

# Oak Meadow Community Support Centre

Enter & View visit

17 March 2025



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## What is Enter & View?

People who use health and social care services, their carers, and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable us to carry out our activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton has statutory powers to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care.

These visits are carried out by small teams of trained members of our staff and volunteers to observe a service at work.

We carry out our 'Enter & View' visits not as inspectors but as visitors to that service. We view the service provided and observe the care and support offered and we look to obtain the views of the people using those services.

Prior to our visit to Oak Meadow, we sent out a short pre-visit questionnaire to the manager of the Centre. Responses to the questionnaire have been used in producing our report. A link was also supplied to a questionnaire for staff and one for family / friends of residents to give their views.



## Why did we carry out this visit?

Enter and View visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

This visit is part of Healthwatch Halton's statutory Enter & View programme.

The visit to Oak Meadow was to learn more about the service, and to find out where the service appeared to be doing well, in addition to finding out if any improvements could be made.

Our 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 safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

There were no safeguarding concerns identified during this Enter and View visit.

## Methodology

The visit involved:

- Observing the physical environment of the service.
- Speaking with residents, staff, and the management team.
- Reviewing any information or materials displayed to the public.
- Taking notes in a non-intrusive manner and feeding back general impressions.

# Enter & View Visit Report

**Site:** Oak Meadow Community Support, Widnes

**Healthwatch Halton Enter & View Team:** Dave Wilson, Jude Burrows

**Date and time of visit:** 17 March 2025, 10.30am to 1.15pm

## Initial Impressions

Oak Meadow is located in a residential area of Widnes, near the town Centre.

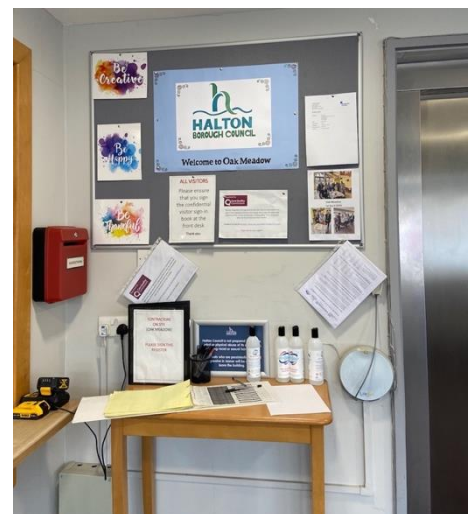
There was no visible signage from the main road directing people to Oak Meadow, and the main entrance is set back and slightly hidden from the main road.

The car park was very busy when we arrived with just one parking space available. There were approximately 30 vehicles in the car park. There were no disabled parking spaces available at the time of our visit.



The main entrance was via two sets of glass double doors and a sign for Oak Meadow was displayed on the wall.

The entrance has a porch area with some chairs, a notice board and signing in book. We did not see the latest CQC report or any information on Healthwatch Halton. The Centre had displayed a sign explaining people could feedback to CQC with a link but no QR code.



On entering Oak Meadow, the manager, Claire Williams, came out to greet us. We were asked to sign the visitor's book.

Bottles of hand-gel were available on the desk. We were made to feel welcome and offered the opportunity to look at all areas of the Centre.

Claire informed us that at the time of our visit there were 20 ICB patients and one transitional patient. She explained that numbers can change daily when referrals arrive from the hospitals and the community. Oak Meadow has a cut off time of 6pm for new admissions, to allow them time to welcome and settle in

new patients. We were told that very occasionally a resident arrives with no medication summary from the hospital, which has been solved by the hospital emailing this through or dropping medication off by taxi.

We were told there can be waiting lists from hospitals at busy times and this happened over the Christmas 2024 period.

Oak Meadow Community Support Centre works with different teams to support people's rehabilitation including Physiotherapists, District Nurses, and Occupational Therapists.

GPs from the Bevan practice attend Monday to Friday at 9.30 am. At the weekend the frailty team are available if needed and have a dietician as part of their team. Multi-disciplinary meetings are held on Wednesdays.

Residents care files are left in their bedrooms. Families are informed of care plans and discussions are held with residents about their stay at Oak Meadow.

Families and friends have open visiting to the Centre, but are asked to avoid mealtimes where possible. The Centre has no provision for overnight carer stays. More independent residents can go out of the Centre and families sometimes take residents out too. The Centre asks people to sign in and out for safety,

During outbreaks of infectious diseases visitors are warned on arrival and offered PPE if they still wish to visit loved ones. The Centre would be closed to new admissions until it cleared.

The Centre tries to prevent or manage falls by ensuring all residents have falls pendant / bed, and chair sensors in place for high risk of falls. A falls risk assessment is also put in place. All falls are recorded through the Halton Borough Council portal, and a senior staff member completes the falls form and files it in the Accident and Incident report file.

Once a baseline has been achieved people will be discharged home with a care plan, or move on to longer-term accommodation such as a care Centre. People may also have to wait in Oak Meadow for housing needs to be met in the community or services such as Life-Line to be set up before they can be discharged.

