

Oxford House Nursing Home

Enter and View Report 29th October & 4th November 2025

healthwatch
Slough

healthwatch
Bracknell Forest

healthwatch
Windsor, Ascot and
Maidenhead



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What is Enter and View?

Enter and View is one of a range of options available to Healthwatch Slough to enable us to gather information about health and social care services and to collect the views of service users, their carers, and their relatives.

Enter and View is an activity that all local Healthwatch organisations can carry out to contribute to their statutory functions. This means Healthwatch Bracknell Forest can choose if, when, how, and where it is used, depending on our local priorities.

An Enter and View visit is where a team of appropriately trained people, known as Authorised Representatives, access a service on behalf of a local Healthwatch organisation, make observations, collect experiences and views and then produce a report.

An Enter and View visit is not an inspection – it is the Care Quality Commission (CQC), as the independent regulator of all health and social care services, that has the formal inspection responsibility. Local Healthwatch organisations aim to offer a layperson's perspective, rather than a formal inspection.

Enter and View is not a stand-alone activity, but rather it is part of a wider piece of work to collect information for a defined purpose.

Purpose of the visit

This visit was to look at what is working well with the service and what could be improved. We had a particular focus on independence and choice.

Background of the home

Oxford House Nursing home is based in Slough. It opened in 1980 and was formerly a Vicarage. It has been extended and currently has room for thirty-four residents across thirty rooms.. During our visits there were twenty-nine residents. Oxford House has residents from Slough, Windsor, Ascot and Maidenhead and Bracknell Forest.

It is a family run home. Its most recent CQC report was published in July 2025 and it was rated as 'Requires Improvement'.

Preparation and Planning for the visit

Following discussion with the Local Authority, a priority list was presented to the Healthwatch Slough Advisory Group who agreed the visit to Oxford House Nursing Home.

Three weeks prior to the visit, the manager was telephoned and we requested a visit on 29th October. This was confirmed with a letter. One week before the visit a member of the team dropped off posters to promote the visit, as well as printed surveys for staff and relatives, along with a post box to hold them securely. Details on the post box also included a link to both surveys, and a QR code. The post box was collected one week after we had visited. Due to some of our staff being unavailable on the day, we also returned on the 4th November for a second visit.

During our time there we spoke with four residents.

Additionally we spoke to/received surveys from nine relatives/friends, and thirteen members of staff. We also spoke to the manager.

The Enter and View was carried out by Ann Brosnan, Nick Durman, and Catherine Williams.

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 and staff. It is only an account of what was observed and contributed at the time.

Observations

Interactions with Staff

When we arrived at the home we were greeted by the receptionist and our ID badges were checked. We signed in on the screen at reception. We were shown around by the manager, and greeted by staff and residents as we walked around the home on our visit.

Environment

As well as general observations, we used the King's Fund Dementia-Friendly tool.

Oxford House Nursing Home
The Kings Fund Environmental Assessment Tool
Is Your Care Home Dementia Friendly

1. The environment promotes meaningful interaction and purposeful activity between residents, their families and staff

All assessment criteria met. As examples:

Does the approach to the care home look welcoming? Is the entrance obvious and the doorbell/entry phone easy to use?

We found the approach to the care home looked welcoming; the outside area was well tended. There was a covered entrance porch at the front door and seating in the porch. The signage for the care home was clear from the road. The entry call button is large and easy to identify.





Does the care home give a good first impression i.e. does it look clean, tidy and cared for?

The care home entrance and hallway were clean and tidy and there were no unpleasant odours. There were flowers displayed on a shelf.



Is there a choice of seating e.g. settees as well as single chairs with arms, and are chairs arranged in small clusters to encourage conversation?

We observed a choice of seating in the living room; seating was arranged in clusters to encourage interaction and conversation (note we were unable to take pictures on the day as there was entertainment being provided and the living room was full of residents).

