

healthwatch

Nottinghamshire



Enter and View

The Oaks and Little Oaks

January 2017

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1. Summary of Evidence

During November 2016, the Healthwatch Nottinghamshire Enter and View team visited The Oaks and Little Oaks, Balderton, Nottinghamshire. The objective of this visit was to gather information about experiences of the home and the care that is received from service users and those who visit them. We specifically wanted to know about:

- The staff working in the care home;
- Whether service users were treated with dignity and respect;
- Involvement in care;
- What service users liked best about the home;
- What service users liked least about the home.

In total we spoke to 15 residents and 5 visitors.

2. Key findings

The overall experience rating of the home was 3.8. We asked people to rate their overall experience of the home, where 1 is poor and 5 is excellent. 6 people did not give a rating. The average rating from nine respondents was 3.8



Source: Responses from 14 people

The caring rating of the staff was 4. We asked people to rate how caring they felt that the staff were, where 1 is poor and 5 is excellent. 2 people did not give a rating. The average rating from 18 respondents was 4.



Source: Responses from 18 people

100% (13 residents) felt that the staff in the home cared about them and 60% (3 visitors) felt that the staff cared about the person they visit. The people who agreed with this statement talked about the staff being “helpful” and told us that they felt cared for by the staff:

They do really care for me, they do their best, they get me dressed and everything, they are all kind.

Yeah, they can't do enough. They're always finding out what they can do for you

Experiences of residents

In contrast two visitors perceived there to be inconsistencies in the care given, attributing this to differences in staff:

They get her ready each day, but the quality of the care depends on the carer. Some put more effort in than others.

The staff that used to work here - who tended to be older women - were much better, but they've all left. The new, younger staff don't seem to care as much. It's more of a day job for them, rather than actually caring for the residents.

Experiences of visitors

Our evidence indicates that most residents feel listened to by staff. We asked residents to state the extent that they felt staff listened to them. Of the 13 residents that answered this question:

- 6 people (46%) strongly agreed;
- 5 people (38%) agreed;
- 1 person (8%) neither agreed nor disagreed;
- 1 person (8%) disagreed.

Of the 20 people that we spoke to, 5 people (25%; 4 residents and 1 visitor) made reference to the fact that they or the person they visit is taken to the toilet when they needed it:

Oh yes they do listen, but don't always take you to the toilet - sometimes have to wait 10 minutes - not often - maybe twice a week.

Yes, I think so, sometimes could be a bit better, when they don't listen to me and sometimes tell me they will come back with something but don't come. Not all of the time but happens quite a few times, will say fetching a potty.

No one takes me to toilet in the afternoon.

Experiences of residents

We do not have further details as to whether these are isolated incidents or more frequent.

We also asked visitors the extent that staff spoke to them with respect and found that one person strongly agreed (20%), two people (40%) agreed and two people (40%) disagreed. The person who strongly agreed told us that they often spoke to the staff privately about any issues and felt that they listened. One of the people who strongly disagreed told us "I don't feel listened to at all. I have to keep repeating instructions."

All residents told us that they felt safe in the home. We asked residents the extent to which they felt safe in the home. Thirteen residents answered this question and 100% agreed or strongly agreed that they felt safe.

All visitors told us that they felt that the person they visit was safe in the home. However some concerns were raised about perceived staffing levels. We asked visitors the extent to which they felt the person they visited was safe (4 people) of which half (2 people; 50%)

strongly agreed. We also asked visitors the extent to which they felt other residents were safe, with 2 people (40%) agreeing, 1 person (25%) strongly agreeing, 1 person (25%) neither agreeing nor disagreeing and 1 person (25%) disagreeing. Two visitors raised specific concerns around perceived understaffing:

Some of the residents that are allowed to walk about aren't very steady. If there was more staff that care, they'd be able to monitor this.

Buzzers go off for a long time and nobody bothers to do anything, seems to be no degree of urgency.