## Downstairs

There was a dementia friendly notice board on the wall near to the dining/ kitchen area. This showed the day, month and year etc. However, the date was showing as the 15<sup>th</sup> March, not the 17<sup>th</sup> March. The titles were clear, but the writing was not so easy to read.

There was a small dining room, 'Ashleigh', which was not in use during our visit. We noted a kitchen drawer was broken, with a drawer front missing.

The bedrooms had plain white doors with numbers on. We viewed an empty bedroom, which had an ensuite toilet and sink, a TV and a lockable medicine cabinet.

There was lounge area was named 'The Beeches'. It had a TV and DVD player. There were comfortable chairs with arms. There was also a small kitchen area with a kettle and fridge.

We viewed toilets and shower rooms which were all clean. One shower room had a large stain on the ceiling which appeared to be from a water leak.

The hall area between the large dining room and the main entrance had a range of books available, from Halton Library, on a small bookcase.





## Upstairs area

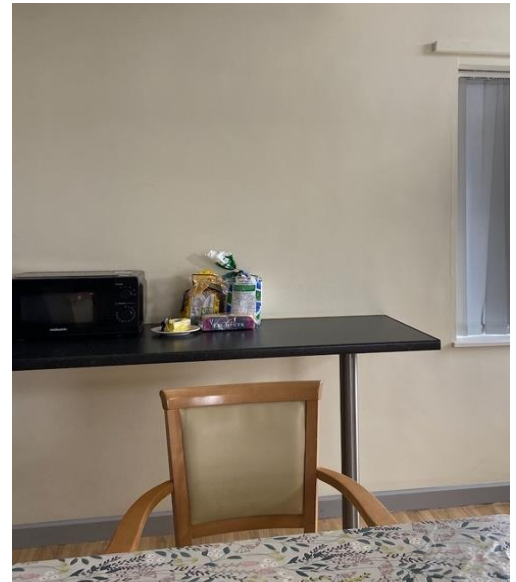
The upstairs had a similar layout with bedrooms along a corridor, lounge and dining area. No residents were observed using the communal areas during our visit.

The dining area had tables covered with tablecloths.

The lounge area had comfortable seating, a TV, books and an electric fan. There was a small worksurface which had a microwave, toaster, bread, biscuits and crumpets available on it..

Some of the bedrooms upstairs have ensuite showers, as well as toilets and sinks.

We were shown two lifts upstairs. One was for staff and one for residents. We didn't notice any signs to explain which they were.



## General observations of the Centre:

Oak Meadow is split across 2 floors. The manager explained that the downstairs area was for ICB patients, and the upstairs was for transitional people. The Centre also has a large dining room.

All residents we saw wore wristbands that act as buzzers to call for care or help when needed.

Two toilets on the corridors were broken and awaiting repair.

The alarm on the door to the garden was broken and hung down from the door frame.





All areas of the Centre were decorated plainly with pale coloured walls. The handrails on most of the bedroom corridors were the same colour as the walls.

We noted many areas around the Centre with chipped, scratched and damaged paint. Some water marks from leaks were visible in a number of areas.

The main corridors leading to the bedrooms were quite bare and plain, lacking any artwork and making them look quite plain and clinical.

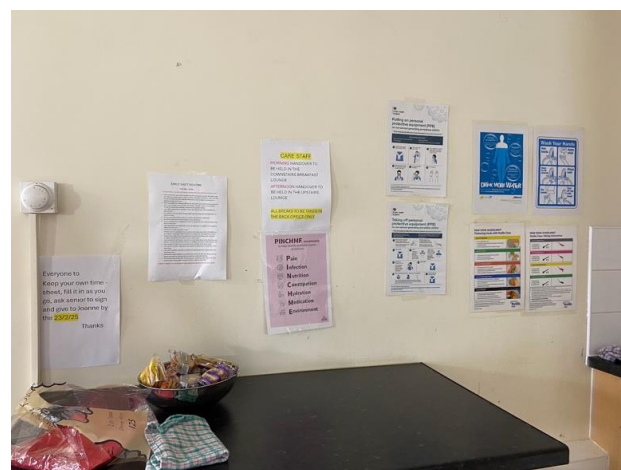
The open areas at the end of the corridor did have some artwork on the walls, such as inspirational quotes.

All storerooms around the corridor were locked with keypads and all rooms had lockable medicine cabinets.

Both areas of the Centre had PPE, such as gloves and aprons, available to dispense up on the wall in the halls.

The communal areas such as the lounges and dining areas on both floors had staff notices/ information on the walls. This made them look less homely and could be mistaken for staff rooms by residents.

Most of the resident's bedroom doors were open and people were sitting watching TV, reading or resting. The residents had a variety of drinks available such as tea and juice.



The Centre has a large, pleasant garden area with wooden and plastic seating. Some of the seating in this area appeared damaged and in need replacing.