2. The environment promotes well-being

All assessment criteria met. As examples:

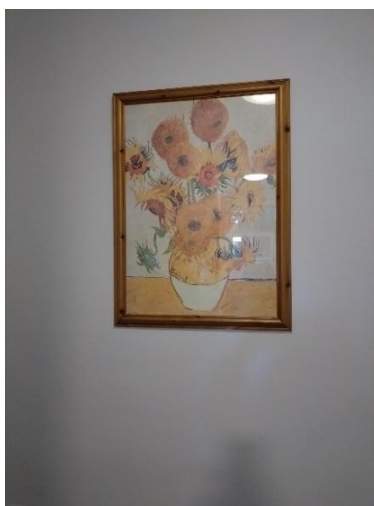
Is there good natural light in bedrooms and social spaces? Are links to and views of nature maximised e.g. by having low windows?

We observed good natural light in social areas, for example, in the living room and dining room. The dining room had large low windows and patio doors leading to the garden. The bedrooms we did observe were light, and had views of the outside areas.



Is the décor age appropriate, are there photographs or artworks of a size that can be easily seen?

The décor and artwork we observed was age appropriate. We observed different types of art and memorabilia. There were bright floral arts and some depicting nature and some memorabilia. Some artwork had been made by residents.



Is there independent and easy to locate access to a pleasant, sociable, safe and secure outside space e.g. garden, courtyard or terrace with sheltered seating areas?

The home had a secure garden laid to lawn and there were a variety of shrubs, trees and flowers. Access to the garden was via patio doors from the dining area. The threshold from the patio doors to the garden was flat. There was a flat patio and path around the garden. There was seating in the garden and parasols to provide shade.



3. The environment encourages eating and drinking

All assessment criteria met. As examples:
Are large dining areas divided so as to be domestic in scale?

There is a large bright dining room which was divided. It consisted of several small dining tables which were domestic in scale.



Is there a sufficient level of lighting so that the table settings and food can be seen easily?

The dining room was in a glazed conservatory which had large windows that created a light and bright space and overlooked the rear garden. The amount of light could be controlled via blinds on the windows including the glazed roof. When we observed during lunchtime, the level of lighting enabled table settings and food to be easily seen.



Does the dining room provide opportunities for residents to eat in small groups or alone if they wish?

Residents could sit in small groups if they wished, they could be joined by a family member or they were able to sit alone if they preferred.

Do the people living in the care home and/or their relatives have constant independent access to hot and cold drinks?

We observed hot/cold drinks being offered on a regular basis. In addition, there was a hydration station in the living room, in the dining room and on the first floor upstairs.

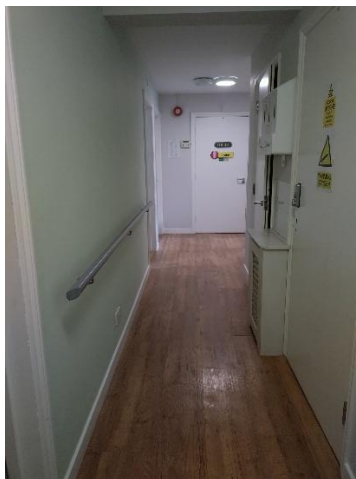


4. The environment promotes mobility

All assessment criteria met. As examples:

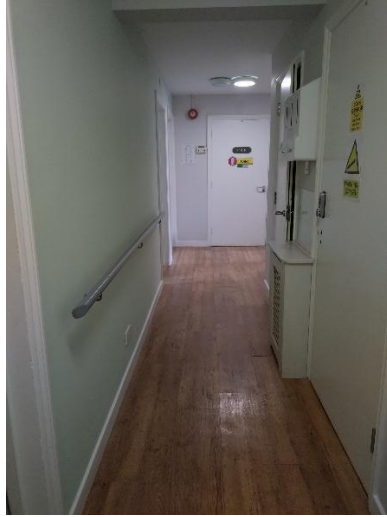
Is the flooring in a colour that contrasts with the walls, any skirting?

All of the flooring we observed throughout the home contrasted with the walls and skirting.



Are the handrails in a colour that contrasts with the walls and is it possible to grip them properly?

