

Enter & View report

Four Oaks Care Home

Address:

28 Wood Lane
Partington
Urmston
Manchester
M31 4LX

Telephone:

0161 359 3983

Owner:

Kingsley Care Home Limited

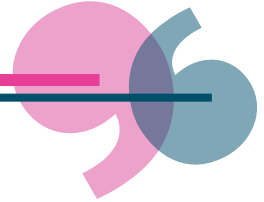
Registered Manager:

Simon Shaw



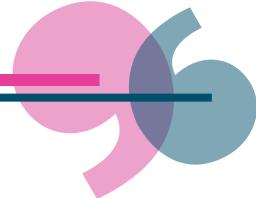
Date of visit: 24th April 2019

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What is Enter & 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 make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and view visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. The aim of the Healthwatch Enter and View visits is to give relatives and carers a perception of what daily life it is like for residents living at a care home and whether the home is somewhere they would place their family member.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission [CQC] where they are protected by legislation if they raise a concern.

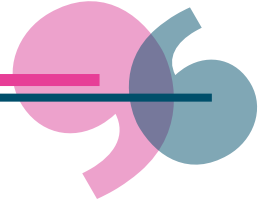


Acknowledgements

Healthwatch Trafford would like to thank the owner, Registered Manager, staff and residents of Four Oaks Care Home and the relatives of the residents for their contribution to the Enter and View programme.

Disclaimer

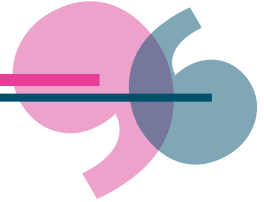
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users, only an account of what was observed and contributed at the time.



Executive Summary

Findings

- Four Oaks Care Home provides nursing and residential care for up to 62 elderly residents. At the time of the visit there were 62 residents living at the home. Care is provided on the ground and first floor of the home in four separate units.
- We were informed that the home has 60% of their residents living with various levels of dementia. Some residents exhibit higher levels of dementia.
- Four Oaks Care Home is a modern purpose-built care home, offering accommodation over two floors. The home has 62 single bedrooms.
- The home is enclosed by large, secure and well-maintained gardens that give good views of the surrounding area.
- The Manager kindly agreed to mail the Healthwatch Trafford relative questionnaires to relatives of residents living at the home. Twenty-nine completed questionnaires were returned to us. The questionnaires informed us that 80% of people felt their relative living at Four Oaks were treated with kindness and compassion.
- On gaining entrance to the home, it was bright, modern, well maintained, warm and odour free, with a variety of notice boards displaying information for residents and visitors.
- On the day of the visit we observed staff members working and engaging in a kindly manner with residents.
- Members of staff we spoke to told us that they were extremely happy to be working at the home and expressed confidence in the new Manager who they regarded as approachable and appeared to be generating stability within the home.
- At the time of the visit the Four Oaks Registered Manager had been in post eight weeks.
- Average costs are £1005 per week. Added to this is the cost for FNC [Funded Nursing Care] and CHC [NHS Continuing Healthcare] for those residents requiring various levels of nursing care.
- A CQC inspection of Four Oaks took place in July 2018. Following the inspection, the home was given a 'Good' rating. To access the CQC inspection report please go to: <https://www.cqc.org.uk/location/1-2650333959>



Recommendations:

1. Review weekend staff procedures to ensure there is a more visible staff presence for relatives visiting the home over the weekend period. *[please see visitors comment page 9 of this report]*

Manager's response:

New staff allocation/deployment forms have been introduced to improve visibility of staff especially in communal areas. The Home Manager and Clinical Lead work alternative weekends, ensuring that there is a weekend presence of Management

2. To review the consistency of care being delivered by the different care teams on duty at the home. *[please see relatives' comments page 11 of this report]*

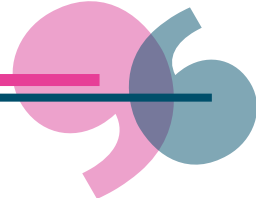
Manager's response:

The use of agency care assistants no longer takes place following the Home Manager's arrival and subsequent recruitment drive. The benefits are that we now only have staff whom the residents and relatives can build a relationship and trust with. Skill mix and experience are also considered when creating rotas.

3. To consider how best to ensure that care staff are fully aware of a resident's needs and preferences in an individual's care plan *[see visitors comment page 11 of this report]*

Manager's response:

All care staff has access to the resident's care plans via our hand-held iPod devices. Predominantly we now have settled core within each teams for each unit. Care plans are reviewed monthly with input from the care team, residents and relatives alike. The benefits for this are that staff can one again get to know the needs and wishes of the residents ensuring the we provide Person Centred Care.



