

# Enter & View

## Report

Oulton Abbey Residential and  
Nursing Home  
4<sup>th</sup> March 2020



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Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows 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. Healthwatch Staffordshire Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

## **Provider Details**

Name: Oulton Abbey Residential and Nursing Home  
Address: Oulton Abbey, Church Lane, Oulton, ST15 8UP  
Service Type: Residential and Nursing Home  
Date of Visit: 4<sup>th</sup> March 2020

## **Authorised Representatives**

This visit was made by two Authorised Representatives of Healthwatch Staffordshire.

Val Emery

Karen Glasgow

## **Purpose of Visit**

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

A good care home should...

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual resident, their needs and how their needs may be changing.
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

## **Physical Environment**

### **External**

Entrance to the care home was signed and the entrance was well presented and free of litter. There was sufficient car parking for visitors. Access to the home was via a doorbell/intercom which was in view of the reception area. A sign indicated the presence of CCTV.

There was a pleasant garden area with seating in various places which is accessible to residents

### **Internal**

The reception area had a receptionist on duty who was welcoming in her approach. She directed us to sign the visitors' book. A compliments book was also evident. There was comfy seating available, along with a hot drinks machine and confectionary available to purchase in this area.

Photos of staff members along with their role were on display in this area. Details of the week's meals were also posted in this area. A poster highlighted details of excursions taking place. There was clear signage to different areas of the home. Décor was welcoming and homely

The home has 2 floors. Downstairs is classed as the residential unit with nursing residents being supported on the floor above. Due to numbers, there are currently about 12 people classed as 'residential' with rooms on the nursing floor. The home no longer has a dementia unit.

There a lounge/dining area on each floor. Both were light and welcoming. The downstairs lounge was larger in size and a group activity was taking place at the time of visit. Following this, comfy chairs were rearranged back into smaller groupings. Furniture in all areas seemed to be clean and in good condition.

Throughout the home, there were pictures on the walls which added to the homely feel. Several doors to rooms on the nursing floor had a resident photo or a small collection of items in a display unit. We were told this related to when there had been a dementia unit.

There was a hairdresser's room which was in use during the visit. There was also a chapel. There was a wheelchair storeroom and also a locked medication room on each floor. Assisted bathrooms were on each floor although all resident rooms are en-suite with showering facilities.

Corridors were wide and free of obstacles other than a laundry station and some domestic equipment which was about to be used.

The home was clean throughout with no unpleasant odour.

## **Resident Numbers**

There are currently 47 residents in the home. It can accommodate 49. A new resident was expected at the end of the week.

## **Staff Numbers**

The home has a manager (matron) and deputy who are said to be in most days (RGNs). We were advised that their shifts are usually in addition to the daily nursing rota other than in unforeseen circumstances.

**Nursing Floor - Mornings**, 2 x nurses, 1 x nursing assistant, 6 x carers

**Nursing Floor - Afternoons and evenings**, 2 x nurses, 1 x nursing assistant, 4 x carers

**Residential Floor - Mornings**, 1 x care shift leader, 4 x carers

**Residential Floor - Afternoons and evenings** - 1 x care shift leader, 3 x carers

**Nights** - 1 x nurse, 2 x carers on duty

**Activity Co-ordinator** - 2 positions covering 10-4pm Monday to Friday (1 per floor)

**Domestics** - 3-4 each day

**Maintenance** - 3 in post (includes garden maintenance)

**Administration** - Business Manager, 6 staff to cover reception, finance, administration

**Catering** - 1 x chef, 1 x assistant chef, 2-3 catering assistants daily

The home also have some volunteers who assist on outings or special events.

## **Agency Usage**

We were advised that agency staff are used as needed.

## **Management**

Management - A good care home should have strong visible management.

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

### **Our findings**

The manager was not available on the day of the visit, having completed a night shift the previous night. The deputy was also not working that day. Information was obtained from a nursing sister on duty and the business manager.

The manager is said to have been in post since approximately September 2019, having been deputy previously. We were told that the instigation of a business manager position was to enable the manager and deputy to be more prominent and available to residents and their families.

### **Comments**

We were told that the manager is introducing the position of nursing assistant to support the nursing staff.

## **Staff Experiences and Observations**

Quality Indicator 2 - Have the staff the time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

### **Our findings**

We were advised that all initial staff training is done on-line and that training is updated on an annual basis. We were advised that two staff members are qualified to train other staff in manual handling. A staff member had completed mouth hygiene training so would be able to cascade this down to other staff. All staff do fire safety training.

### **Comments**

Main information during the visit came from the business manager and a nurse in charge.

### Quality Indicator 3 - Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

Staff should be familiar with residents' histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

#### Our findings

Each resident is reported to have an individual care plan. The home do not operate a key worker/named nurse system. However, we were advised that the RGN has responsibility for 1 corridor to promote some consistency. Residents were greeted by name by staff.

#### Comments

It was clear, through our observations, that staff knew the residents as individuals and had good relationships with them.

### Activities

#### Quality Indicator 4 - Activities - Does the home offer a varied programme of activities?

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.

#### Our findings

A list of excursions was displayed in the entrance hall and lounges. These included visits to places such as Trentham Gardens, the Grey Hound pub, Bridgemere Garden Centre and the National Arboretum. It was acknowledged that these trips would not be accessible to their more dependent residents. A laughing yoga session was taking place during the visit. This seemed popular and residents involved appeared to be really enjoying it. It is down to resident choice whether they wish to take part in activities.

