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Premises visited: Oaktree House Oaktree Estate Station Road Preston HU12 8UX	Date of Visit: 29.03.16	HW Reference: HWERY 20160329
	Duration of visit: 2 hours	
	HWERY Representatives: Pam Wakelam Denise Lester	Staff met during visit: Manager Care Workers Cook

PURPOSE OF VISIT

The visit was part of a HWERY programme to review the quality of provision of residential care in East Yorkshire.

INTRODUCTION

Oaktree House is situated at the end of a quiet cul-de-sac off the main Preston to Hedon road. It is an independently owned residential home catering for 20 residents. Although mainly single rooms there are 2 doubles to cater for married couples. There were 19 residents at the time of the visit as one had left a few days before.

The home accepts a range of clients including those with dementia. Clients also come for respite as well as long term care and generally there is no need for a client to be moved when approaching end of life. At the time of the visit there were clients with dementia in residence.

The manager is also the owner and she has a second Care Home in Thorngumbald.

The house dates back to the 1800's and is on two levels.

POLICIES, PROCEDURES AND CARE PLAN

All the residents have care plans and a resident's son allowed us to view his mother's file. She is now very ill, is bedridden and requires full care. The plan was very comprehensive covering assessment on arrival and ongoing assessments. The plan demonstrated discussions around 'Who am I' in 10 points. This encourages the resident to say a little about themselves and what they want others to know about them. As this resident is very ill matters related to 'End of Life' had been discussed and a DNR was in place. Regular reviews were noted.

A Complaints Policy is in place and the manager explained the process including her endeavors to see the complainant as soon as possible and resolve the problem identified. If unresolved, complainants were offered the contact details of such bodies as the CQC/Safeguarding.

ENVIRONMENT

The house dates from the 1800's and as such is an old building adapted for its present day use. There are rooms for 20 residents including a couple of doubles.

The rooms are on two floors and two of the three staircases have stair lifts.

Rooms, single or double, though of an adequate size do not provide full en-suite facilities though some have toilets and all have sinks in them.

It was pleasing to note there were no negative odours when entering the home.

There are 2 large lounges, lounges; one designated a 'quiet' room.

In warmer weather the residents have a garden to sit in at the back of the home which looked in good order and had a range of plants as well as a grassed area. Barbecues have been held in the summer months.

Generally the atmosphere seemed good, though at the time of the visit there was minimal activity happening other than a domino game. The manager advised that they do offer activities such as bingo and tombolas. When enquiring about music-based activities the manager advised that they were not well received by the residents. Staff do spend time talking to the residents and going through photographs etc. with them.

Residents are able to bring their own furniture with them as well as keep sakes (e.g. photographs etc.). We noted that one resident had had a TV installed in their room and another had a small fridge.

PRIVACY, DIGNITY AND RESPECT

All residents had a named key worker. Most residents had a single room with either a sink and toilet or just a sink. A bath rota exists but they are also available as required.

All residents in the lounges were dressed in their own clothes and looked smart. The clothes are washed (garments are labelled with their name) by the home's housekeeper and the site laundry room operated a dirty and clean area. Care staff assist in this process as required.

We talked to one resident who has been at the home for about 6 months. She is still settling in. She lived near the home and was a voluntary visitor for many years. At those times she used to perform simple tasks in the home as well as talk to the residents. She became a resident with a friend who is no longer there. She is comfortable and well looked after but finds the fact she cannot help now a little frustrating.

Resident's' likes and dislikes are noted about all aspect of their lives.

The residents have access to their money either by keeping it themselves or via the staff. They pay for things like hairdressing monthly when the accounts are settled and a log is kept by the manager of all financial activity for each resident.

That activity will be related to such things as hairdressing/buying birthday cards/tombolas/bingo.

All residents can self medicate if it is assessed to be appropriate. Residents with diabetes often take up this option. Locked cupboards are available in the resident's rooms to store medications if necessary.

RELATIVES.