4. Consider how to ensure that residents and relatives' request are actioned [see relative's comments page 12 of this report]

Manager's response:

The Home Manager holds monthly residents' and relatives' meetings. Following the meetings, a 'You Said, we did' poster will be displayed, evidencing that requests have been actioned. The Home Manager also makes himself available with a drop-in or appointments style surgery every Friday afternoon for residents and relatives to access for any personal requests they may have. The Home Manager also has an open-door policy and makes himself available with the distribution of business cards with his contact details on. Therefore, anyone can have access to the Home Manager 24 hours a day, seven days a week.

5. To review the current staff ratio supporting residents at mealtimes. [please see comments made by staff and relatives, pages 12 & 13]

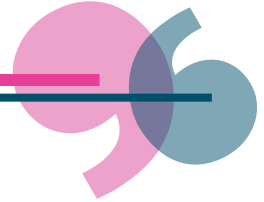
Manager's response:

The Home Manager completes mealtime experience audits which focus on staff deployment, quality of food and the overall experience of dining. The observations and general feedback is that the dining experience is pleasant and enjoyable. Staffing levels are also constantly reviewed and the Home Manager feels that staffing levels are more than sufficient to continue to provide a quality dining experience for residents. Staff deployment and role allocations have improved the efficiency of the teams.

6. To review current weekly activities at the home including weekend activities and to continue to develop and improve, so that there are appropriate activities for all residents, given their differing levels of ability and understanding.

Manager's response:

Four Oaks now employs two full-time Activity Coordinators. The Feedback the Home Manager has received since the additional Coordinator has joined us has been very positive. They have brought a wealth of knowledge and experience with lots of new and creative ideas with them from a previous similar role. Their enthusiasm is infectious. Individual and group activities has improved significantly since their arrival, ensuring all abilities and interest are catered for.



7. Review the laundry system to ensure that clothes are returned to their rightful owner as not all clothes had name tapes, or names had been washed out.

Manager's response:

Four Oaks has a dedicated member of staff who works in our launderette. We advise new and existing residents and relatives about the importance of keeping their clothes labelled at all times. Any unlabelled garments are stored and kept safe until their rightful owner can be found. Laundry supervisor will remark clothes as and is needed.

Good practice initiatives for consideration:

<http://www.bbc.co.uk/rd/blog/2017-02-bbc-rem-arc-dementia-memories-archive>

A programme to encourage reminiscence in people with dementia.

[https://www.carehome.co.uk/news/article.cfm/id/1574414/paper-armband-care-workers-malnutrition.](https://www.carehome.co.uk/news/article.cfm/id/1574414/paper-armband-care-workers-malnutrition)

This is a paper armband, which can be routinely used to identify changes in nutrition or hydration.

<https://www.nice.org.uk/guidance/ng48>

A link to the National Institute for Health and Care Excellence [NICE] for 'Oral health for adults in care homes'

Identified Good Practice

Pharmacy being based at Four Oaks Care Home each week on a Monday and Tuesday to review residents medications

The home's owners[Kingsley] offers a care counselling service for their staff at Four Oaks Care Home.

Purpose of the Visit

The visit to Four Oaks Care Home is part of an ongoing planned series of visits to care homes to discover what residents and their families think about the health and social services that are provided and examples of good working practice by:

- Observing and identifying best practice in the provision of care homes for vulnerable older people requiring social care or nursing care.
- Observing residents and relatives engaging with the staff and their surroundings
- Capturing the experience of residents and relatives

An Enter and View visit is not an inspection.

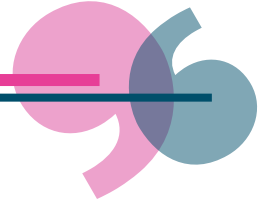
Strategic Drivers

We are using all/some of the following criteria for the timing of our visits.

- Ageing population in Trafford requiring care homes
- Good practice
- Length of time since the last Care Quality Care [CQC] visit so that we are not placing an unfair burden on care home management and staff by having two visits in close proximity.
- Where any issues of concern are raised with Healthwatch either by a resident or their carer. Residents' family/carers will be asked to complete a questionnaire anonymously.
- If there are specific questions of quality of care raised by Trafford Council, Healthwatch [as an independent body] will consider whether a visit is warranted.
- When invited by care homes to publicise good practice or points of learning.
- CQC and partners 'dignity and wellbeing' strategy:
- <http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>
- Changes in management of the home.

These visits are a snapshot in time, but our reports are circulated widely and can be used by care homes to acquaint the public with the services offered.





Methodology

This was an announced Enter and View visit.

Contact was made with the home explaining our reasons for the visit. Posters were supplied to alert our visit to staff, residents and family members.

We sent a questionnaire to the Manager prior to the visit (*please see Appendix A for Managers responses*).

We sent a questionnaire to residents' family and carers for them to respond anonymously (see Appendix B). As these visits are not inspections, we have framed our questions in such a way that they reflect how residents and their carers feel about the quality of service on offer, (*please see Appendix B on page 16*).

