

Oak Springs Care Home



Enter and View Report (November 2025)

Have your say



Introduction

What is an Enter and View visit?

Healthwatch Liverpool has 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. Enter and View visits are carried out by small teams of trained members of our staff and volunteers to observe a health and social care service at work, for example at a GP practice, a care home, or a hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

What happens during an Enter and View visit?

During an Enter and View visit we talk to people using the service, whether patients or residents, and to friends and relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. We also observe the service. We write up our observations and the feedback we receive and publish it as a report. Our report is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate.

If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

Our care home visits usually last 2 hours and as such can only give us a 'snapshot' of a service. We are always grateful for feedback from residents, relatives and other visitors to be able to get a fuller picture. You can leave feedback via telephone on 0300 77 77 007, or email engagement@healthwatchliverpool.co.uk. Alternatively, you can contact us via: www.healthwatchliverpool.co.uk/have-your-say

Details of the Enter and View Visit:

Name of the service visited: Oak Springs Care Home

Address: 37 Church Road, L15 9ED

Website address of Oak Springs care home:

<https://www.sandstonecare.co.uk/our-homes/oak-springs/>

The Date of the Enter and View Visit: 22nd September 2025

The members of the Healthwatch Enter and View Team that undertook the visit were:

- Inez Bootsgezel, Engagement and Project Officer
- Drahoslava Machova, Engagement and Project Officer

This was an announced visit.

We would like to thank Oak Springs staff and residents for facilitating the visit and for taking the time to talk to us.

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.

The Enter and View visit to Oak Springs was to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

Safeguarding

Healthwatch Liverpool 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, 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.

About the Service

Background

Oak Springs care home is owned by Sandstone Care group. The home used to be a nursing home but now provides residential and EMI care. We were told that the reason for this change was that the home had struggled to find enough nurses.

The home has 74 ensuite bedrooms over 3 floors. The Walnut suite on the ground floor has 22 beds and provides general residential care for residents who are relatively independent and may not require intensive care. The Maple Suite on the middle floor has 29 beds and provides EMI residential care for residents with more advanced dementia. The Willow Suite on the top floor has 23 beds and is primarily for residents with early onset dementia.

The home charges top up fees of £110.

Discussion with Oak Springs managers

We spoke with 2 Oak Springs managers who had been in post for 9 years and a recently appointed regional manager for Sandstone Care Group. The home's managers told us that the previous owners had not looked after the home as well, and 9 years ago the home had been at risk of closure. Since then, management says the home has built strong relationships with external partners and the managers said they were proud of the changes Oak Springs has made.

We asked about staffing levels and were told that the home uses a dependency tool to determine what staff mix is needed. At the time of our visit the home employed around 84 members of staff and had 2 vacancies, one for a part-time activity coordinator and another for care staff. The home tends to use bank staff to cover when needed, and on average uses around 35- 50 hours per week agency staff, e.g. to cover sickness.

The home normally has 2 activity coordinators (1 full-time, 1 part-time), a head chef, second chef, kitchen assistant and 2 pot washers. They employ an additional care hostess who is trained in care and meal service and covers the breakfast shift.

During the day on the general residential and early onset dementia suites there are 1 senior carer, 3 care assistants, and 1 care hostess. On the more advanced dementia/ EMI suite on the middle floor shifts are covered by 1 senior carer, 5 care assistants and 1 care hostess. This suite also has additional morning shifts to get people ready for the day.

At night there are 2 or 3 seniors on shift as well as 4 care staff. There are 2 staff per floor and one person working between floors where needed.

Staff carry out handovers at the beginning of each shift which managers attend, and seniors have daily huddles in the afternoon. The manager told us there is an 'Open Door' policy, which aims to encourage staff to inform of any issues or concerns.

The managers told us staff were trained to reflect the way they want care to be delivered, based on empathy and individual needs. The home uses face-to-face training backed up by an online platform, and all staff receive University of Bradford dementia training. In addition, every year the home provides a workshop on dementia for families.

Managers also told us how they had used some grant money to provide staff with 'dementia tank' training. This training creates a virtual environment as experienced by many people with dementia and helps staff to understand the challenges the residents face in their daily lives. Although it is expensive managers felt it was well worth it, and that they would like it to be available to families as well.

GP and Pharmacy

Oak Springs is supported by 2 GP practices, Rutherford and Penny Lane. One resident has continued to be registered at their previous GP practice, Lance Lane.

