

# Enter And View

**Report**  
**Swan House Care Home**  
Carried out 31st January 2018



**Local voices**  
**improving local**  
**health and social care**



Tel: 0800 470 1660  
Email: [Info@healthwatchwalsall.co.uk](mailto:Info@healthwatchwalsall.co.uk)  
Web site: [www.healthwatchwalsall.co.uk](http://www.healthwatchwalsall.co.uk)



Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall Authorised Representatives, will carry out these visits to health and social care premises to find out how they are being run, and make recommendations where there are areas for improvement.

The Health and Social Care Act, allows Authorised Representatives to observe service delivery and talk to service users, their families, and carers on premises. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about, and share examples of what they do well, from the perspective of people who experience the service first hand.

Healthwatch Walsall 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 Walsall safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.



## Provider Details

**Name:** Swan House Care Home

**Address:** Pooles Lane  
Short Heath  
Willenhall  
WV12 5HJ

**Service Type:** Care home with nursing including dementia and physical disability

**Home Capacity:** 45

**Date of Visit:** 3/1/18

## Authorised Representatives

<b>Name:</b> Ross Nicklin	<b>Role:</b> Healthwatch Walsall Advisory Board
<b>Name:</b> Tom Collins	<b>Role:</b> Community Outreach Officer, (HWW)
<b>Name:</b> Simona Zetu	<b>Role:</b> Volunteer observer
<b>Name:</b> Richard Jolly	<b>Role:</b> Volunteer observer

## Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents
- To listen to, observe and capture the experiences of service delivery from the residents and relatives
- The reason for the announced visit was that the last CQC inspection report dated 25th July 2017 stated that Swan House was rated good overall

## Physical Environment

### External

The exterior of the building was well maintained and signposted with off road parking to the rear. There is no CCTV to the exterior of the building. Entry to the home was via a bell and then keypad.

### Internal

Visitors are requested to sign in; however, consideration should be given by management/owners to providing a visitor/contractor signing in book which both meets legislative requirements and imparts the relevant health and safety information at the point of signing. This would include a tear off identification pass facilitating and indicating authorisation to be on site.

The reception area displayed the obligatory documentation, such as the certificate of employer's liability insurance, documented fire procedures including PEEPS, (Personal Emergency Evacuation Plans) and the CQC registration. In addition, we also saw a memory box which everyone is invited to contribute into. The resident rooms are arranged over 2 floors with the upper accessed by stairs and a lift.

The ground floor is decorated to a high standard. Furniture is plentiful, in good condition and is arranged to encourage interaction between residents. There is a communal lounge with TV. In addition, the main dining room, kitchen, nurses' station and offices are all accessed on the ground floor.

All the communal areas including corridors are bright, clean and free from clutter, therefore reducing the risk of trips and falls for residents. There is a large communal garden area accessed from the ground floor lounge affording outside seating for residents and visitors. Whilst this area was well maintained there were limited sensory aids in evidence albeit that the visit was in the Winter period. There is a further communal area on the upper floor and an additional nurses' station. The upper floor was also well decorated with good furnishings.

## **Resident Numbers**

Capacity is 45 and at the time of our visit there were 40 residents.

## **Staff Numbers**

There are presently 50, including 2 management, 1 maintenance, 2 part time activity coordinators, 8 domestics, 1 administration and 5 catering. The remainder are carers and nursing staff, arranged over day and night cover. Typically, this is 8 carers and 1 nurse during the day, reducing to 3 plus one for evenings.

## **Agency Usage**

We were told that agency staff are not often used at present there are 2 in use.

## **Resident Experiences and Observations**

We managed to speak to 4 residents who were able to share their experiences. The feedback received from individuals was mostly positive as they told us that their personal choices in respect of dress, food and drink, bedtime and personal care were respected. Indeed, all of the residents' appearances such as hair, clothes, nails, etc., that we spoke to were clean and of good order.

One resident however, did raise a concern regarding assisted support for her individual toilet needs. The resident told us that staff had asked her to use an incontinence pad she was wearing rather than visit the toilet. At the time of our visit the individual told us this was contrary to her wishes. We raised this concern with management who told us that that using the pad wasn't presented as an alternative to assisted support to visit the toilet.