We have also observed governance arrangements to see how the home is run and assessed whether we feel it meets standards the public should expect.

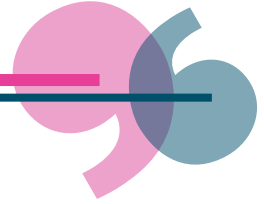
We looked at local intelligence including CQC reports. The CQC inspected the home in July 2018 and gave a 'Good' rating. *Please see page 3 of this report.*

We were guided by staff on the residents who we could approach to answer our questions. During the visit we talked to six residents, three visitors and 14 members of staff.

Healthwatch Trafford Authorised Representatives

- Georgina Jameson
- Marilyn Murray
[Lead Representative]
- Susan George
- Catherine Barber





The visit

Introduction

Healthwatch Trafford visited Four Oaks Care Home 24th April 2019.

Costs: £1005 per week with Funded Nursing Care [FNC] and Continuing Healthcare [CHC] extra costs.

Four Oaks Care Home is registered to provide nursing and residential care. The home is owned by Kingsley Healthcare Limited. For further information please see link:

<https://www.kingsleyhealthcare.co.uk/>

What is the difference between care home and nursing home?

Both types of home provide accommodation, supervision from staff 24 hours a day, meals and help with personal care needs, but nursing homes also have registered nurses on duty at all times. This means that they can provide care for people with more complex needs and those who need regular nursing interventions.

The home is situated in Partington on a small housing estate. Partington is a semi-rural area in the south West of Trafford, on the North Cheshire border. Four Oaks is a modern purpose-built property which can accommodate up to 62 people in four separate units on two levels. Two units specialise in providing care for people living with dementia. At the time of our visit the home was at full capacity with 62 people living at the home.

Sited within the grounds of the home is a second building that the owners Kingsley Healthcare Limited use for staff training . During the visit we met with one of the Directors' [named] who informed us that staff training is actively encouraged by the owners.

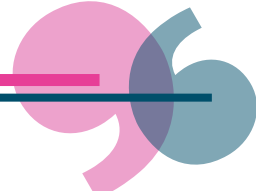
All residents bedrooms are ensuite with shower. There is a bathroom on each of the floors of the home for residents who wish to have a bath. Each level has its own communal lounge and dining room. The upper floor is accessed by a lift.

The Manager's office and administrative office is highly visible, situated in the reception area of the home. There is plenty of outdoor space, the garden is large with a good pathway for people to walk around and enjoy the garden. The garden has been well-laid and well maintained with plenty of seating areas for people to sit and enjoy the outdoor environment. There is good parking space at the front of the home. Partington has limited amenities and limited transport connections.

General Observations

Access to the home is through a security coded glass fronted entrance. The buzzer notifies the office staff that are strategically situated close to entrance with a clear view of people wishing to enter the home.

We received a comment from a relative on the difficulty they had in accessing the building during the weekends, stating:



“...there is nobody about at weekend and I can be left standing outside for ages..”

The home’s reception area is a large atrium, looking out onto well-manicured gardens. Within the atrium space there is an expansive and comfortable sitting area, which includes a modern kitchenette unit enabling tea and coffee to be acquired for residents and visitors. Two security coded doors lead off the atrium to the ground floor units and there is a lift to the upper floor. The building is modern, looks and smells clean, it is fresh, bright and relaxing. The ambience of the home on entry was quiet and relaxed.

We were greeted by care staff, the Manager and Deputy Manager. At the time of our visit the Manager had been in post eight weeks and the Deputy Manager had been working at the home for 12 months. Both the Manager and Deputy were very supportive and happy to answer our questions.

There are plenty of notices and information on display when entering the building. We noted the home’s CQC registration and the CQC latest inspection report, the fire alarm systems and the home’s complaints procedure. We observed the visitors signing-in book and noted that sanitizing gel was available on entry and throughout the building.

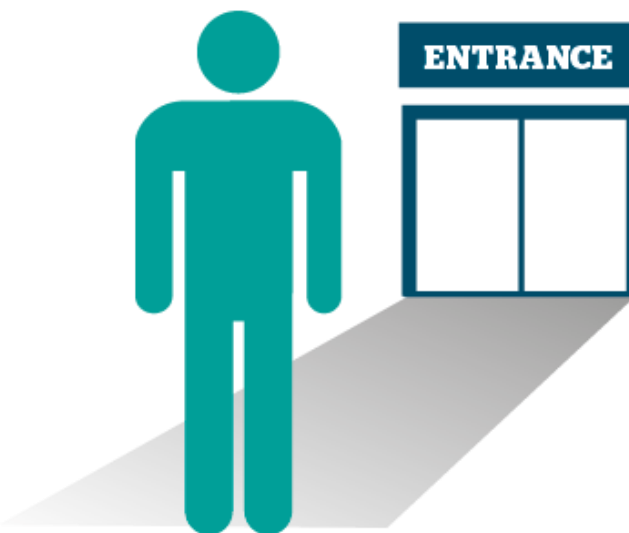
Fire extinguishers were highly visible around the home and the fire alarm system was on display. We were informed that fire checks and alarm checks are carried out every week. In the reception area, we observed the Four Oaks menu displaying the meals for the day and an activity sheet presenting the current weekly activities on offer for residents.