Experiences of visitors

Residents in the care home felt as though their privacy was respected and their dignity maintained. However there were varying views around this from visitors. We asked residents the extent to which they felt that their privacy was respected. Of the thirteen people who answered this question, 100% strongly agreed or agreed. However on probing this, two concerning examples were shared with us:

- One resident told us that “She can refuse a male carer but has been 'told off' for refusing a male carer”. She did not want to disclose any more details to us about this.
- Another resident told us that they normally wear a catheter but the home had run out, so they were wearing a pad. They told us that this is put on in the morning but not changed until “teatime”, and that once they had one put on at 3am which was not changed until 11am. They told us that they staff encourage them to drink water, but they “worry due to passing lots of water”.

Some of the visitors we spoke to also gave examples where the privacy of the person they visit or other residents was not respected and their dignity was not maintained:

- One person told us that a male member of staff had walked in on the (female) person that they visit and it “freaked her out”. They did not wish to disclose any further details.
- “Things like taking residents to the toilet could be more discreet. Staff will call to one another across the room, “such and such needs taking to the loo”.”
- Another person told us that last year there were problems with [the person I visit] who she found wearing a t-shirt instead of her nightdress.

Some people that we spoke to felt that there are differences in care provision during the day time compared to at night, and during the week compared to weekends. Fourteen people told us whether they noticed any differences in the provision of care during the week compared to the weekend. The majority (9 people; 9 residents; 64% told us that they didn't notice any differences. Five people (3 residents; 2 visitors; 36%) felt that there were fewer staff working at the weekends, so there was a longer wait to be seen to by staff:

It sometimes takes longer if not enough staff, getting ready but still same care whatever.

Experience of a resident

There are fewer staff working at night, residents can wait a long time to get assistance.

Experience of a visitor

One resident who we spoke to felt that the meal service on the weekend was worse compared to the service during the week.

Thirteen people were asked whether they noticed any difference in the provision of care during the day compared to night. The majority (10 people; 10 residents; 77%) told us that they didn't notice any differences. Three visitors told us that they felt that there were not as many staff working in the evenings, and as with the weekends, residents may have to wait a little longer to be seen.

When people told us about a typical day in the home, this was mostly talked about positively (10 people; 77%). Some key themes that arose from the discussion included:

- Being allowed to choose what they did during the day;
- The provision of activities during the day, such as bingo, quizzes and doing arts and crafts (two people (15%) spoke positively about the Activity Co-ordinator);
- The provision of trips outside of the home, e.g. one resident told us that they had been to a garden centre to look at Christmas decorations;
- Feeling as though they were independent and able to choose what they do, e.g. "I can go to sleep when I feel like it."
- Ten residents (77%) made positive reference to the food, saying that they enjoyed this and were able to choose what they ate.

Three residents (33%) spoke negatively about a typical day in the home, saying that "boredom worst problem [sic]".

83% (5 people) of residents felt involved with decisions about their care. 100% (4 people) of visitors did not feel involved in decisions about how the person they visit is cared for. One resident told us "if I need to see a doctor it will happen quickly, no trouble like that". The visitors we spoke to were able to highlight occasions where they did not feel informed about the care of the person they visit:

No, I consult with staff and I have to badger staff. It is very stressful.

Monthly meeting for relatives and staff was planned by the last manager but nothing happened.

I've not seen a care plan in a long time.

They do what they think is right. [The person I visit] had an issue and they allowed it to get worse than it should have done... I didn't know until the day after that [the person I visit] had been discharged from hospital

Experiences of visitors

100% (4 people) of visitors told us that they would challenge the home if they were concerned about aspects of the care of the person they visit, or other residents in the home. They told us that complaints had been dealt with unsatisfactorily in the past. We asked visitors what they would do if they were unhappy about the care that the person they visit was receiving, or the care of another resident. Four visitors spoke about this and shared negative experiences with us. Two visitor told us that they were not aware of a complaints policy.

3. Conclusions and recommendations

Conclusion 1:

Based on our evidence, residents appear to have a positive experience of The Oaks and Little Oaks. The findings show that staff were given a caring rating of 4 and 100% of residents felt that staff cared about them. The majority of residents (84%) felt that staff listened to them, 100% felt that they felt safe in the home and that they were treated with dignity and respect.