The hairdresser visits twice weekly and a resident was having her hair done whilst we were visiting. We were advised that a keep fit session takes place each Thursday. Most weeks (weather dependent), children from the Oulton Abbey play group visit to do some joint activities - the mix of generations is said to work well. A Pet Therapy dog is said to visit and a previously a visit from a Lollipop (miniature) pony had been arranged. For those less interested in group activities, 1-1 time may be focused on playing cards, dominoes or having a chat.

There are 2 activity workers - one for each floor. The hours have recently altered to cover 10-4pm on weekdays. There is no cover at weekends. Many of the nursing residents are bed bound so input there is more on a 1-1 basis, for activities such as hand relaxation, reading out loud or a chat.

The home acknowledge that they need to further develop activities for residents. They have recently purchased a portable audio and DVD system so that residents can listen to audio books or DVDs. Rather than just having a store of books, the library trolley is now taken round the home which is said to have increased uptake. They also aim to be more pro-active with new residents, to possibly link them with other residents who may have shared interests.

Posters were evident promoting possible volunteer input for visitors with a few hours to spare for a chat or similar with residents. We were advised that the home hoped to promote more community involvement.

## **Catering Services**

### **Quality Indicator 5 - Catering - Does the home offer quality, choice and flexibility around food and mealtimes?**

**Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.**

#### **Our findings**

The menu on display indicated a varied choice of meals with a choice of main meal at lunch time. It was explained that residents to indicate their preference the day before. A 4 week rolling menu is in operation. A resident indicated her satisfaction with the food "it's very good". The dining area was at one end of each lounge. Tables cloths were used and the area looked clean. We were advised that a drinks trolley goes round morning and afternoon between meals.

We were told how some residents choose to have meals in their room, whilst for others this is the only option due to their needs. In this instance, 1-1 support is available for assistance and supervision as needed.

Trays were laid ready for those who eat in their room. All were clearly marked with names and a colour coding system was used to indicate any special dietary requirements such as a diabetic, a pureed diet or a food allergy. Food moulds are said to be used for pureed food to make it look more appetizing.

#### **Comments**

It is suggested to visitors that they visit outside of mealtimes. However, it is possible for a visitor to have a meal with their family member at the cost of £5 if this is pre-ordered. We did not see residents having their lunch so cannot comment on how support is provided at this time.



## **Resident Experiences and Observations**

Quality Indicator 6 - Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

**Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.**

### **Our findings**

Most residents are said to be registered with a local GP Practice in Stone. An Advanced Nurse Practitioner (AHP) visits 3 times a week and will visit more often as needed. Most concerns are said to be dealt with by the ANP. District nurses also visit. It was explained that the home works closely with the MacMillan team when End of Life care is required.

Physiotherapist and occupational therapy is available from Stone Rehabilitation Centre when needed. A private company based in Manchester provide domiciliary optician visits when required (chargeable). There is a combination of NHS chiropody visits and visits from Stone Chiropody as requested (chargeable). Less information was available regarding dentists other than families are said to take a resident to the dentist if needed. If a staff member accompanies a resident to an appointment or hospital, there would be a charge for this.

### **Comments**

A comprehensive mix of health professionals visit the home. The proximity of Stone Rehab Centre makes it easier for residents to access therapy support if required.

Quality Indicator 7 - Does the home accommodate residents personal, cultural and lifestyle needs?

**Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.**

### **Our findings**

Oulton Abbey has a Catholic ethos and this is evident from items such as the crucifix in the reception and the offering of a daily Mass. A couple of nuns and 3 priests feature among the resident numbers. There is a small chapel within the home and on Sundays, residents can attend a service in the old chapel. A poster advising of a regular Prayers and Praise session was on display. Once a month an 'All Comers' service is held. However, we were advised that being a Catholic was not a requirement and people of other faiths are welcome.

### **Comments**

Whereas the home has a Catholic ethos, this is not exclusive and residents of all faiths are welcomed.

## **Family and Carer Experiences and Observations**

Quality Indicator 8 - The home should be an open environment where feedback is actively sought and use.

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

### **Our findings**

Some visitors were coming and going on our arrival. They were greeted by staff members and often known by name. One followed up with the receptionist as to whether an item had been given to his father and was assured that it had. Another wished to use the drinks machine but hadn't the correct money - this was not a problem and change was provided. A notice board in a corridor displayed a wide selection of 'Thank You' cards which the home had received from relatives - all of which were full of positive feedback.

A poster on display highlighted the importance of raising concerns if needed. A compliments book was situated on the front desk although the most recent entry was September 2019.

There is open visiting for relatives/friends although it is preferred that visits aren't made during mealtimes.

### **Comments**

The home do not currently hold residents or relatives' meetings although plans for this were noted in the last CQC inspection report.

The matron and deputy are said to be 'front facing' positions to enable them to have more visibility within the home and be able to respond to any family concerns.

### **Summary, Comments and Further Observations**

This care home building was purpose built in 2017, with the old Oulton Abbey home building being no longer in use. As such, it offers a spacious, clean environment for residents to live in, with space designed to ease the use of equipment such as hoists and wheelchairs without difficulty.

All rooms are single and en-suite with shower facilities. Assisted bathing facilities were also available. All rooms have a television, a call bell and ample storage facilities. Residents are able to bring in personal items for their rooms.

Staff greeted the residents we did see by name and residents appeared comfortable with the staff members assisting them.

### **Comments**

We found Oulton Abbey to have good standards of accommodation and care for its residents.

## Recommendations and Follow-Up Action

There are no particular recommendations following this visit other than to promote gaining feedback from residents and relatives, which could be in the form of meetings and possibly a periodic survey which would allow people to express their satisfaction over a range of areas and allow them to make comments and suggestions for consideration going forward.

## Provider Feedback

*No feedback has been received*

### DISCLAIMER

*Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.*



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