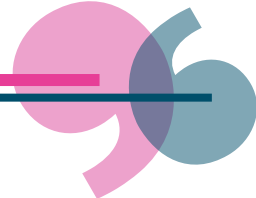
In the reception area we observed information on the resident and relative meeting scheduled for 30th April 2019 and of the previous meeting that took place in March where 40 residents and relatives were in attendance.

Other areas around the home

All corridors and communal areas were clear and uncluttered, with appropriate handrails. We were informed by staff that there are plans to renew a carpet in one of the corridors as it had become a little marked. The communal areas were well decorated, bright, comfortable and warm. There is plenty of seating in the communal areas for residents and visitors.

On each unit of the home there is a picture board displaying the photographs of staff working on the unit. There are four individual units, on the first-floor residents with more challenging behaviour and needs [EMI] are cared for. Residents living in the units on the ground floor require residential and, or nursing care. Each unit has a nurses station and we observed the staff rota displayed on the walls of the units. On the first-floor there is a library, a sensory room and a quiet room for residents to sit with their visitors.





We observed that the home used the colour yellow for the bathroom doors on units to help residents to recognise the bathroom areas of the home.

The bedrooms we observed are all of a good size with plenty of space to walk around and to accommodate visitors. All rooms have their own TV sets. We noted that bedrooms were decorated with personal items, family photographs and memorabilia. All rooms were extremely well decorated, clean and bright with good views of the garden and surrounding areas. One resident told us:

“I chose to come and live here, and I am very happy with everything, staff are very nice”.

One gentleman resident stated that he has paintbrushes and a keyboard in his room and sets himself goals to keep his fingers nimble.

All bedroom doors have a photograph and the name of the person whom the room belongs to.

Activities

We witnessed two male staff members playing a ‘throwing and catching’ exercise with a beach ball with some residents on the top floor of the home. We observed good interactions between residents and their carers. One resident informed us that the male carers were brilliant.

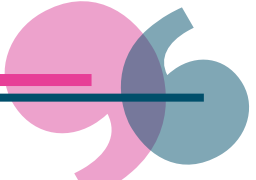
We did not see any planned activities taking place at the home during our visit. We did witness the Activity Organiser walking with individual residents in the garden and interacted pleasantly with residents. We received several varied comments from relatives via the relative questionnaires and during the visit regarding activities at the home, below are some examples:

“... I think they [staff at the home] could do more for the residents in an evening, sometimes it is just the radio on low, and I think the TV could be on in the main lounge. Some carers seem to spend a lot of time on their phones, but I am not sure if this is work related....”

“ ...the TV is always on a modern radio station, very rare to see old films, etc for residents. There doesn’t seem to be regular activities/stimulation for residents...”

“... No interaction from care staff, some residents do not see much in activities....”

“... lack of activities for residents. Lovely facility and environment but let down by poor staffing managements and lack of activities to which residents are taken”.



".. there are many activities to join in with if he [love one] wishes, but he prefers to read, watch football or Westerns on the TV, He loves to be attending the music days where the singers sing his favourite songs..."

During the visit we were informed by the Manager that the home has recently employed a second part-time Activity Organiser and that there are plans to organise local trips out for number of residents, starting with a trip to a local charity shop in the village centre. On 5th July Four Oaks will host a community event at the home, the theme of the event will be "Alice in Wonderland".

The home has a hairdresser that visits the home on a weekly basis, we observed a room close to the reception area that serves as the hairdressing salon. During the visit we witnessed a number of residents having their hair done and appearing to enjoy the experience.

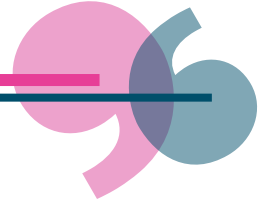
Care

We witnessed staff dealing with residents in a warm and friendly manner. The interaction between staff and residents at the time of the visit appeared pleasant and relaxed. Below are some of the comments we received from relatives regarding care at the home:

- It can be peaks and troughs, depending on which care team is on duty at the home. Not consistent.*
- "....the inconsistency of care, some teams are amazing, others not so much. I suggest that the home shares Good Practice..."*
- "...it's the small things that make a difference, e.g. using fixadent for false teeth or making the resident a hot drink because they dislike cold juice. These things are ignored or not passed onto all staff caring for residents at the home".*