Conclusion 2:

Both residents and visitors identified specific issues that the home could address to improve service user experience. We were told about improving the provision of fresh fruit and vegetables available, extending the lounge area to accommodate to reduce a sense of crowding, less management turnover and the retention of staff who demonstrate their interest in caring for people. We appreciate that some of these may be difficult to implement in the home.

Recommendation 1: Ensure that service users are informed about any changes in management. We were told about changes in management and differences in managers in terms of how they communicated with residents and visitors. We suggest ensuring a consistent and regular process, for example, a newsletter or written update that is distributed to visitors and residents to ensure that they are fully informed regarding any administrative changes. If there are processes currently in operation, they appear to be ineffective.

Conclusion 3:

Everyone that we spoke to told us that they weren't aware of a complaints policy and that the opportunity to raise issues was not clear. All of the service users, relatives and representatives should be able to inform the home of any problems or complaints that they have, so that the service can be improved.

Recommendation 2: We seek clarity from the home regarding how the complaints policy is communicated to visitors and residents, and to consider the implementation of a feedback process to gather concerns and compliments.

Recommendation 3: Implement regular meetings for staff and visitors to attend so that any problems can be discussed. We were told that a monthly meeting for visitors had been arranged but this never took place. We suggest that this is implemented to address the issues around being listened to, making suggestions and where necessary, making a complaint. This recommendation also links to Recommendation 2.

4. Introduction

4.1 What is Enter and View?

Enter and View is a power given to local Healthwatch through the Health and Social Care Act 2012. It enables Authorised Representatives of local Healthwatch to go into health and social care premises to see and hear for themselves how services are provided and to collect the views of service users at the point of service delivery. Service providers must allow our authorised representatives entry so long as it doesn't affect their provision of care or the privacy and dignity of people using their service.

Healthwatch Nottinghamshire has this power across the whole remit of health and social care services (with the exception of social care services for children under 18) within the city. As residential care facilities are not open to the public, they may not be open to scrutiny as readily as other health and social care services. Using our Enter and View power within residential care facilities could potentially identify services in need of support to improve resident and visitor experience, and therefore provide us with the opportunity to influence quality for people who are likely to be vulnerable and seldom-heard when it comes to expressing their experiences and views of health and social care services.

4.2 The Oaks and Little Oaks, Balderton, Nottinghamshire

The Oaks and Little Oaks is a residential and nursing home in Balderton, Nottinghamshire. The home has capacity for up to 60 residents. During our visit there were 42 residents (14 residential and 28 nursing).

4.3 Our approach

Nottinghamshire has over 300 residential care facilities. To identify a suitable residential care facility to undertake an Enter and View exercise, the following steps were taken:

- All residential care facilities with an overall CQC rating of “Requires Improvement” were shortlisted. Any residential care facilities with an overall rating of “Good” or “Outstanding” were excluded because we felt that we were unlikely to identify any problems relating to service user experience. We also excluded any services with an overall rating of “Inadequate” as we felt that these services would already be subject to ongoing scrutiny from the CQC and local authority.
- We searched our database of service experiences for anything shared regarding care homes that may inform our decision. Experiences held on our database were collected through four main channels:
 - Direct methods including Healthwatch engagement activities, our website, telephone and email.
 - Through our online monitoring system which collects evidence from Twitter, blogs and news sites.
 - Patient Opinion, although this data has only been collected since May 2015.
 - Information sharing
- Nottinghamshire County Council shared their care home bandings with us, where homes were given a rating of 1 to 5 and some homes had a Dementia Quality Marker which demonstrated excellent dementia care. We shortlisted three care homes which demonstrated a 2-point drop in banding between 2014/15 and 2015/16.
- We liaised with CQC care home inspectors who shared intelligence with us about the three shortlisted homes and based on this, decided to focus on The Oaks and Little Oaks.