Multi-disciplinary team meetings are held every other Tuesday and are attended by the team and clinicians. One of the 3 regular community matrons will take part. A physician associate carries out a 'ward round' every Thursday, proactively checking on residents. They know the residents and will check on the day with Oak Springs staff which residents they should see.

Managers felt that Telemeds (Immedicare) provides a good service but there are some issues around feedback, e.g. to inform a resident's GP care home staff have to contact Telemeds again. With the time it can take to queue on the phone this takes up staff time.

Pharmacy services are provided by Clarks Pharmacy and Managers said that they are very responsive and staff have the phone number to contact them if there are any questions.

Dental Care

We were told about difficulties getting dental care for residents. The home asks families whether residents are already registered with a dentist, and if so will continue to use that dental practice. The home will also ask relatives if they can source a dentist; for residents who are not registered with a dentist it has proved to be a struggle to get dental care.

Opticians and Audiology

The home generally uses Eyecare opticians, but some residents and/or families choose their own opticians.

The manager told us that it can be difficult to get audiology services. The home now is piloting a new company, Templar; they will provide staff training for earwax removal and referrals seem to be straightforward, which makes everything easier.

Mental Health and community care

We were told that it can be difficult to access occupational therapists – who won't come to a care home at all – and referrals for community equipment in the community. Community matrons will defer these to district nurses. However, getting community equipment in place with hospital discharges had been "really good".

Management advised that staff from the Leigh Moss Mental health team used to come to the home's MDT meetings but says that this stopped due to lack of funding. We were told the previous arrangement was "really beneficial", and that now there are waiting lists for accessing mental health support for the home's residents.

End of life care: The home uses the Gold Standards Framework. The manager told us that district nurses are very supportive, and that there is a lot of trust between them and the senior leads at the home. All residents had Advanced Care Plans (ACPs) and DNARs (Do Not Attempt Resuscitation) in place.

Hospital discharges

Management says the home has a well-established process in place for handling hospital discharges. They have built good relationships with trusted assessors; some trusted assessors have visited the home and can now better imagine the environment and set-up that a resident returns to or a new resident will move to. The home can email or phone the assessors.

Visiting

We were advised that visitors are welcome until 10pm. Managers told us that the home emphasises and promotes the continuity of residents' regular lives and as such encourages visitors to visit residents as they would have done before.

Relatives are asked to respect protected mealtimes so as not to disturb residents who are already eating when visitors arrive. Residents can eat in their room with families if they have visitors. The care home also encourages families to audit meals on any floor, not necessarily where their relative lives, and choosing any meal, so that they can see what the dining experience is like and offer feedback.

If a resident is at end-of-life stage families can stay as long as they want. The managers stressed the importance of looking after the family the same way they look after the residents, e.g. offering drinks while relatives are at the bedside. All staff are trained to do so.

Getting to know residents

The home carries out a pre-assessment where residents and relatives are asked about their background, previous occupations, what they enjoyed doing and about any restrictions.

Once a resident has been admitted they will complete a 'This is me' document with the activity coordinators to learn more about the person, including about wishes and hobbies.

Prospective residents will also be invited to visit and have a cup of tea with other residents before moving in. At that point they will be introduced to some members of staff so that when they move in there will be some familiar faces. Hopefully this makes it easier to settle in.

Activities

We were told that activity coordinators will organise 1-1 activities as well as small group activities like yoga and boxercise depending on residents' interests and abilities on weekdays. At weekends there are carer-led activities, for example Knit and Natter. The home has a large screen on wheels which is used for a variety of activities, and organises themed activities, e.g. for Mother's Day. They also host bi-monthly resident and relatives' meetings.

The home runs a woodwork club and gardening club, and during the summer they have BBQs. Visits from a children's choir are very popular, as are the Guide Dogs; the home supported a Guide Dogs charity at the time of our visit. For their Nativity play a real donkey visited the home, and a Visiting Zoo attends. The home encourages relatives to bring pets in, and we were told that one resident had a pet bird in their room.

Oak Springs has access to a minibus, and we were told that staff enjoy going out with the residents *"no matter the weather, snow, rain, sunshine"*. In winter residents will be wrapped up warm, take a flask of hot chocolate and go out for trips, for example to Blackpool to see the lights.

We were told that the home likes to be creative with their activities. Children from a local nursery come in once a month, and before COVID they started a project called Generations Together, aiming to swap knowledge between residents and children aged between 5-13. These weekly sessions are themed, e.g. how Christmas was celebrated then and now. On that occasion a local toy shop brought in old toys and the group made Tik Tok videos. These sessions have been very successful with additional benefits; we were given an example of one of the children who came up with a method to communicate with a non-verbal resident, a method which staff has been using since.