All of the handrails we observed were all in a distinctive colour that contrasted with the walls.



Are there small seating areas for people to rest along corridors and in gardens?

The home is a Victorian building and therefore has narrow corridors, however there were seating areas in places where residents could rest or sit by themselves if they wanted a quiet space away from the living room.



5. The environment promotes continence and personal hygiene

All assessment criteria met except the following which were partially met:

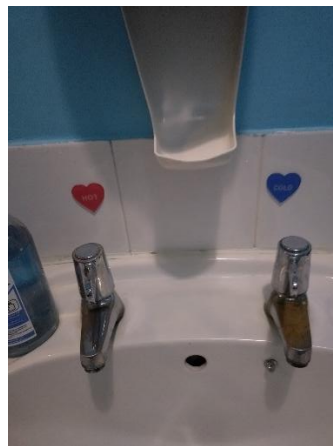
Are the sink taps clearly marked as hot and cold and easy to identify as such?

The sink taps did have hot and cold colours on the shoulder of the sink taps, but these were not easily identifiable, particularly for someone with impaired sight. On some of the taps the coloured identifier was missing completely.

As an example, the two photos below (when enlarged), show the markers on the cold tap is missing.



Below is an example of how another care home improved the visibility and identification of hot and cold taps.



Do all the doors to toilet doors have the same clear signage with text and images?

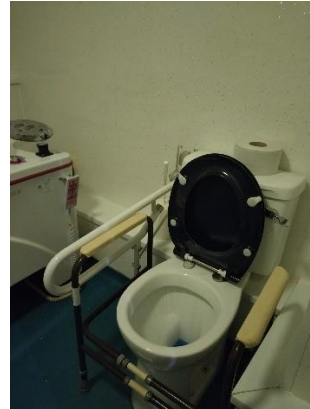
The majority of the doors were easily identifiable; with both the toilet sign and text to identify them as toilets. However, we saw two toilet doors that did not have the same clear signage and text.





Are the toilet seats, flush handles and grip rails in a colour that contrasts with the toilet/bathroom walls and floor?

Some but not all of the toilet seats we observed were in a different colour to the wall/floor. None of the toilets we observed had grip rails that contrasted with the colour of the walls.



6. The environment promotes orientation

All assessment criteria met. As examples:

Is there a large, accurate and silent clock clearly visible and does it display the correct day and date and weather?

There was a large accurate and silent clock in the living room clearly visible in the living room.



Are signs for residents of a good size and of a contrasting colour to be seen easily?

We observed various signs for residents to help with wayfinding. The signs were of a size and colour to be easily visible.





7. The environment promotes calm, safety and security

Are spaces clutter free so as not to prevent easy movement in the home.

All assessment criteria met. As examples:

We didn't observe any cluttered areas in the corridors, social spaces and other areas of the home that could impede residents' safe movement around the home. We didn't observe any clutter in the garden that would prevent safe movement of residents.



Has careful consideration been given to the placement of any mirrors, or shiny surfaces, in corridors and social spaces?

We didn't observe any intrusive mirrors or shiny surfaces or flooring in any of the corridors, lounge, dining rooms or other communal spaces.

Garden Observation

We noticed a resident out in the garden, even though it was raining. This resident was sitting under a parasol to protect him from the rain. We spoke to staff who explained that the gentleman had worked outside and liked to be out in the fresh air, in all weathers. The home had purchased a heated blanket to ensure that he stayed warm.

We spoke with this resident who said he loved to sit out in the garden and had helped with planting advice. He enjoyed his meals outside as well and staff regularly came out to bring him drinks and check he was alright. On our second visit he was brought in to participate in one of the activities, which involved an Elvis impersonator.

The relatives were complimentary about the garden:

"A very pleasant and well-kept area. I was able to participate with my father when the staff held a 'Sports Day' for the residents last summer."

"Very nice and well looked after."