The Oaks and Little Oaks was notified of our intention to visit four weeks before the visit. The Enter and View leads met with the care home manager to discuss the Enter and View process, to answer any questions and agree how to make the best use of the visits.

4.4 The project team

The use of volunteer Enter and View Authorised Representatives was a key part in collecting experiences of residents and visitors. These individuals went through a formal selection process, including the taking up of references, a Disclosure and Barring Service (DBS) check and an interview with a panel of Healthwatch staff. All received training over two days, which covered the role of an Enter and View Authorised Representative and how that would fit in with our rolling programme of visits into care home, confidentiality, safeguarding, equality and diversity and Dementia Friends awareness.

In addition to the Enter and View Authorised Representative training, all staff and volunteers in the Enter and View project team attending a training session regarding this visit specifically. The session covered the aims and objectives of the visit, contextual information about The Oaks and Little Oaks and review of data collection tools and how to use these. We wanted to prepare our volunteers as much as possible when they attended The Oaks and Little Oaks home. Our project team was made up of four members of staff from Healthwatch Nottingham and Healthwatch Nottinghamshire, and eight volunteers.

5. Findings

5.1 Overall experience

We asked people to rate their overall experience of the home, where 1 is poor and 5 is excellent. 6 people did not give a rating. The average rating from 14 respondents was 3.8.



Source: Responses from 14 people

The most frequently give score was 5, with 5 respondents (36%; 5 residents) reporting their overall experience of the home as excellent. Three visitors answered this question, and 1 visitor (33%) gave a rating of 1, 1 visitor (33%) gave a rating of 2 and 1 visitor (33%) gave a rating of 4.

5.2 Staff

We asked people to rate how caring they felt that the staff were, where 1 is poor and 5 is excellent. 2 people did not give a rating. The average rating from 18 respondents was 4.



Source: Responses from 18 people

The most frequently given score was 5, with 7 respondents (39%; 7 residents) reporting that the staff were excellent in terms of how caring they are. We specifically asked residents to state the extent that they agreed with the statement “The staff care about me”. Of the 13 residents who answered this question, 7 people (54%) strongly agreed, and 6 people (46%) agreed. We asked visitors the extent that they agreed with the statement “The staff care about the person I visit”. Of the 5 people who answered this question, 1 person (20%) strongly agreed, 2 people (40%) agreed and 2 people (40%) disagreed.

The people who agreed with this statement talked about the staff being “helpful” and told us that they felt cared for by the staff:

They do really care for me, they do their best, they get me dressed and everything, they are all kind.

Yeah, they can't do enough. They're always finding out what they can do for you

Experiences of residents

In contrast two visitors perceived there to be inconsistencies in the care given, attributing this to differences in staff. One visitor felt that there was a lack of care that led to hospital visits:

They get her ready each day, but the quality of the care depends on the carer. Some put more effort in than others.

She's not getting the care she needs....She has been admitted to Kings Mill twice.

The staff that used to work here - who tended to be older women - were much better, but they've all left. The new, younger staff don't seem to care as much. It's more of a day job for them, rather than actually caring for the residents.

Experiences of visitors

We asked residents to state the extent that they felt that staff listened to them. Of the 13 residents that answered this question, 6 people (46%) strongly agreed, 5 people (38%) agreed, 1 person (8%) neither agreed nor disagreed and 1 person (8%) disagreed.

We also asked residents the extent to which staff spoke to them with respect. Of the 12 people who answered this question, the majority agreed (7 people; 58%) with 4 people (33%) strongly agreeing and 1 person (9%) neither agreeing nor disagreeing. We asked residents to give us examples of when staff had listened to them:

They don't ignore me, respond quite promptly.

They all do and are all very nice.

Experiences of residents

Of the 20 people that we spoke to, 5 people (25%; 4 residents and 1 visitor) made reference to the fact that they were not taken to the toilet when they needed it:

Oh yes they do listen, but don't always take you to the toilet - sometimes have to wait 10 minutes - not often - maybe twice a week.