We asked about additional communication needs and how those are managed. The manager told us that *"It's not always verbal communication, but also about the facial expressions"*, and that is what she tells the staff.

Staff use picture cards and a pain checker on the PCS (handheld digital system), which uses facial recognition as part of the process.

We asked about cultural and religious needs of residents. We were told that the home is always mindful of residents' traditions and wishes. On one of the floors the home puts up decorations with an autumnal theme rather than a Halloween theme to avoid offending some of the residents who have evangelical Christian beliefs.

Food

The home employs a chef and a chef's assistant. We were told that the chef always consults with the residents, taking their preferences into consideration when creating the menu.

There are usually various options on the menu. The home tends to provide larger meals in the evening and lighter meals for lunch; managers told us that research had shown this helps with weight loss and more stable blood sugar levels during the night, reducing falls. Many residents have filling porridge for breakfast.

Residents can help themselves from 'snack baskets', and staff will offer snacks throughout the day. We saw pictorial menus on the wall in the dining area, but the font was fairly small. There were typed menus on each dining table.

The home currently doesn't have residents with Halal or Kosher diets but there have been in the past, and staff say the chef always accommodated those residents' diets.

Belongings

Oak Springs has introduced 'snappy tags' for clothing as labels often don't last in their industrial washing machines. Laundry staff have been taught to always check pockets, and care staff use a check list. The home recommends that residents have hearing aids on a chain that clips on to a jumper, as there have been losses in the past.

Glasses have names etched in, and dentures are marked to help prevent loss.

Observations

Care home environment

We found that everywhere we visited was clean and well-maintained. There were no unpleasant smells, and we liked that although the floors/suites had the same layout, there were different design touches on each one.

Combined lounges and dining rooms

Each floor had a large, combined lounge and dining area. These were bright and clean with plenty of daylight coming in and had several seating areas and a television as well as a kitchenette on each floor. The ground floor kitchenette looked fine to be in good condition, but we were told that it was due to be refurbished; this had already been done on the other 2 floors.

Dining tables had stand-up menus, and there was a menu board with pictures on the wall which we liked, but the letters/font still seemed a bit small.

We did notice some white tags on the ceiling of the ground floor lounge, possibly from past decorations. There was a fishtank with fish near one of the windows. The upper floors also had fishtanks, but both had green algae growing on the inside which a relative pointed out needed cleaning.

Each floor also had a smaller lounge/communal or activity room. On Maple suite this smaller lounge had a bar, a music section with a jukebox, and an area to make a cup of tea.

On Willow suite the small lounge had been decorated as a corner- or sweet shop.

Outdoor areas (garden/roof terrace)

The enclosed garden was spacious with paved and planted areas as well as a stone fountain. There were outdoor tables and chairs for sitting or eating and a wooden arbour. Several ground floor bedrooms had patio doors with direct access to the garden. We asked if residents from upper floors have access to the garden and were told that they do if they are accompanied by staff due to falls risks.

On the top floor the Willow suite had a rooftop garden, which was decorated in a Mediterranean style; it was very bright and sunny when we visited, with tables and chairs for residents to sit outside.

Corridors

All corridors had paintings and residents' artwork on the walls as well as box frames filled with memorabilia which we were told are also used for reminiscence activities. Each floor had a notice board and a 'You said, we did' board for suggestions and improvements. Residents' bedroom doors had a sticker or a picture, whichever the resident prefers.

On one of the floors, we noticed that the corridor walls and handrails were painted in the same colour which made the handrails less distinguishable; the other floors had painted handrails in more contrasting colours. The units all had seating areas in the corridors but also touches that differed per floor, for example a quiet library area with an armchair, small bookcase and several box frames filled with newspaper cuttings and other items on the ground floor.

On Maple suite there was bookshelf wallpaper on the entry/exit door to avoid distressing residents who may otherwise try to leave which we felt to be dementia-friendly design. Handrails were painted a different colour to the walls and easy to distinguish. One corridor had a bus stop, and another part of the corridor had a painted garden with bench seating next to a window with views of outside. The end of another corridor had a painted laundry area for reminiscence.

Hairdresser

We were shown the hairdressing salon room which is used by a dementia-trained hairdresser who visits the home twice weekly.

Bathrooms/shower rooms

All floors had an assisted bathroom and a shower room. The assisted bathroom we saw was clean and nicely decorated.

Feedback from residents, relatives, and staff.

Healthwatch spoke with 2 residents and 1 relative:



"I feel safe here with other people around, I like knowing that people are around."

