

Enter and View Report



The Willows Nursing Home

Announced Visit - 13th December 2023

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Healthwatch Walsall – managed by Engaging Communities Solutions

What is Enter and View

Part of Healthwatch Walsall remit is to carry out Enter and View visits. Healthwatch Walsall Authorised Representatives 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 such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

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 that 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.

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Provider details

Name and Address of Service: The Willows Nursing Home, Regal Care (Darlaston) Ltd.
Dangerfield Lane
Darlaston
WS10 7RT
Tel: 0121 568 7611

Specialisms /services:

- Accommodation for persons who require nursing or personal care
- Treatment of disease, disorder or injury
- Caring for adults over 65 yrs.
- Dementia
- Physical disabilities

Resident capacity is 48, a mix of residential and nursing care residents. There are currently 35 residents at the home.

Staffing – Nurses

- Day – 2 Nurses
- Night – 1 Nurse

Total staffing (including carers)

- Morning – 9
- Afternoon – 8
- Night – 5

Nursing staff are 2 Registered General Nurses (RGN) and 1 Registered Mental Health Nurse (RMN)

We were told that the home does use agency staff but try to get the same staff when needed so that residents' needs are familiar to staff, and that the agency staff are familiar to residents. Generally, the Home employs 2-3 agency staff as needed.

Current CQC report status: Requires Improvement across all five categories

Latest inspection: 27th June 2023, 29th June 2023 and the 6th July 2023

Report published: 4th September 2023

Link to CQC report: <http://tinyurl.com/yc5359fn>

Acknowledgments

Healthwatch Walsall would like to thank the Home Manager, owners, and care staff and all the residents and relatives for their co-operation during our visit.

Disclaimer

Please note that this report is related to observations and findings made during our visit made on 13th December 2023. The report does not claim to represent the views of all service users and staff, only those who contributed during the visit.

Authorised Representatives

Tom Collins – Engagement & Information Lead, Healthwatch Walsall

Peter Allen – Community Outreach Lead, Healthwatch Walsall

Who we share the report with

This report and its findings will be shared with the provider, Local Authority Quality Team (depending on the visit), Black Country Integrated Care Board (BICB), Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Walsall website. Link: <https://tinyurl.com/3tuhmdrx>

Healthwatch Walsall Contact Details

Address: Blakenall Village Centre, 79 Thames Road, Blakenall, Walsall WS3 1LZ

Website: www.healthwatchwalsall.co.uk

Freephone: 0800 470 1660

Social media: Facebook - <https://www.facebook.com/HealthwatchWSL>

Instagram - <https://www.instagram.com/healthwatchwsl/>

Twitter - <https://twitter.com/HWWalsall>

Healthwatch Principles

Healthwatch Walsall's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. A healthy environment: Right to live in an environment that promotes positive health and wellbeing.
2. Essential Services: Right to a set of preventative, treatment and care services provided to a high standard to prevent patients reaching crisis.
3. Access: Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family.
4. Receive safe, dignified and quality services: Right to high quality, safe, confidential services that treat me with dignity, compassion, and respect.
5. Information and education: Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.
6. Choice: Right to choose from a range of high-quality services, products and providers within health and social care.
7. Being listened to: Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.
8. Being involved: To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

As part of our Enter and View schedule we primarily select care/nursing homes that are rated as 'Requires Improvement' or 'Inadequate'. However, on occasions we visit venues

that hold a good or 'Good' or 'Outstanding' rating to understand/compare the levels of service delivered in care and seek to identify good practice that may be shared.

What we did

Authorised Representatives looked around the external area of the property (details below). On entering the building, Authorised Representatives were greeted by a member of the team who asked the Authorised Representatives to sign in and sanitise their hands. This was followed by a short discussion with the Deputy Manager about the visit. This was then followed by a brief guide of communal spaces in the Home.

Environment findings

External

The exterior of the property is maintained with a private car park for up to 15 cars and 3 additional disabled parking bays. The main entrance was via a secured door. Request to enter was by use of a doorbell.

To the front of the property there are no steps, enabling easy access for wheelchair users to the entrance of the building.

There is external lighting to the front and side (car park area).

There is a garden area to the rear of the property with access points from the main building with a covered seating area.

Internal

We asked for a brief tour of the communal areas and were shown 2 communal lounges and 2 dining areas on the ground and first floor. At the moment nursing and residential care is delivered on the ground floor with nursing/dementia care being delivered on the upper (first floor).

Décor appeared tired in the communal areas. New looking blinds and curtains were in place on the first floor. There are handrails in the corridor areas.