We were informed that the individual had recently been in hospital with a serious chest infection. Prior to this we were told her capacity was variable and as a consequence, she did have periodic incontinence issues and therefore was wearing slim fitting pads for reassurance only.

Since her discharge from hospital she is still in need of assisted support, (2 members of staff using a hoist), for the toilet, however her capacity for decision making has improved and whilst she is more able to inform staff of her individual needs, she still has some incontinence problems. Therefore, in this transitional period a pad is still required. We were told by management that the resident's changing continence needs were assessed and detailed in the relevant care plan which is revised monthly. Changing needs are assessed by the incontinence team who determine the usage and type of pads accordingly We were also told by management that presently a total of 31 residents are using pads as detailed in their care plans. However, we were also informed that **all residents are encouraged and assisted to the toilet**. The home also adheres to CCG policy of referral to the incontinence team.

Notwithstanding the toilet query, we were told that residents felt able to speak readily to staff regarding their individual needs and that they were responsive to their requests. One resident was able to tell us that staff always seek permission before providing care. All of the residents we spoke to felt safe and free from risk. They were aware there was scope to raise concerns or complaints with staff and at least one resident told us that they knew how to do this. The residents appeared to be well looked after.

We were told there were regular visits from healthcare professionals such as the GP, chiropodist, optician, etc., although residents are also supported to take these services outside the home if this is their preference. The residents we spoke to confirmed that they were treated with dignity and respect. In addition, there was positive feedback regarding the interaction of the staff with residents. We were told that the staff were polite and used resident first names in conversations. One of the residents we spoke to understood how to use the call bell which was accessible both in communal areas and resident rooms as told by the individual. **However, some of the call bell leads had been removed for resident safety, (buzzers were still in situ). We were told by management that if this had been done, it was clearly noted in the respective individual resident care plans.**

Residents seemed to be aware of the range of activities available to them and there seemed to be a strong emphasis on personal choice at an individual level, albeit that some chose not always to participate. In addition, we were told that special events such as birthdays are celebrated religious preferences are also respected. The residents we spoke to were happy with the meals and drinks provided both in terms of quality and variety. Overall, the residents we spoke to felt happy and safe within the environment.

## **Family and Carer Experiences and Observations**

We were able to speak to 3 family members on the day of our visit. They were positive regarding their experiences. They were made to feel welcome in the home and able to visit at any time. They all felt they were kept informed regarding the relative at all times and involved in the care process and able to take part in regular meetings with staff all instances the relatives confirmed that they felt the resident was safe, well cared for and treated with respect and dignity. One relative told us they had been made aware of the complaints procedure and felt they could use the process if necessary Another told us that the staff were proactive in the level of care provided such as helping the relative to eat their food in their own room. Overall, they praised the staff and the services provided by the home.

## **Activities**

The residents we spoke to were aware of the activities available, but also felt that they had a choice in their level of participation. The home places great emphasis on the provision of activities of which there are at least 2 per day. They are arranged both internally and externally by the activities coordinators. Examples of external activities were planned trips to the local garden centre and an outing to Blackpool. In addition, we were also told that visits to Church are accommodated. We saw the weekly program of events displayed on the notice boards and this included activities such as arts and crafts, hairdressing, singing, music, films and one to one life histories.

At the time of our visit we saw the end of a group activity in one of the communal lounges. There appeared to be a good level of participation and the session was being conducted with great enthusiasm and compassion by the coordinator. We did not see many examples of past resident activities displayed around the home.

We were told that memory boxes are an important tool to help engage residents including those who may not always wish to get involved directly with activities. This is always carried out in a sympathetic way to ensure resident wishes are respected. Special occasions such as birthdays are also celebrated.

## **Catering Services**

The current food hygiene rating is 4 which means good. The residents we spoke to were happy with both the quality and variety of meals provided. Kitchen preparation areas were clean and food storage was adequate. There is a choice of menu which is changed regularly, and individual documented dietary needs are catered for which are developed right from pre assessment of the individual resident.

There is an understanding of nutritional and hydration requirements and soft/ puréed meals are provided. Meals can be taken either at the designated meal time or at resident request and residents are asked where they wish to eat. Residents are assisted to eat as required. The communal dining room is arranged to facilitate sociable dining. Due to the timing of our visit we did not see a food service.