"Small but well planted with flowers, windmills and bushes and well looked-after. The awning was a great boon to be able to be in the garden, but out of the sun/heat in the summer. We spent many happy hours out there in 2025."

One relative made suggestions about how the garden might be improved further:

"Have more organised activities in the garden, instead of the lounge (weather permitting). Have some/more decent games/toys in or near the garden so residents and visitors could use them individually. We used a couple from the box in the garden but they are pretty grotty and the inside of the box is a bit of a mess. Some furniture needs attention."

The staff told us that residents were able to go out in the garden although this could depend on the weather and, for some, if a carer was available to accompany them.

When we spoke with the manager she told us that a garden project is planned for 2026.

Quality of Care

The residents we spoke to were happy with the care home:

“Love it here. Love the people and the staff in particular.”

“Pretty good really. Good supply of tea! They let you do what you want.”

The more independent residents were able to get up at a time that suited them. Those that required assistance were more likely to have set times for getting up and going to bed.

Relatives felt that their loved ones looked presentable and, where able to choose what they wanted to wear, they were allowed to.

Most felt that their loved ones were allowed to get up and go to bed at a time that suited them, but two people were unsure about this.

“My father has been at Oxford House for just over 18 months. My family are extremely happy with the high level of care he receives.”

“This is a very good care home and all the family are very happy with everything. Well done all!”

Activities and Daily Life

There was an activities schedule at reception, which was changed to reflect the week it was outlining and we also saw another one, along with the menu, in a different part of the building:

Activities Schedule:
Week 1 & Week 2

OXFORD HOUSE
Nursing Home

Day	Morning	Afternoon
Monday Activities Staff: Anna Verna	Coffee Morning Social Activity At 10 am in the lounge	News Paper Reading Informational Activity in the Lounge/Rooms from 2 pm
Tuesday Activities Staff: Anna Aqeela	Praise & Worship Spiritual Wellbeing At 10 am in the lounge	One to One Companionship Therapeutic communication In the Lounge/Rooms from 2 pm
Wednesday Activities Staff: Aqeela	Fitness Class Physical well-being I At 10 am in the lounge	Afternoon walks/talks Indoor/Outdoor Mental Health Booster In the Lounge/Rooms from 2 pm
Thursday Activities Staff: Anna	Art & Craft Cognitive and Fine Motor Skills Activity At 10 am in the lounge	Trivia Puzzles Cognitive Stimulation Activities in the lounge/Rooms from 2 pm
Friday Activities staff: Anna Aqeela	Pet Therapy Reminiscence and Emotional Support Activity At 10 am in the lounge	Book Reading Mental stimulation Activity in the lounge/Rooms from 2 pm
Saturday Activities staff: Man Preet	Colouring/Painting Free Motor Skill Activities At 10 am in the lounge	One-to-One Companionship Bird Watching: Virtual/Live In Garden/Rooms from 2 pm
Sunday Activities staff: Man Preet	Classic music and Sing Along Music Therapy At 10 am in Lounge	One-to-One Chats Social Activity In Lounge/Rooms from 2 pm

Activities Schedule
Week 3 & Week 4

OXFORD HOUSE
Nursing Home

Day	Morning	Afternoon
Monday Activities Staff: Anna Verna	Group Sing-Along Music Therapy & Online Quiz At 10 am in the lounge	Board Games Mindfulness Activity Dominoes/Cheesecake cards In the lounge/rooms from 2 pm
Tuesday Activities Staff: Anna Aqeela	Full Manicure Spa Experience Sensory Engagement At 10 am in the lounge/Rooms	One-to-One Companionship over Tea/Coffee Social Activity In the lounge/rooms from 2 pm
Wednesday Activities Staff: Aqeela Verna	Physical Wellbeing & Stress Reduction Fitness Class At 10 am in the lounge	Virtual Visit to a Famous Place Cognitive Activity In the lounge/rooms from 2 pm
Thursday Activities Staff: Anna	Nature Walk/Right Seeing Indoor/Outdoor Activity From 10 am in the conservatory/ garden/Visit	Trivia Puzzles and Cognitive Stimulation In the lounge/rooms from 2 pm
Friday Activities staff: Anna Aqeela	Flower Arrangement Cognitive Stimulation 10 am in the lounge	Personal space activity of choice Mindfulness/ Cognitive Activity In the lounge/rooms from 2 pm
Saturday Activities staff: Man Preet	Classic Film Screening Social Activity At 10 am in the lounge	One-to-One Companionship Social Activity in the lounge/rooms from 2 pm
Sunday Activities staff: Man Preet	Sing & Board Games Mindfulness Activity At 10 am in the Lounge	Reminiscence Therapy through photo albums/sonnets/pictorial In the lounge/rooms from 2 pm