Resident B



"The food is very good. I get my hair done once a week and I really like it." The resident added that the staff are friendly, that they go out sometimes, and that other residents are friendly too

Resident A

"I feel safe here with other people around, I like knowing that people are around. Also not having to worry about bills. But I miss being able to go to the shops, I used to be able to go by myself but now need someone with me. I have been to the shops with the staff, but it's not a regular thing."

Resident B

"(My relative) is very well cared for. These guys (staff) do so much, I can't praise them enough. Everyone is lovely, it's a great team. They genuinely care here, it's brilliant."

Family member

Survey responses

Healthwatch Liverpool has an ongoing survey for residents and relatives of people living in care homes. We received 9 survey responses for Oak Springs Care Home via this route.

When asked 'How you would rate this home' Oak Springs Care Home was rated as Excellent by nine respondents and very good by one. There were no ratings less than very good for this question.

Feedback from respondents included one person who said their relative's unit was well run and praised the wide variety of activities delivered by staff. They said they would like to see more external trips but understand that staffing is a consideration. They said they are delighted with Oak Springs and have recommended it to others.

Another response said that their loved one was improved rapidly at Oak Springs and was chatting and smiling again. They said that this led to priceless moments that mean the world to her and her family. They praised the manager for being honest and said they run the home impeccably. They complemented staff saying they are warm, welcoming and attentive.

Staff were described as showing compassion and understanding by another respondent who praised their communication skills and the lovely atmosphere they have created. Another response praised the staff for treating all residents with dignity and compassion.

Residents being treated with dignity was echoed by another respondent who said that staff genuinely treat residents like they are their own family. Another praised the staff saying they were the best carers and unit lead they could hope to have. Another said that their loved one is extremely happy with the care provided and that staff and manager are like an extended family.

Summary and recommendations

Summary

During our visit the home appeared clean and well-maintained with no strong or unpleasant smells. There were several themed areas on different floors, e.g. a small library, a sweet shop, a bus stop, and an indoor garden area. All these appeared to be well-thought out in terms of dementia-friendly design and provided quieter areas for residents. We also saw an exit door which had been decorated to resemble a bookcase; we have seen this in other care homes and think it to be another example of dementia-friendly design.

The residents we saw appeared to be well cared for, and managers gave us several examples of imaginative and personalised care. These examples have not necessarily been reflected in this report as we want to make sure that residents' anonymity is maintained.

Positives and good practice

We found during our visit to Oak Springs care home examples of positives and good practice which included but were not limited to:

- The experience with the 'dementia tank' seems to have increased staff understanding and empathy for residents living with dementia.
- The connection with a local nursery and their visits, and the regular themed sessions with children from local schools.
- The dementia-friendly design touches such as the themed areas and bookcase wallpaper on some exits seemed like good dementia friendly design choices to help minimise distress to residents and create a community feel.

Recommendations

We make the following recommendations:

- That where the handrails have been painted in the same colour as the walls these are redecorated in a contrasting colour to help them visually stand out.
- The pictures of the food on the menu boards make the menus more accessible, but the size of the letters/ writing was relatively small. We were told that staff will check with residents which food option they prefer, however, to help promote independence we would recommend that any text added to the menus is in a large size font.

We liked the fishtanks on each floor, but as some relatives pointed out, the fishtanks on the 2 upper floors needed to be cleaned.

Appendix

Healthwatch Liverpool – Powers to Enter and View Services

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. We work to give local residents a stronger voice to influence and challenge how health and social care services are provided.

We enable people to share their views and concerns about local health and social care services, helping build a picture of where services are doing well, and where they can be improved. Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist us in carrying out our statutory functions under the Health and Social Care Act 2012.

Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for us to get a better understanding of the service by seeing it in action and by talking to staff and service users.

We aim to identify and share good practice wherever possible. However, if during a visit we identify any aspects of a service that it has serious concerns about, then these concerns are referred to the appropriate regulator or commissioners of the service for investigation or rectification.

Any safeguarding issues identified will be referred to the Local Authority for investigation. Addressing issues of a less serious nature may be done directly with the service provider.

For more information about Healthwatch Liverpool, please visit our website www.healthwatchliverpool.co.uk or contact us using the details at the end of this report.



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Healthwatch Liverpool **Liverpool**
151 Dale Street
Liverpool
L2 2AH

www.healthwatchliverpool.co.uk

t: 0300 77 77 007

e: enquiries@healthwatchliverpool.co.uk

 [@HW_Liverpool](https://twitter.com/@HW_Liverpool)

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