Others told us:

- "Extremely happy over the last 12 months that he has been a resident. Staff are always kind and compassionate.*
- "Very happy here. Some changes for the better, if the Manager carries on as he has started. We did ask for footstool, but this hasn't turned up.I wouldn't move my loved one to another home. The male carers here are brilliant. Don't seem to use agency staff as much".*
- "my loved one is unable to speak himself or do anything for himself. He is totally immobile and unable to participate in activities. I am very happy with his care and can ask the staff anything. I have a good relationship with the staff at Four Oaks. A pleasure to visit"*



When speaking to one visitor whose relative is cared for on the EMI unit, we were informed of the following:

“ Residents who have more challenging illnesses living on the EMI floor their care is not person-centred enough. Carers don’t always know the Care Plans, some have a complete lack of empathy. When Management is not here [at the home] then consistency goes. This happens over the weekends. My loved one stays in a chair on a mashed diet with thickener. Drinks seem to be left on the side when I visit. I have spoken to the Manager about concerns”.

Another relative informed us that the home consults him on the need for changes to his loved one’s care plans but he feels that that care plans should be reviewed more frequently.

Fundamentals

When we visited the laundry area we observed trays labelled for individual residents’ clothes, however, we noticed that not all clothes were labelled.

One relative told us:

“It is often the case that clothing goes missing. Expensive to keep replacing pyjamas, slippers, shoes, socks etc, even when clearly labelled....not nice to see other residents wearing your loved one’s clothes”.

During our visit all residents were dressed appropriately and appeared well groomed.

Meals

Menus are displayed in the foyer and dining areas. Residents can choose what they want to eat each morning. We were informed that the home has a new chef [named] and that he attended the resident and relative meeting that took place in March, where a taster session was provided, and he asked people for suggestions on meals. All the feedback received has resulted in new menus being produced.

We received a number of comments from relatives on the quality of meals delivered to residents on soft diets, some say they have improved others have stated that while there has been improvement with the food over-all, this has not been the case with soft diet food.

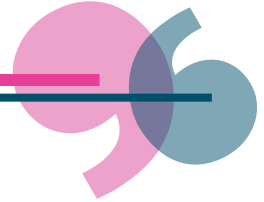
The Management told us that the home has made improvements to the soft diet menus and that a meals review discussion will take place at the home’s next scheduled resident and relative meeting on 30-4-19.

We received the following comments from relatives regarding the need for residents to be supported at mealtimes:

“...I suggest a dinner lady to help serving meals”.

Another:

“... the food is cold sometimes as not enough staff to feed all at once....”



When speaking to care staff, we were informed that it would be useful if another person was recruited to help at mealtimes, particularly at breakfast time, as this would free-up care staff to carry out their duties more promptly.

One visitor told us that:

“ food has improved enormously, but there is not always enough of it”.

The Management stated that smaller portions have been introduced to offset the amount of food waste that was occurring.

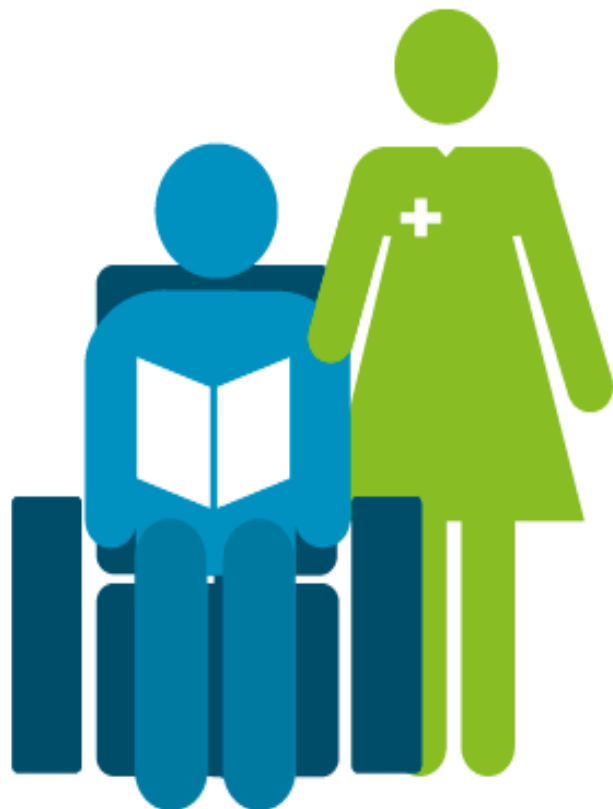
One relative told us that they would like to see tables set better in the dining room with napkins etcetera. The same relative pointed out that they had observed dishes being washed and rinsed quickly in the sink instead of the dishwashers.