**Friday Afternoon
Movie
Mrs Doubtfire
In the lounge 2pm**

**ELVIS IS IN THE
LOUNGE
Tuesday
10am to 11am**

Activities Schedule
Week 1 & Week 2

OXFORD HOUSE
Nursing Home

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**Lunch Week 2
TUESDAY**

Hash Browns,
Baked Beans and
an Egg

Chicken &
Mushroom Pasta

Soup of the
day

The current activities team consists of two members of staff, plus a volunteer and a weekend activities person.

Some of the comments we received mentioned that the home was quite noisy, particularly when activities are taking place in the lounge. When we spoke to the manager, she was aware of this and said that there are plans to create a quiet room for those who are more sensitive to noise.

Residents' comments

Those residents who were independent were able to go out if they wished. Some were happy to stay in the home and decide if they wanted to go out into the garden:

"Go out to the Co-op and buy a newspaper."

"Happy to spend the day in the garden."

"OK here and no need to go out."

Relatives' comments

All the residents who responded said they had been asked about their loved ones interests before they came to the home.

All except one said they were able to join in with the activities on offer.

"My father is happy to sit quietly if not involved. To be honest, group activities are not really his thing..."

"My mother likes dominoes."

All the relatives we heard from said their loved ones were encouraged to move around during the day and, all except one said they were also encouraged to use the outside space.

Staff

Several staff commented that more support during activity sessions would be helpful:

"There are a lot of activities available, but we need more 'hands on' activity staff."

“Activities are challenging but they are adapted to the needs of the residents.”

“More outings would be nice and more activities staff.”

When we asked staff what they did if a resident wanted a different activity from those on offer they responded as follows:

“ We explain we will try and order it for them, and speak to the manager.”

“Have witnessed staff communicating to supply other options for the residents.”

“We never say no and if there is a need for something we will try and provide it later.”

Although not planned into their day, the staff said that they made time to sit and talk to the residents (as we observed during lunchtime).

Food and Drink

Lunch Observation

We undertook two observations at lunchtime. For those not confined to their rooms, some ate in the dining room while others chose to eat in the lounge.

Dining Room

There were approximately four staff to nine residents in the dining room.

Staff helped a resident to get more comfortable with cushions (she was unable to walk) and asking her kindly if she was OK.

Food was handed out covered with foil on plates labelled with the name of the resident. Each resident was handed their food with eye contact and their name was checked.

One resident was in the garden and his food was taken to him outside.

Some residents needed help to eat and staff chatted pleasantly to them, to others and to each other while this took place and there was laughter and pleasant joking. We heard staff speaking kindly to residents with memory problems or confusion and heard staff gently and kindly encouraging residents to eat their meal.

We noted that as the food was uncovered hot food menu items were steaming (not cold) and we noticed that a member of staff who was feeding a resident using a spoon and very carefully divided the food on the plate into small portions so that it began to cool and could be fed to the resident safely.

The room was well lit – it was also warm on this October day. We wondered how hot it would be in summer as it is a conservatory and the ceiling glass and windows on one side were covered in blinds.

While the menu was sausage casserole or chicken drumsticks we noticed that some residents had other food – for example, an omelette and chips.

While we were seated making observations the handyman passed us and went out into the garden and we heard him acknowledge the resident out in the garden by name.