Yes, I think so, sometimes could be a bit better, when they don't listen to me and sometimes tell me they will come back with something but don't come. Not all of the time but happens quite a few times, will say fetching a potty.

No one takes me to toilet in the afternoon.

Sometimes they have to wait ages to go to toilet - but what can we do.

Experiences of residents

We also asked visitors to state the extent that they felt that staff listened to the person they visit and talked to them with respect. Of the five visitors that answered this question, four people (80%) agreed and one person (20%) disagreed. We also asked visitors the extent that staff spoke to them with respect and found that one person strongly agreed (20%), two

people (40%) agreed and two people (40%) disagreed. The person who strongly agreed told us that they often spoke to the staff privately about any issues and felt that they listened. One of the people who strongly disagreed told us “I don’t feel listened to at all. I have to keep repeating instructions.”

We asked residents to state the extent that they felt that staff treated them with kindness and compassion. Of the eleven residents that answered this question, over half (64%; 7 people) agreed and four people (36%) strongly agreed.

Residents were not always able to give specific examples though spoke highly of staff:

‘Yes, if I ever need to talk to them about anything they always find time’
Oh yes, most of them do, but some of these just coming into it not so good, generally very good though.

Experiences of residents

We asked residents to state the extent that they felt that staff knew their likes and dislikes. Of the twelve people who gave an answer, the majority (eight people; 75%) agreed with this statement, two people (12.5%) neither agreed nor disagreed and two people strongly agreed (12.5%). One resident gave an example about how they have a food allergy which staff are aware of yet they are still given meals that have the allergen in them. We were told: “I have told staff and I think it is written down somewhere but I still sometimes get given this”.

We also asked visitors to state the extent to which they felt that staff knew the likes and dislikes of the person they visited. Of the four people who answered this question, one person (25%) agreed, one person (25%) neither agreed nor disagreed, one person (25%) disagreed and one person (25%) strongly disagreed, and gave the following examples:

On most occasions the staff are very obliging when her [the person I visit] states her preferences e.g. she quite often requests and gets meal not on the menu for the day.
A lot of staff have left recently which means it is difficult for them to get to know you.
Overfilling of cups and mugs is a problem due to her strength, she can't lift it. I've been telling staff to use a beaker. Some bottles and mugs she's given are physically too big to pick up.

Experiences of visitors

Fourteen people were asked whether they noticed any differences in the provision of care during the week compared to the weekend. The majority (9 residents; 75% of residents) told us that they didn’t notice any differences, stating that it was the same and that the number of staff members appeared to be the same. Five people (3 residents (25% of residents) and 2 visitors (100% of visitors) felt that there were fewer staff working at the weekends, so there was a longer wait to be seen:

It sometimes takes longer if not enough staff, getting ready but still same care whatever'

Experience of a resident

There are fewer staff working at night, residents can wait a long time to get assistance.

Experience of a visitor

One resident that we spoke to felt that meal service was poorer on the weekend and one resident told us that there weren't any activities for residents on the weekend.

Thirteen people told us whether they noticed any difference in the provision of care during the day compared to night. The majority (9 residents; 100% of residents responding) told us that they didn't notice any differences. Three visitors (100% of visitors responding) told us that they felt that there were not as many staff working in the evenings, and as with the weekends, residents may have to wait a little longer to be seen.

5.3 Safety

We asked residents the extent to which they felt safe in the home. Thirteen residents answered this question and the majority (7 people; 54%) strongly agreed that they felt safe and 6 people (46%) agreed.

We asked visitors the extent to which they felt the person they visited was safe (4 people) of which half (2 people; 50%) strongly agreed, one person (25%) agreed and one person (25%) neither agreed nor disagreed. The person who neither agreed nor disagreed told us that they found the person they visit "on the floor of her room" when they visited last week. The visitor did not wish to disclose any further information.