## Staff Experiences and Observations

On the day of our visit we managed to speak to 5 staff members, including the home manager, carers and chef. There is a good emphasis on staff training and they are able to progress their roles and acquire new skills accordingly. Both e learning and face to face training is utilised. There is a training matrix to cover all employees. Training is also carried out either by external trainers or in house. Staff are knowledgeable of the Mental Capacity Act and also DOLS procedures. Recruitment carries a high priority to include DBS checks and a focus on NVQ accreditation. Safeguarding is a high priority in staff recruitment. One carer told us that there is an open culture in which staff concerns can be raised and that management are very supportive of this process. They also told us that they felt supported in their role and to undertake additional training. Staff told us that management maintain a high visibility within the home.

Another carer told us that they would like to spend more one to one time with individual residents, although working pressures and staff numbers do not always allow this. They also recognised the importance of individual resident preferences and the system in place for communicating/monitoring changing health and wellbeing needs.

Systems are in place to monitor resident weight management where any concerns can be highlighted and the individual care plan can be updated to encompass revised nutritional needs Individual care plans are updated on a monthly basis. We were shown the quality assurance system by the manager who confirmed that she was responsible for carrying out mandatory audits. In addition, on the day of our visit, an unannounced external audit was being carried out in the home by the owning group.

We were told that complaints and concerns are documented and followed up with remedial actions put in place We were also told by management that they encourage and facilitate visits by healthcare professionals into the home. **However, a concern was raised by management regarding the thoroughness of the incumbent GP visits to the home.**

We observed a number of staff and resident interactions during our visit. Staff used first names when speaking to residents and addressed them in a caring and friendly manner. We were told that medications are controlled, given only as prescribed and never just left for residents to take. There are locked medicine cupboards on each floor.

The home uses a **resident of the day** monitoring record which focuses on every element of an individual's care in a specific day. This is an extremely useful tool as it allows everyone involved in the daily care process to have a documented input. From this, the individual's care plan can be updated from all perspectives.

## Summary, Comments and Further Observations

The feedback received was mostly positive and the staff are striving to provide a high standard of care for the residents. The staff and management are endeavouring to put the residents at the centre of the service provision and there is a strong sense of community. The resident of the day monitoring record is a proactive method towards better informed care.

**We thank the residents, relatives, staff, management and owners for their cooperation and contributions during our visit.**

## Recommendations and Follow Up Action

- Tear off identification pass facilitating and indicating authorisation for visitors and contractors to be on site
- Constantly appraise systems to facilitate individual fast changing care needs
- Review system to control more effective GP visiting services
- Develop a plan to achieve 5 star food hygiene rating
- Review alternatives to removal of call bell leads

## Provider Feedback

- Tear off identification pass facilitating and indicating authorisation for visitors and contractors to be on site  
There is a signing in book in the main reception of the building, visitors and contractors are asked to sign this before visiting within the Home as per company policy and a note has been added in the reception area to remind visitors about this.
- Constantly appraise systems to facilitate individuals fast changing care needs; Healthwatch Walsall to review on a follow up visit  
Appraise systems are used via written daily handovers and any changes that have been identified are highlighted on the existing care plan or new ones put in place.
- Review system to control more effective GP visiting services  
We have a regular weekly doctors surgery, same time and same day each week and we are able to phone daily for any concerns we have.
- Develop a plan to achieve 5-star food hygiene rating  
We are aiming for a 5 star rating this time, an action plan has been submitted to the Environmental Health Team and the actions have been completed after the last inspection.
- Review alternatives to removal of call bell leads  
If a call bell needs to be removed it is done so for the safety of the Service user and alternative measures are then put in place, for example hourly observations and door being left open etc as per individual case assessment.



**DISCLAIMER**

*Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.*



**healthwatch**  
Walsall

Office 10, Bridge House  
47-55 Bridge Street  
Walsall  
WS1 1JQ

Tel: 0800 470 1660

Email: [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk)

Visit our website: [www.healthwatchwalsall.co.uk](http://www.healthwatchwalsall.co.uk)

Part of (ECS) Engaging Communities Staffordshire