A television was on in the corner so the room was somewhat noisy but it was still possible to carry on ordinary conversation.

One resident had her lunch while the family member sat with her.

The room was crowded and busy but the atmosphere was cheerful and calm. We noticed that the serving hatch for the kitchen had an awning, a menu board, a clock, and was labelled as a coffee bar – it did feel a little bit like being in a café.

We noticed that there was a large artificial plant in one corner of the dining room – we wondered whether it would be possible to have some live plants, and whether residents could be involved in looking after those plants

The view from the dining room is to the garden which is small but well-kept with flowers, a lawn, a paving area and we noticed that anyone sat in the dining room with a view of the corridor would be able to see a clear sign pointing to the nearest toilets.

Lounge Observation

Some residents remained in the lounge by choice (we noted that the dining room is quite small so has a limit to the number of residents that can be accommodated.)

Serviettes were put on the tables and a trolley was wheeled in. All plates were covered to keep the food hot.

Staff began serving the residents and explained what was on the plates as they were placed in front of them. Staff serving the food wore aprons. There was the option of chicken drumsticks or sausage casserole.

Staff poured drinks and clearly knew which drinks the residents liked best. Some of the residents had cans of their favourite fizzy drink.

Staff encouraged one of the residents to sit down and eat. This resident got up multiple times and was interacting with the television which was playing music via YouTube. Each time she got up, she was gently reminded that her lunch was waiting to be eaten and encouraged to sit down and eat.

One resident was helped by their spouse, plus another member of staff, and encouraged to eat. The five other residents in the lounge were able to feed themselves.

The manager came in and checked that everyone was eating. Other members of staff observed and helped/encouraged the residents to eat.

Staff cleared up the plates and then served pudding and again encouraged the residents to eat.

Several members of staff spoke to one of the residents (who had only been there a couple of months) in his first language.

More drinks were served as needed or requested.

Staff made sure the residents were clean and wiped their face if needed. One resident sang to the staff.

Staff sat with the resident who was agitated and who kept getting up, engaged her in conversation and continued to encourage her to eat.

Lunch was relaxed with music playing in the background, but it was not loud enough to affect conversations.

As the lunch neared an end, two nurses came in with the medication trolley and gave out medication. The nurses chatted to all the residents in the room as they moved around and asked them if they had enjoyed their lunch.

Staff had Tablets and sat and spoke to the residents while they completed their charts. The residents seemed to enjoy these interactions.

All staff interacted well with each other and were supportive of each other.

Covered food was taken up to residents who were confined to their rooms.

The member of the Enter and View team in the lounge sampled the sausage casserole with mash and found it very tasty.

Resident feedback

The four residents we spoke to, in general, found the food to be good:

"Love it. Very tasty."

"Breakfast and lunch is good – dinner not so good."

"Food is OK. Something to do."



I've had my own choice of food a few times when I didn't like what was on the menu.



They were able to sit where they liked and the residents we spoke to had their favourite places to sit at mealtimes.

Relatives

The relatives felt that their loved ones had a good choice of food options and said the quality of the food was good.

They all felt that there was enough help with eating and drinking and were able to join their relative for a meal (we saw several residents eating lunch with their loved ones) with the exception of one relative who said they lived too far away to join their loved one for a meal.

They all felt there was a good amount of food and that the home provided food from different cultures.

"The food is kept varied and well-balanced. My father always enjoys mealtimes."

"Mum doesn't tend to eat the food. Has porridge for breakfast. All the others like the food and it tastes fine."

Staff Feedback

The feedback from staff was that most felt the food was good.

"We have a lot of variety with food and drink and always offer and give them choices."

"They have a good choice on the menu and it is good quality food."

"We try and give residents what they want and if we do not have it we will get it for them."

They also said the menu was changed periodically and that they would always try and get the residents what they wanted.

"We regularly ask them what they like to eat. If they do not like what is on the menu, the kitchen will make them something else."

"They can tell us what they want to eat and the chef will try and do it."

"They have a choice and the chef is happy to prepare a different dish for them."