We also asked visitors the extent to which they felt other residents were safe, with 2 people (40%) agreeing, 1 person (25%) strongly agreeing, 1 person (25%) neither agreeing nor disagreeing and 1 person (25%) disagreeing. The three people who strongly agreed or agreed could not give specific examples, stating that "they look safe". However two visitors raised specific concerns around perceived understaffing:

Some of the residents that are allowed to walk about aren't very steady. If there was more staff that care, they'd be able to monitor this.

Buzzers go off for a long time and nobody bothers to do anything, seems to be no degree of urgency.

Experiences of visitors

5.4 Dignity and Respect

We asked residents the extent to which they felt that their privacy was respected. Of the thirteen people that answered this question, 54% (7 people) strongly agreed and 46% (6 people) agreed. People gave this response:

- as they had their own room;
- told us that staff knocked before entering their room;
- were respectful when bathing them;
- were able to have conversations with staff in private spaces if desired.

One resident told us that “She can refuse a male carer but has been ‘told off’ for refusing a male carer”. She did not want to disclose any more details to us about this. Another resident told us that they normally wear a catheter but the home had run out, so they were wearing a pad. They told us that this is put on in the morning but not changed until “teatime”, and that once they had one put on at 3am which was not changed until 11am. They told us that the staff encourage them to drink water, but they “worry due to passing lots of water”.

We asked visitors the extent to which they felt that the privacy of the person they visit is respected. Of the five people that provided a response, three people agreed (60%), one person (20%) strongly agreed and one person (20%) neither agreed nor disagreed, stating that the main reason for this response was that the resident had a private room. One person told us that a male member of staff had walked in on the (female) person that she visits and it “freaked her out”. They did not wish to disclose any further details.

We also asked visitors the extent to which they felt that the privacy of other people in the home was respected. The five people who answered this question strongly agreed (1 person; 20%), agreed (3 people; 60%) and neither agreed nor disagreed (20%). Though the people we spoke to gave a positive rating, they struggled to give examples and highlighted instances where they felt that the privacy of other residents had not been respected.

Occasionally has seen problems but some of the residents can be difficult (e.g. dementia); the demands on the staff are very high.

Things like taking residents to the toilet could be more discreet. Staff will call to one another across the room, “such and such needs taking to the loo”.

Experiences of visitors

We asked residents the extent to which they felt that they were treated with dignity and respect. Of the ten people that provided a response, 8 people (80%) agreed and 2 people strongly agreed (20%).

None of these individuals could give an example when asked. We also asked visitors the extent to which they felt that the person that they visit is treated with dignity and respect. Of the five people who answered this question, three people (60%) agreed, one person (20%) strongly agreed and one person (20%) disagreed. None of the respondents were able to give examples.

We also asked visitors the extent to which they felt that other residents were treated with dignity and respect. Two people (40%) agreed, two people (40%) disagreed and one person (20%) strongly agreed. The two people who disagreed were able to give specific examples:

Last year there were problems with [the person I visit] who she found wearing a t-shirt instead of her nightdress

I believe there are some hygiene issues, with staff not washing hands and things. I sometimes have to go and make other residents tea and coffee as there won't be any staff about. This morning I overheard two members of staff arguing over who would get a resident up.

Experience of visitors

5.5 A typical day for residents

Thirteen residents told us in some detail about a typical day in the home. Of these, ten people (77%) spoke positively about this. Some key themes that arose from the discussion included:

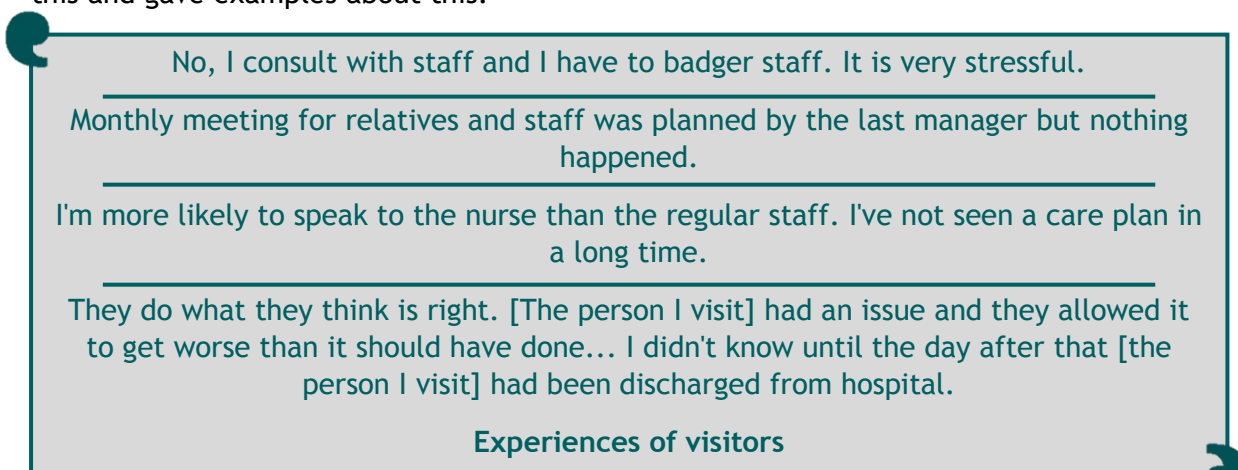
- Being allowed to choose what they did during the day;
- The provision of activities during the day, such as bingo, quizzes and doing arts and crafts (two people made unsolicited positive comments about the Activity Co-ordinator);
- The provision of trips outside of the home, e.g. one resident told us that they had been to a garden centre to look at Christmas decorations;
- Feeling as though they were independent and able to choose what they do, e.g. “I can go to sleep when I feel like it.”
- Ten residents (77%) made positive reference to the food, saying that they enjoyed this and were able to choose what they ate.

Three residents (33%) spoke negatively about a typical day in the home, saying that “boredom worst problem [sic]”.

5.6 Involvement in decisions

We asked residents whether they felt involved in decisions about their care. Of the six residents who spoke about this, 83% (5 residents) felt that they were involved, with one resident telling us “if I need to see a doctor it will happen quickly, no trouble like that”. One person felt that they weren’t involved in decisions about their care but didn’t explain why they felt this way.

We asked visitors to extent to which they feel involved in the care of the person they visit (insofar is appropriate for their relationship). Four visitors (100%) spoke negatively about this and gave examples about this:



No, I consult with staff and I have to badger staff. It is very stressful.

Monthly meeting for relatives and staff was planned by the last manager but nothing happened.

I'm more likely to speak to the nurse than the regular staff. I've not seen a care plan in a long time.

They do what they think is right. [The person I visit] had an issue and they allowed it to get worse than it should have done... I didn't know until the day after that [the person I visit] had been discharged from hospital.

Experiences of visitors

5.7 Making a complaint

We asked visitors what they would do if they were unhappy about the care that the person they visit was receiving, or the care of another resident. Four visitors told us that if they had a concern, they would raise this directly with the manager. Two of the visitors (50%) told us that they were not aware of a complaints policy:

I have never been advised about a policy on complaining.

I do complain, but it goes in one ear and out the next. I'm not aware if there's a complaints policy.

Experiences of visitors

The same four visitors also told us that they had made complaints in the past and they felt that this was a negative experience:

Has complained about administration - although her family paid the bills promptly they had on two occasions received 'final notice' statements saying that failure to pay would result in legal action - very distressing. Management admitted failings in system

have complained to managers, one did nothing, one sorted out problems and I also sent a letter to the council as ambulance staff had also complained about how [the person I visit] was found when fetched from the home to hospital and the staff were unable to pass over care records/ meds records and were making things up on the spot.

Experiences of visitors

5.8 Improvements to the home

We asked residents and visitors about what would improve their experience of the home:

- Better food choices, particularly more fresh fruit and vegetables and less “stodgy food”;
- Extending the lounge area. This was suggested as it was felt that the staff did not have enough space to move residents and take them to the toilet;
- Better management;
- More staff with a genuine interest in caring for people:

I'd have more caring staff, not just people who are filling out their time. Apparently they meet their 'quota' of staff. It looks fine on paper, but doesn't work in practice.