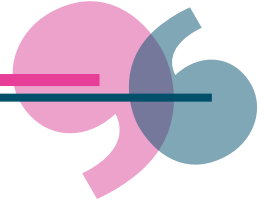
We were informed by staff that residents are offered milkshakes, smoothies, tea and coffee. During the visit, we observed drinks available for residents. One comment from a relative via the relative questionnaire informed us that drinks are left in front of loved ones and that residents should be encouraged to drink more.

We were informed by Management that residents’ are weighed regularly, and all staff register residents’ liquid intake electronically on iPads, therefore monitoring and keeping an accurate account of each individual.

Profile of residents

On the day of the visit the residents living in Four Oaks Care Home were elderly male and females. 60% of the residents are living with dementia, some with challenging behaviours.





Management of the Home

The following comments should be read in conjunction with **Appendix A**. At the time of the visit, the Manager of Four Oaks had been in post eight weeks and the Deputy Manager 12 months.

The Manager has a number of years' experience in the care environment and displayed enthusiasm for the challenges of his position. His communication and interaction with staff and residents was kind, caring and efficient. The Deputy Manager, a qualified nurse appeared pleasant and was open in her responses to the questions put to her from the Healthwatch Trafford Enter and View team.

We were told by the Manager that the Dementia team visit the home once a week.

When asked how often the home uses the 999-emergency, we were informed that five calls have been made in the last three months. We were told by Deputy Manager that there has been occasions when we [Four Oaks] have contacted local GP practice with concerns over a general infection in a resident to be told by receptionist to ring 999. The Deputy Manager stated that the home do use 111 for advice.

The home uses one local GP Practice [named] for all residents. We were told that a GP carries out a visit to the home most Mondays and Thursdays. However, it is difficult to get a GP to visit a resident at the home on a Wednesday as the GPs don't appear to be available. This can be troublesome when you have rung the GP Practice stating that a resident may have a chest infection and we are told the GP will deal with the matter when he/she carries out their routine visit on the Thursday.

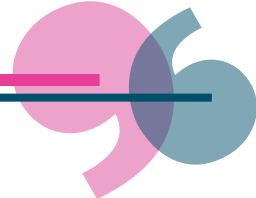
We were informed by the Manager that the home has a pharmacy on site on a Monday and Tuesday each week, this enables the pharmacist to review residents' medications. The home have found this initiative to be very helpful and useful.

When we asked about accessing a dentist we were told that it is very difficult as they [dentist] don't come out to see residents. However, we were told that a local dentist would be visiting the home the next day and that the home has waited two-months for this visit.

When the Healthwatch Trafford team asked, what happens if a resident is in real need of a dentist? The response was, "it is very difficult to get a dentist to attend". We were informed by management that if professionals do not come into the home then the home arranges transport and an escort service for residents.

When we asked what measures are taken if a resident has a fall, we told that the home has a Falls Matrix where all falls are recorded and trends are observed. Residents' mobility is constantly reviewed, and the home has access to the Falls Team for expert support.

We were informed that the home now has to complete and return paperwork relating to any incident that occurs at the home to the Clinical Commission Group [CCG] via a 'protected incident form'. We were told that incidents are mainly on falls but would include burns and skin tears. The Deputy added that this procedure creates a lot of paperwork, increasing the nursing staff's work load. We were also told that this process



appears to be a one-way commitment i.e. the home completes and submits all the required paperwork but never receives any form of acknowledgement back from the CCG. We were told by management that they found the Local Authority may not always be as helpful as they would like.

When we asked how residents and their families provide feedback or raise concerns, we were informed that the home's complaint policy and procedures is circulated to residents and relatives and a copy of the policy is displayed on the walls and the home operates an open-door policy welcoming people to come to us. The Manager holds residents and relative meetings every month where concerns can be raised.

Staffing

We were informed that the majority of staff at the home are recruited from the local community and currently the home is fully staffed. The home also has a separate building on site that is used to provide in-house training for staff. We learnt from management that the owners oversee the professional development of their staff at the home and actively encourage staff to take up training opportunities. All staff working at the home are expected to adhere to WINGS¹, which is the Kingsley's approach to dementia. The Manager told us that currently there are nine members of staff on level 2 NVQ training and one staff member on an NVQ level 3 training.

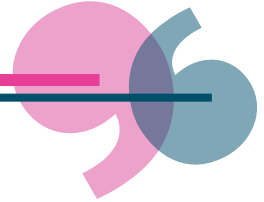
The Manager stated that since taking up his post he has addressed the sickness record of some members of staff. He has established concise staff meetings to take place every day. He has set into motion staff appraisals and supervision meetings, overseen the staff induction policy, shadowing staff and appears to be instilling his leadership skills throughout the home.