## Residents feedback

We met and spoke with three residents during our visit.

One lady had been at Oak Meadow for 17 days after being referred from Whiston Hospital. She told us *'I preferred Whiston they had more staff.'* She added the *'The staff here are lovely. They are stuck for staff here and very busy.'*

Another person said they were reluctant to take water tablets as they felt they would then need to use the toilet more and were worried staff would not be available in time. (This was highlighted to the manager.)

Another resident told us they had a dietary requirement for decaf tea. They told us this was in their hospital notes as a need, not just a personal taste. However, the Centre had not noted this or supplied decaf tea. She said her family brought her packs of decaf tea bags.

One resident who had been at Oak Meadow for three weeks, and had come from Broadgreen Hospital, said the *'Staff are excellent, very helpful.'* They went on to say, *'The food is good, I have put on some weight since being here.'* She spoke about how she felt her needs had been met at Oak Meadow and how the staff understood her personal needs, *'Nine times out of ten the girls are here for me when I call them.'*

Another resident had come to Oak Meadow from Whiston Hospital. They told us the *'staff are lovely, beautiful'*. She said she would like to have a female carer to help them on the toilet/changing as she felt embarrassed with a male carer helping her. She said no choice of carer had been offered to her. (This was raised with the manager who said they do have female carers available, and they would let the resident know.)

## Staff

All staff we observed appeared friendly and welcoming.

Care staff in the Centre wore uniforms and had lanyards displaying dementia friendly name badges.

During our visit, lunches were being given out to residents. Several residents chose to eat in their rooms while seated in chairs using portable tables. The catering staff were friendly and happy. They spoke kindly and warmly to residents. Food is made in-house.

A group of people had their lunch in the main dining area, where they were served a hot meal of beef stew followed by apple crumble for dessert. One patient received assistance from a member of the care team to eat. A menu was written on a large board on the wall.

We saw several cleaners around the Centre and everywhere was clean and fresh. They were very friendly with the residents and our team.

We asked staff what the Centre did well and what they would like to see improved. One member of staff told us, *'We have a fantastic approach to person Centred care and always put the service users first.'*

Another told us they thought the Centre, *'Gave people the confidence after sometimes a very long stay in hospital, to give them the extra assistance to get them back on their feet.'*

We asked staff what could be improved at Oak Meadow. They told us:

- *'The food can be a bit plain and basic'*
- *'We need an activity coordinator.'*
- *'The building is looking tired and could do with decorating.'*

Staff gave positive feedback on the management at Oak Meadow, with one member of staff saying, *'The manager is very supportive of her team'*, while another said, *'I like it here, the manager is good.'*

## Summary

Oak Meadow Community Support Centre offers a positive and welcoming environment, supported by committed staff and generally clean facilities. We observed staff being kind, respectful, and attentive to residents.

There are some areas where improvements could be made which would significantly improve the overall quality of service and experience for residents and visitors.

We note that some improvements had already been planned at the time of our visit. Healthwatch Halton looks forward to seeing progress made in response to these findings.

We'd like to thank Claire and her staff team for welcoming us to the Centre. Throughout our visit the management were open, transparent and helpful.

## Recommendations and suggestions

- 1.** Address maintenance issues: There were several small maintenance issues that had been waiting a while to be rectified: broken drawer, ceiling stains, broken plug, damaged alarm and toilets.
- 2.** Replace damaged garden seating to maintain usability and safety.
- 3.** Introduce contrasting colours for all handrails and wall décor to aid navigation, especially for residents with dementia.
- 4.** Ensure the dementia-friendly date board is updated regularly and is easy to read.
- 5.** Look to add additional artwork and homely touches throughout corridors to reduce clinical feel.
- 6.** Install a '*You said, we did*' noticeboard to promote transparency and responsiveness.
- 7.** Review and reinforce procedures to meet residents' specific care preferences (e.g., gender-specific care support).



- 8.** Ensure all dietary and medical needs from hospital notes are added to care plans upon admission.
- 9.** Look to increase the number and variety of regular activities to boost social interaction and mental stimulation.
- 10.** Ensure all emergency systems (e.g., door alarms) are in full working order and regularly checked.
- 11.** To encourage feedback from families and residents, add a QR code to feedback signs, for easier digital access.
- 12.** Display current CQC report and Healthwatch Halton information prominently and include information on the Healthwatch Advocacy Hub.
- 13.** Improving external signage from the main road would enhance accessibility and visibility.

## Service Provider Response

Halton Borough Council have now employed a maintenance person who attends Oak meadow once a week to look at the maintenance issues, to which some of the issues have been resolved. we are looking into the interior décor to get this sorted .Also since your visit we have had a new nurse aid call system fitted .

We have ordered white boards to go into every room so that each service user's dietary needs, medically and other preferences can go on .

The garden has had a new table, chairs and parasols and some more work done on it.

We are also looking for additional wall art.

**Claire Williams – Manager, Oak Meadow Community Support Centre**



A.R.T. Centre

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