Hydration and nutritional needs

All the staff we heard from were aware of the importance of nutrition and hydration:

"All staff members take care to ensure residents stay well-nourished and hydrated and record consumption."

"Witness the staff always offering food and drinks and helping those who need it."

“Give them fluids and assist with helping them to drink.”

“Try all hot and cold beverages and then ice lollies. Drinks rounds every day.”

“Residents have drinks in their rooms and drinks are offered with meals and we also have drinks rounds.”

“Staff constantly offer drinks throughout the day. We offer hot and cold drinks as well as fizzy drinks.” (We noticed staff were aware of the residents’ favourite drinks).

Dignity and Respect

The residents felt they were treated well by the staff and that staff had time to talk to them.

Relatives felt that staff were caring and kind and treated their loved ones with dignity and respect.

Staff

Resident feedback

The residents we spoke to were generally happy with the staff:

“Quite happy with everything. No problems at all.”

“Very nice people. Possibly need more training.”

“Staff member plays dominoes with me.” (We observed this resident playing dominoes with a member of staff)

Relatives' feedback

All the relatives/friends we spoke to said that the staff were caring and kind and that they felt listened to by the staff and manager.

They also knew which members of staff to speak to if they had a query. All but one felt that they were encouraged to visit the home.

All felt involved with the decision-making process for their loved ones and were kept up to date with any changes to their health.

They all knew how to raise concerns or make a complaint and said these were acted upon, with three relatives adding that they have never had to make a complaint.

"I have always been made welcome by the staff when I visit and am easily able to discuss any needs or concerns that may arise. If a medical issue arises, they are very quick to inform me."

"Can talk to Amanda if I have any concerns. Some homes want you to book an appointment, but not here."

The following feedback was given after a loved one passed away at the home:

"I must add how truly wonderful Amanda, Sairah and ALL of your staff have been in this very sad time. When I visited yesterday, every one of them, every single one of them took a moment to pass on their condolences and say how much they loved *****"

The staff who we heard from had been at the home between eighteen months and twenty-six years. Staff turnover was low.

The biggest challenge for them occurred when other members of staff were on holiday or off sick, which meant they did not always feel that they have enough time to provide the care that the residents need:

"I think we need some bank staff to cover shifts when people are sick or on leave."

"Most of the time but back-up needed when carers are sick."

“We are adequately staffed and we are a family.”

“Most of the time, unless staff call in sick or are on annual leave.”

All the staff we heard from felt that they are able to deliver personalised care to the residents.

Manager feedback

The manager was keen to support the staff and said that there were social events organised and paid for, as well as awards for long service and gifts for staff. There is an employee of the month and employee of the year and nominations are made by residents and their families.

Staff are also provided with meals at no cost.

The home was given a Platinum award for GSF end of life care in September 2024.

Staff: training and support

The feedback from staff was that they were well supported and trained:

“The home provides suitable training time according to the needs of the home.”

“All staff are supported and well trained.”

“Proper training is provided online and in person.”

“Lots of training and kitchen staff do them all, even if not directly relevant to their job.”

Staff felt well-supported by management and their colleagues:

“Good support from management and appreciate all their time.”

"When I give feedback or instruction to the staff, they act upon them."

"The staff are very supportive and the managers too. Relatives are also supportive."

"We have handover meetings every morning. Manager's door is always open. Training is provided in dealing with bereavement."



We have excellent support from our manager and the owner: When I was off work for several weeks I got moral and financial support.



The staff said they have regular monthly meetings and weekly clinical meetings.

When we asked the staff what was the hardest part of their job, challenging/aggressive behaviour was mentioned by many of the staff:

"Now we have more challenging residents, I feel this is the hardest part of the job."

"When residents don't join in with activities, shout/swear or become aggressive and abusive."

"Dealing with residents who have challenging behaviour and can be aggressive."

"Being understaffed at times. The work we do is not reflected in our pay."

"Bereavement."