We spoke with One relative was spoken with and he is happy with his wife's care and the home overall. His wife has been in residence for 3 months. His only area of concern was related to payment as he had so far not received an invoice to pay. This is NOT a criticism of the home and he was steered to the correct body to seek advice

STAFF

The manager is a trained nurse. She is also undergoing extended Dementia awareness training on the new Bradford course.

There are 3 care staff plus a housekeeper and cook on duty during the day and 2 care staff at night with a third on call. There is always a staff member with Medicine Management training on duty 24/7. It was noted that if necessary staff ratios are increased depending on the care levels required. 6 care staff have training to Level 3. A deputy manager has been appointed and will start in April 2016. The manager lives in Preston not far from the home and another staff member also lives very close by.

Staff receive regular training including the following:-

Health and Safety/Moving and Handling/Fire/Safeguarding/Dementia/Medicine Management/Hoist training/Diabetic care.

Staff we met seemed happy and relaxed.

SAFE

The home is not locked all the time during the day. Staff keep a careful eye on those who may wander due to dementia. The home is locked at night.

Medicines are kept in a locked cupboard and the back stock is kept in a second locked cupboard in another location.

Hand gel was provided at the door alongside the visitors sign in book to encourage use.

WELL LED

The Manager/owner appeared very confident and caring in her role. Observing her interaction with the residents she showed a good knowledge of them as individuals.

She holds formal staff meetings usually 3 monthly but speaks to the staff daily. Residents and relatives are conversed with daily and the staff seek suggestions etc from them.

EFFECTIVE

Generally the care appeared to be as effective as possible. Staff have had necessary professional training plus dementia and safeguarding training to better equip them for their role.

The manager conducts regular simple audits of cleanliness and maintenance and there is a day book for staff to enter concerns in, e.g. light bulb needed in room.

CARING

All the residents appeared to be well cared for. One or two remained in bed and we spoke to one gentleman who has a number of care requirements rendering him almost immobile. He spoke well of the care received. Until a day or so ago his wife had been in residence with him but she has now gone home.

Menus are available and the choices rotate over a 4 week period. Residents can eat in the dining room or in their bedrooms as they wish. Drinks are available at set times with meals and at morning and afternoon tea time as well as on an ad-hoc basis. They also have drinks in their rooms.

Personal hygiene is accommodated in the rooms with the provision of sinks and in some rooms, toilets. If the room does not have a toilet a commode is provided particularly for night use. Bathing is offered on a rota basis but we were assured that it is also available on an ad-hoc basis as needs/requests arise.

RESPONSIVE TO NEED

Residents have access to a GP, two of whom are allocated to the home from their practices in Hedon.

Dentists and Opticians will either visit or the resident is taken to them. District nurses visit as required and also support 'End of Life' care.

During our visit, we saw staff relating well to residents.

RECOMMENDATIONS

There are no urgent specific recommendations to make. The home is an old building which brings its own problems.

- We would recommend trying again with some sort of music activity as this can prove very popular and entertaining for residents.
- If finances allowed a general spruce up would be in order as the internal decor looks a little tired.
- The main stair carpet needs cleaning and this is planned for. It is done at night to avoid problems for the residents.

CONCLUSION

The building is old and has many beautiful aspects but as said would benefit from a decoration update. The staff appear to seek a family centered approach to care.

Staff appeared to have all the necessary training opportunities to fulfill their role which we were assured is regularly updated.

ADDENDUM

Since our visit to Oak Tree House the management team have contacted Healthwatch East Riding to inform us that they have a cleaning plan in place and this has now been commenced. They also told us they are trialing new activities with suggestions from the residents. Healthwatch East Riding would like to thank the Oak Tree management team for their swift response to our recommendations.

Signed on behalf of HWERY	<i>Carol Dyas</i>	Date: 10.05.2016
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Disclaimer: This report relates only to the service viewed on the date of the visit and is representative of the views of the service users who contributed to the report on that date.