

Activities Workers

We have employed a third activities coordinator who will work specifically on the dementia floor and are merely awaiting her final reference.

Environment

Whilst I agree that the dementia floor is clinical in appearance it is a work in progress. We are totally remodelling the top floor and this includes the decoration. Eventually we will be trying to split the unit into two (a nursing and a residential dementia unit each with their own staffing.) What was the main lounge is now a activities area and the smaller dining room will be music themed. We are replacing the communal furniture and looking to provide more in the way of items that residents can interact with and give them a happier experience of living at Oaktree. The main dining room will also be reconfigured and we will be making it a more appealing area. I do feel that your comment about the tables being in one long line was inaccurate as we have tried to set up an individualised table settings to give more dignity to the residents and more manoeuvring space for staff. As there are fewer residents in place at the moment we are trying to bring them closer together so that staff will have less running around to do and so be able to spend more time with the residents they care for. We are also setting up some art projects, involving the residents to give more “points of interest” along the floor.

The dementia care team are visiting to review the training for all staff and setting up an action for delivery of this to staff. This will include experiential training for staff. They are also looking at the way staff are utilised and investigating the Dementia Care Matters’ “butterfly” model.

Dave

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