Toilets and fire exits were clearly marked on both floors. There were no obstructions in the hallway or corridors. Yellow warning slip signs were in place.

There is also an internal lift which requires a key to call for use. The setting appeared to be clean and tidy in the areas we visited.

There was a 'garden room' on the first floor. A small lounge, seating area that residents could sit and enjoy the nature-based wallpaper and décor. It also had window outlook so people could sit and observe the passing world. Staff were using some of the space for their belongings.



Resident Interviews

We spoke to 6 residents in total on the visit. 5 were on the ground floor (residential and nursing care) and 1 resident from the first floor (dementia care) who had some capacity to take part.

We asked what is life like for them in their home?



"Would like more things to do. I get bored very easy here"

"Bit boring without activities"

"Get up and go to bed when want"

"OK"

"Nothing to do"

We asked what choices they have?



"Have choice of when going to bed and getting up and choice of food"

"Every day get 2 choices of food. Staff go out of their way for me"

"Have choice of clothes and have a TV in my room"

"Yes, but mixed. Can choose and then sometimes told, but ready for bed anytime"

"Can go to room when want to, sit in room or go to bed. Have a TV"

"Good choice of food. Diabetic so I have to be catered for"

We asked how safe they felt at the home?



"Yes feel very safe"

"No problems, no button in room, wait for staff"

"Yes no problems"

"Have alarm bell, yes safe, why?"

"Not sure if I have an alarm, not been threatened"

"I feel very safe, no issues"

We asked how long they had been in their home and if they are involved in their care?

Residents have been at the Home from a range of months to over six years



"Was my first choice"

"Not sure"

We asked if they felt cared for?



"Yes, but would like to see an Optician"

"Yes, no issues if needed they come"

"I tell the staff and they get me appointment for GP"

"Doctor comes on Thursday, would like an optician check"

"Yes looked after. But waiting for ear syringe. Barber visits when needed"

"Activity Co-ordinator cuts nails"

We asked if they had an issue do they know who to speak to?



"I would speak to staff, yes"

"Yes, one of the carers"

"Ask carers, not really seen Manager"

"I would tell the Manager"

"Very confident, would raise it with the Manager"

"Yes speak to carers"

We asked if they had an issue can they raise a concern without repercussions?



"Yes"

"Yes feel I can"

"Yes"

"Yes, only time I see Manager is to sign a cheque. See them but not very often"

We asked if they have a balanced healthy diet, with drinks and activities?



"Have choice of food, can have biscuits in between"

"Yes"

"Plenty of healthy food"

"Food choice and portion size good, not really happy with chips"

"Yes, staff will go out of their way"

"Very good, not a big eater. If hungry can have biscuits. Feed self"

We asked how involved in their home they are?



"Once or twice a week"

"Very"

"No resident meetings, not really told anything"

"Not sure"

"No meetings"

We asked if they could change one thing what would it be and why?



“To go outside more often in fresh air. Would like to garden also”

“Wouldn’t change anything, happy with everything”

“Happy with things”

“Would like to go out, don’t know if staff will take”

“Lost independence, own home”

“Have optician visit”



Relative Interviews

We spoke to one relative who works at the Home who told us that the resident they are related to has been at the Home for over 5 years.

We asked what life was like for the resident in the the home?

“Good no issues”

We asked how safe they felt their loved one is at the home?

“Very happy, yes safe”

We asked how long they had been in the home and if they are involved in their care?

We were told 6 years. They did not expand an answer about the care.

We asked if they felt cared for?

“Yes, no issues”

We asked if they had an issue do they know who to speak to?

“Yes, bring it up with staff”

We asked if they had an issue can they raise a concern without repercussions?

“Yes”

We asked their relative if the resident has a balanced healthy diet, with drinks and activities?

“Able to ask for food”

We asked how involved are they in the care of the resident?

“Yes, I attend resident meetings”

We asked if they could change one thing what would it be and why?

“The carers being able to spend more time with the residents”



Staff Interview

We spoke to two staff members, a carer and a member from the catering team.

We asked if they felt confident in their roles? ***“Feel very confident”, “Yes, all training is given any additional training we can ask for”***

We asked what the care planning and risk assessment process was that they work to? One staff member said that the nurse deals with care planning or relevant person. The other mentioned the use of ‘Dynamic Risk assessments’

When asked how much time they had to spend with residents? One staff member ***said “I feel its adequate for personal care etc. But sometimes need time for chatting or sometimes just company”*** The other said ***“Not as much as would like, as very busy”***

We asked about staff training. Both staff members felt it met their needs. Any additional training identified is provided.

We asked how they dealt with resident concerns/issues? Both mentioned it would be referred to the Nurse, or the Manager depending on circumstances.