Experience of a visitor

6. Response from care home

Ian Banks - Manager, The Oaks and Little Oaks

Since commencing in post I have put into place the following;

1. Meetings schedule for the current year. This includes the dates throughout the year for Staff Meetings, Residents Meetings and Relatives Meetings. The schedule has been emailed out to those relatives who have requested a copy and also it has been displayed in the public areas around the home.
2. Notices to remind people of the date when a meeting is due are placed around the home usually about seven days before the meeting is held.
3. Minutes of Relatives Meeting will be available to relatives.
4. Residents now have a meeting every other month. Minutes are recorded and a copy of these is available for each individual resident. For those residents who remain in their rooms throughout the day or are nursed and cared for in bed throughout the day, a member of staff will go around to them to see if there are any matters etc. that they would like to be raised on their behalf at the meeting.
5. Fresh fruit items are available throughout the daytime. Residents are made aware of what fruit items are available to them each day by sample fruits being placed on the breakfast, drinks and lunch trollies.
6. The company's Complaints Policy and Procedure is now available.
7. As a manager I always have an open door policy for anyone who wishes to see me.
8. I am available in the home for a large part of the day, i.e. usually between the hours of 06:00 and 17:00
9. As the Home Manager I am expected to carry out one complete walk-round of the home each day during which I carry out a number of checks etc. and record these. I do however carry out at least one more if not two walk-rounds each day that I am in work.
10. A number of TRaCA's [a resource that allows staff to instantly update records] are completed throughout the week. These include both daily and weekly checks. TRaCA's include a Daily Medication TRaCA; this is a medication check for each individual resident. Resident Care TRaCA; this is where a full and comprehensive check of each individual residents care file and care plans etc. are checked

With regard to recruitment this is on-going. We have in the past had to rely upon the usage of agency qualified nursing staff but have recently interviewed and offered employment to two applicants. This will provide a much more consistent approach to resident care and support. Staffing levels are kept under close review in order to ensure that there is always sufficient staff on duty to meet the needs of the resident group. In order to ensure that we do at all times have sufficient staff numbers on duty we carry out a weekly check or TRaCA called CHESS. This measures and records the care and support needs for each individual resident and then calculates how many staff are required per shift/through the twenty-four hour period to be able to meet all of the individual care and support needs.

We collate feedback on a daily basis from members of staff, residents, relatives and friends and also visiting professionals. Feedback is sought in two ways; by staff using an iPad to ask survey questions and also by having a Feedback Station located in each of the homes two entrances. Also in each of the homes two entrances we have feedback cards for people to complete and then submit to www.carehome.co.uk

Who are Healthwatch Nottinghamshire?

Healthwatch Nottinghamshire is an independent organisation that helps people get the best from local health and social care services. We want to hear about your experiences, whether they are good or bad.

We use this information to bring about changes in how services are designed and delivered, to make them better for everyone.

Why is it important?


You are the expert on the services you use, so you know what is done well and what could be improved.

Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

How do I get involved?

We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.


You can have your say by:

 0115 963 5179

 www.healthwatchnottinghamshire.co.uk

 @HWNotts

 [Facebook.com/HWNNottinghamshire](https://www.facebook.com/HWNNottinghamshire)

 Healthwatch Nottinghamshire
Unit 2 Byron Business Centre
Duke Street
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1. Join our mailing list

We produce regular newsletters that feature important national health and social care news, as well as updates on local services, consultations and events.

You can sign up to our mailing list by contacting the office by phone, email or by visiting our website.

2. Become a Healthwatch volunteer

We need enthusiastic volunteers from around the County to promote the Healthwatch message, to feed information to and from groups, and help us collect people's experiences. We also need specialist volunteers to help us to assess services through Enter and View and other projects.

Interested? Get in touch and we'll let you know what roles are currently available and what to do next.

Acknowledgements

We would like to thank all of the residents and visitors who spent time talking to our project team. We would also like to thank the volunteers who supported this visit:

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Phil Thomas

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