Almost all staff felt that they were supported and listened to at all times:

"Management always deal nicely, and listen and provide support whenever needed or when concerns are raised."

"Management team are very understanding and accommodating."

"Management listen to us when we raise concerns, but nurses don't."

We asked the staff to tell us what would make the biggest difference, we received the following comments with teamwork/communication coming up as the main theme:

"Teamwork would make the greatest difference."

"The home could do with redecoration and more brightness. Needs to feel more like a home."

"Nothing. Everything is going well."

"More staff, teamwork, better communication."

"Communication among all departments."

"Teamwork/communication."

"The home needs to be updated in terms of the interior. We need matching curtains and bedding for the rooms as we are not able to compete with other homes."

Several staff we engaged with mentioned how the team was a 'family':

"There is always love and respect in Oxford House"

"We are a family here."

Connections with other services

The residents we spoke to felt they were able to see the GP when needed:

“Yes: GP visits.”

“Speak to the staff and the GP comes in. Always have help when needed ”

“I’ve had pills delivered and not needed to see the GP.”

The relatives we heard from felt that their loved ones had good access to healthcare and personal care services.

“My father is always clean, tidy and kempt when I visit him. His feet require regular care which is always provided in a timely manner by the visiting chiropodist.”

“Doctor gave her some drops but we have asked for a referral to an audiologist as hearing not good.”

When we spoke with the manager she confirmed that there are weekly visits from their GP surgery, they are also able to refer residents to the community dentist or have someone visit the home if required. There is also a named pharmacy.

They use Specsavers for sight and hearing tests and are able to refer to audiology if needed.

A hairdresser visits and the residents pay for this service.

The hospital discharge process can vary. It can be good but medications are not always available when the resident is ready to be discharged and then they have to be sent later. The manager and team do advanced care planning to reduce the rates of hospital admissions.

Mental health support for residents is slow in responding to referrals, which is not good for them, but the home continues to stay in contact and push for action.

Recommendations with response from manager

Overall both residents and relatives were positive about the care received at Oxford House and our observations suggest that residents' care needs are being appropriately addressed at present..

We would like to make the following recommendations:

- Make sure that all 'hot' and 'cold' taps are clearly marked..

Response from Manager: Thank you for recommendation. We will carry out an internal audit of all taps in the home, to ensure that these are clearly marked as required.

- Ensure grab rails and toilet seats are in contrasting colours in all bathrooms.

Response from Manager: We have already commenced work on contrasting colours on the grabrails and toilet seats and aim to have all works completed by January 2026.

- Discuss with residents and relatives the forthcoming garden project to get insight and feedback.

Response from Manager: Thank you for your suggestion. This will be discussed with both residents and relatives at our next meeting, and any feedback and suggestions will be acknowledged and greatly received.

- Consider having more staff and/or volunteers to assist with activities.

Response from Manager: Thank you for your suggestion. We currently have two activities co-ordinators and one volunteer. We are reviewing our activities team with the view of expanding.

- As planned, introduce a Quiet room for those who are more sensitive to sounds.

Response from Manager: We have been exploring ideas and planning for the development of a sensory and relaxation room for the residents. We plan to start the work in the new year. Once developed, we will review the room and the effect this has for those using our service, and if any changes need to be made.

- Have a discussion with staff around their comments on improving communication/teamwork to clarify the feedback received.

Response from Manager: Thank you for your feedback, we will share this with the team. Overall communication will improve with the imbedding of our Careberry system. These points will be discussed with the staff at our next team meeting to establish where they are personally experiencing issues. We will also discuss this with staff at 1:1 supervisions, to ensure that all staff members voices are heard. We will actively listen and discuss as a team where this can be improved. We promote a safe and inclusive culture for the team to raise any topics as they arise.



Unit 49, Aerodrome Studios, Airfield Way, Christchurch, Dorset, BH23 3TS

www.healthwatchslough.co.uk

t: 03000 012 0184

e: enquiries@healthwatchslough.co.uk

🐦 [@https://twitter.com/HWslough](https://twitter.com/HWslough)

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