When asked about the supervision and support the staff member received, they mentioned that they receive regular supervisory/appraisals sessions.

The staff member said that they felt very confident in raising any concerns with Management/Owners. ***“Yes Definitely. My Manager and Support Manager are very approachable”, “No issues”.***

When if they could change one thing what would it be? Both replied, ***“Try and spend more time to socialise with the residents”, “Try and spend more time with residents”***

Under additional comments 1 staff member mentioned that they have meetings and regular updates. There are handover sessions at the start of every shift. They have flash meetings through shifts to deal with any concerns or to share what is working well.



Management interview

Nearing the end of the visit we usually undertake a Manager’s interview. However, the Manager was visiting a sister home site as they manage across two sites so we therefore spoke to the Deputy

Manager.

We asked if they felt confident in their role. They answered **“Yes”** they had 17 years’ experience of working in a care home setting.

We asked them to describe the care planning and risk assessment process. We were told that an initial support plan is generated, and management see the plan and can ask additional questions of involved Social Workers or members of the discharge team based in the local hospital. Ultimately a decision is made if we can or cannot meet peoples’ individual needs.

We asked how much time they are able to spend with residents? They informed us: mornings, breakfast, and lunchtime they try to chat with residents and talk to staff relating to resident need

Training is delivered online with additional face to face training such as dementia training delivered by outside sources such as the Local Authority dementia team. Staff have also undergone NVQ qualifications.

We asked how they deal with comments or concerns from residents/relatives? We were informed that there is an ‘open door policy’ so residents, relatives or staff can ask questions or raise any issues with management. There is also a relatives ‘WhatsApp’ group where information can be shared with relatives who can request meetings to discuss any issues or concerns.

We asked if there were any resident/relative meetings taking place. We were told **“Not recently, but there has been a discussion to resume them”**.

The staff member felt supported by the Manager and said **“Available if needed when on holiday”**. They felt that they could raise any concerns with Management, and if necessary the owner of the home.

We asked if they could change one thing what would it be and why? They said **“Update the home décor”**

Findings

- The internal décor/paint/wallpaper appeared tired
- Some residents had received baths, options for showers and washes in between take place or as requested
- Drinks were consistently offered to the residents during our visit
- Activities had ceased whilst the activities co-ordinator is off sick and they are missed
- There were a mix of positive and negative responses which present an opportunity to the Home to understand what some residents would like

- A resident said there was plenty of activities whilst another said they were bored
- Some residents expressed that they were bored
- There were no odours during our visit
- Some residents would like to go into the courtyard garden even in the more cooler seasons
- There appears to have been no formal/recorded resident/relative meetings for some months
- Some residents do not feel informed or involved
- A few residents wished to have eye checks, visit from optician
- Some staff mentioned that they would like to spend more individual time with individual residents
- Whilst staff try to interact with residents as much as possible, they expressed a desire to spend additional time to socialise more with residents
- A resident felt that management is not seen regularly

Recommendations

1. Introduce and maintain resident/relative meetings for service users and delivery feedback purposes and record findings 'You said... We did'
2. Consider refreshing décor wallpaper/paint around the Home
3. If possible, have in place a plan/person to undertake activities with residents if the dedicated co-ordinator is not available
4. Ensure that individuals can have person focused activities/interests not just group activities
5. Identify any opportunities for external visits/activities for any resident that wish to go out and not subject to D.O.L.S.
6. Consider having 'Fish and Chips' night reinstated with food purchased locally
7. Reinstatement resident relative notice/activities board and position a suggestion box for residents/relatives to use
8. Management to be as visible as possible with residents
9. Ensure individual personal care needs are met
10. Consider having daily protected time for staff to be able to socialise with residents
11. When possible make use of 'Garden room' for residents

Provider feedback

The below response was received and added.

We at The Willows were happy to welcome the Healthwatch team into the home. The current Manager has been responsible for two homes, and a new Manager starts on 29th January 2024.

Face to Face relatives meetings will recommence in February 2024, as recent Zoom meeting were not well attended. The activities co-ordinator will be inviting residents to a meeting very soon for discussions and recommendations.

We as a home acknowledge the report and look to make improvements for the well being of our residents and staff.

Healthwatch Walsall

How to contact us

Offices: Blakenall Village Centre

79 Thames Road

Blakenall

Walsall

WS3 1LZ

Tel: 0800 470 1660

Email: info@healthwatchwalsall.co.uk

Share your health or care services experiences.

What you say can help us plan our Enter and View visits



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Email: info@healthwatchwalsall.co.uk

Telephone: 0800 470 1660

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