residents if they had mentioned this to the staff to see if they can play the games with them, they said they had not.

Staff and residents told us that they play bingo several times per week. Residents told us that they would like to do activities other than bingo sometimes.

During our visit we observed staff doing manicures for the residents.

Staff and residents told us that a lady comes on Thursdays to do exercises with the residents and sometimes staff carry out these exercise sessions with residents who wish to in the afternoons.

## **Dementia Friendly Design**

The home does not specialise in dementia. We did not see any dementia friendly signs.

Each room is numbered but there are no signs or photos on doors to any of the rooms. Printed signs on doors are small with black print in a white background.

## **Healthwatch Recommendations**

Following our visit we would like to recommend:

1. A hand rail should be installed next to the step which leads to the toilet on the first floor.
2. Residents indicated a desire for more variety of things to do during the day. Therefore we recommend that the activities available are reviewed and discussed with residents to see what else can be provided and if individuals are asking for different things, ways to meet these individual needs should be explored. Activities can be range of different things including one to one

interactions e.g. someone playing cards with a resident who wants to do this, doesn't need to be done in a group of residents.

It may help if this was designated as a responsibility for one member of staff who ensures that there are plenty of activities throughout the week especially when the weather is cold and residents do not go out.

3. The outside space is an asset but ways to introduce some plants to encourage residents to do some gardening should be developed
4. Ensure that the kitchen door is not left open when the weather is cold as this lowers the temperature in the dining room if the hatches are left open.
5. Use signs with pictures and clear words on doors for the rooms to indicate what they are, this could be helpful for those residents who have early stages of dementia and enable them to be more independent.
6. Look at the layout of the two lounge areas with a view to creating a quiet/quieter area for residents to use if they do not wish to watch TV.

### **Response from Care home Manager**

1. A handrail has been installed next to step which leads to the toilet on the first floor
2. We had a meeting with the residents about variety of things to do in the day. Residents said they liked the bingo because of the prizes they won i.e sweets, bubble bath, talc, tissues etc. I suggested that if we played board games or card games the winner could have a prize, they liked that idea. These activities will take place on a Monday and Thursday with two members of staff present.
3. The garden has already got a raised planting area which was designed when we had the garden redesigned. The resident's already get involved in the planting and watering during the warmer months.
4. We will ensure that the kitchen door is kept closed during meals times.
5. Signs have been ordered for doors to indicate what they are.
6. The small lounge has the TV on at all times, residents sit in there for that reason. There is a door that can be closed between the small and large lounge if there are different channels on, also when Activities are being carried out in the big lounge and the television is switched off.

- Annette Jewell - Oak Lodge Rest Home

## Acknowledgements

Healthwatch Coventry would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

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