We learnt that the home also provides a care counselling service for their staff members working at Four Oaks. The Manager intends to introduce new uniforms for all members of staff and Department Heads. We were informed that Four Oaks does not use agency staff but will use bank staff from an established source if required

When we asked about advance directives, we were told that discussions take place with residents and their families on advance directives. Some residents have DNRs in place as part of the residents advance directives.



¹ The 'WINGS' programme is the Kingsley approach to caring for those with dementia. WINGS stands for the 5 key principles all Kingsley staff must action when caring for someone with dementia, they are; Welcoming, Individuality, Nurturing, Guidance and Sensitivity



Deprivation of Liberties [DoLs]²

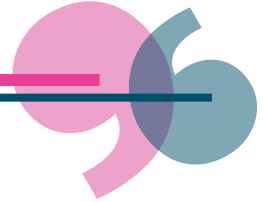
When we asked about accessing DoLs, we were informed that there were six active DoLs and the home was in the process of reapplying for many residents in the home.

Please note that any issues highlighted by Care Home Managers will be raised at the monthly Joint Quality Improvement meetings, to whom this report will be submitted.



² The **Deprivation of Liberty [DoLs] Safeguards** are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used but only if they are in a person's best interests.

Deprivation of Liberty Safeguards. The (DoLS) are part of the Mental Capacity Act and aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.



The response received from the relative questionnaire

(see relative questionnaire in appendix B)

We left 60 relative questionnaires with the management of Four Oaks Care Home to send out to relatives of the residents living the home. Twenty-nine completed questionnaires from relatives were returned to us.

Please note that, whilst we received 29 completed questionnaires from relatives and carers not all choose to complete the comment box section.

When we asked relatives how they would rate this home, [with 1 being poor and 10 being excellent], the response received from the questionnaires resulted in a 7.61 rating.

Below are examples of some of the comments we received from the relative questionnaires.

“...there are some wonderful teams on. But you certainly notice the difference when a less efficient team are there, sometimes at weekends as well”

“...the home has suffered from lack of leadership recently due to the recurrent changes of management. Hopefully stability may improve with the recent appointment of the new Manager”.

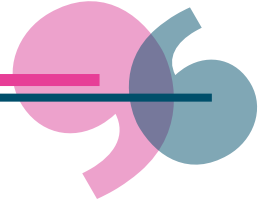
“As a family we are extremely happy with all the care our loved one received. The management, carer's and staff are helpful, carers understanding and supportive, we have received excellent care from the first day”.

“Loved one has only been a resident for under a month. Very pleased with the care my loved one has received to date”.

“12 months ago, I had grave concerns regarding Four Oaks Care Home, but it has improved with some issues. It is now under new management and has a good chance of moving forward”.

To see the full results of the resident questionnaire, please go to:

<https://healthwatchtrafford.co.uk/wp-content/uploads/2019/05/Four-Oaks.pdf>



Appendix - A

Management questionnaire and responses

Please note that responses are listed as they were received.

Pre-visit questionnaire for the Manager of Four Oaks Care Home

Q1. How do you facilitate your residents and their families in raising any concerns they may have? Do you do this on a routine basis and, if so, how often?

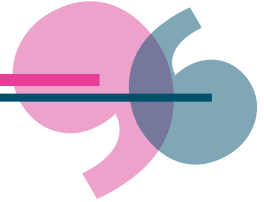
I hold a monthly resident and relatives meeting, where concerns can be raised.
Via our company website, which will then be emailed to me.
We circulate complaints policy.
I have an open door policy to receive and welcome any concerns.

Q2. Do volunteers come into the in the home? If so what type of activities do they do?

Young lady, helps Activities with Bingo.
St. Marys church with bible readings.

Q3. Do other organisations come into the home? If so who are they and what do they offer?

OOMPH activities company [*Training and support to enable care home staff to deliver high quality exercise, activity classes and days out*].
Visioncall [*opticians*]
Podiatry
Dentist



Q4. Do residents have fresh fruit and vegetables on a daily basis`?

Yes.

Q5. Are drinks available and within easy reach? Are drinking levels monitored and recorded in care plans where there are concerns?

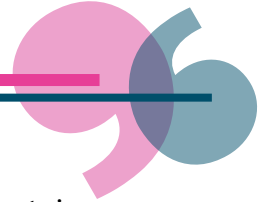
Yes

Q6. Do you seek advice from nutritionists where there are concerns (residents losing weight or experiencing any level of pain)?

Yes

Q7. How do you gauge that residents enjoy their food and drink?

We talk to them, we observe, we monitor the intake and facial expressions



Q8. Does a single GP practice cover the medical needs of the home or do residents retain their own family doctor?

Yes

Q9. Which healthcare professionals visit the home at your request e.g., chiropody/podiatry, physiotherapy, district nurse, dentist or social worker?

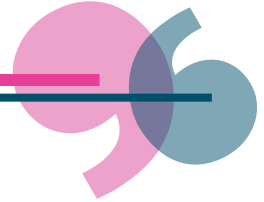
chiropody/podiatry, physiotherapy, district nurse, SALT [*Speech and Language Therapist*], dentist or social worker

Q10. If professionals do not come into the home, how do you access their services?

We arrange transport and an escort service

Q11. Are residents likes and dislikes recorded in care plans?

Yes



Q12. Are residents encouraged to talk about their past lives and how do you encourage this? Examples might include local history books, old photographs or films.

Yes

Q13. Do residents have choice over what they wear each day?

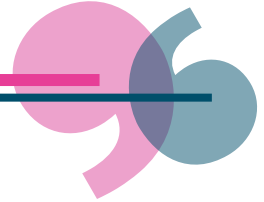
Yes

Q14. How do you cope with making reasonable adjustments in relation to residents with dementia, learning disability or other special needs such as autism or challenging behaviour?

With training, staffing levels, leadership and staff deployment

Q15. How do you address the needs of people from minority ethnic groups or of different cultures and faiths?

We celebrate special cultural events such as Chinese new year



Q16. Do you have visiting faith leaders in the home?

Yes

Q17. Do you encourage family and friends to think about having advance directives?

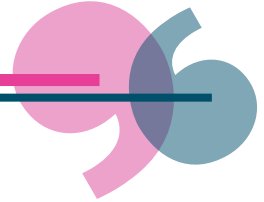
Yes

Q18. Do you invite the community to bring in pets?

Yes

Q19. Do you have regular meetings with residents' families?

Yes



Q20. Do you take residents out into the community?

Yes

Q21. If a resident falls, what measures do you follow? Do you call a GP, the ambulance service or utilise other measures? Do you record falls in every care plan, however minor or major?

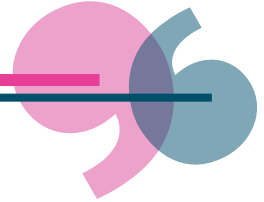
Yes. The correct procedure is followed every time we have a fall.

Q22. What preventative action do you utilise to prevent falls? Have you access to a falls advisor?

All precautions are taken and a resident's mobility is constantly reviewed. We access Falls Team for expert support.

Q23. What feedback have you had from residents in the last three months which have resulted in change?

Food, Activities, agency usage, cleanliness of the home.



Q24. How do you keep abreast of good practice? Examples might include e-learning packages, formal training, mentoring, staff appraisal?

E-learning, face to face training, supervisions, team meetings, appraisals,

Q25. How do you prevent residents' feelings of loneliness or isolation?

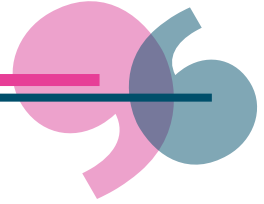
Group activities, 1:1's in their rooms, regular checks on them, encourage families and friends to visit for things such as events.

Q26. What are the practical everyday things that would help you to provide the best possible care for your residents? Please describe?

Good communication, regular reviews with residents and their loved ones

Feel free to continue any answers onto a separate piece of paper if necessary, but please add the question number to the answer.

For more information, please contact us at: [Office contact details]



Appendix - B

Relatives' questionnaire

1. Do staff talk to you regularly about your loved one's:-

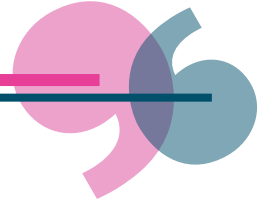
General Health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Bathing and personal care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hobbies/interests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

2. Do you think that your loved one;-

Is happy with the care received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Has plenty to occupy them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys their meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Enjoys the company of other residents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Is lonely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Do you know whether:-

Staff know about the work or family interests of your loved one?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Take them out into the community (shops/libraries, local events etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Are they treated with kindness and compassion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know



Are you:-

Consulted on changes needed to care plans? Yes No Don't know

Are you kept informed about the home's developments/plans etc. (i.e. Carers/residents meetings)? Yes No Don't know

Please add in any other comments or observations you would like to make in the box below.

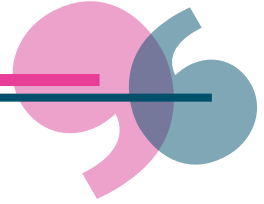
Would you recommend this home to anyone else?

Yes No Maybe

Overall, on a scale of 1 to 10, how would you rate this home?

(with 1 being very poor and 10 being excellent)

out of 10



Distribution

This report will be sent to the following organisations:

The Care Quality Commission (CQC)

Trafford Council:

- Trafford Health Overview and Scrutiny Committee
- All Age Commissioning Team

Trafford Clinical Commissioning Group (CCG)

Healthwatch England

Chief Nurse, NHS Trafford CCG and Corporate Director of Nursing Trafford Council

The provider visited

It will also be published online on the Healthwatch Trafford website

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