

# ENTER AND VIEW REPORT



**RICHMOND HALL**  
**20TH SEPTEMBER 2024**

# Contents

	Page
About Healthwatch	1
What is Enter and View?	2
Introductions	2
Provider details	3
Healthwatch Principles	4
Purpose of Visit	4
What we Did	4
Environment	5
Resident Responses	6 to 9
Relative Responses	9 - 11
Staffing and Needs	11 - 12
Staff Responses	12 - 13
Findings	14
Recommendations	14
Provider Feedback	15

## About Healthwatch Walsall

Healthwatch Walsall is your local health and social care champion. Across all the Borough, we make sure National Health Service (NHS) and social care leaders and other decision makers hear your voice and use your feedback to improve care.

Through our community engagement activities, data intelligence systems, enter and view programme and our Healthwatch Champions, we continually monitor service delivery by way of concerns raised, feedback received. The Healthwatch Independent Strategic Advisory Board use this intelligence to inform and shape the Healthwatch priorities and activities.

We analyse service user feedback as well as a broad range of data sources to produce evidence and insight reports and information dashboards which can provide trends, statistical and performance analysis of services for use in monitoring and challenging service commissioning and provision.

# What is Enter and View?

## 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 service users access, use and understand what the overall service user experiences are, highlighting findings and potentially making recommendations that may lead to areas of 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/nursing 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.

## Introductions

### Disclaimer

Please note that this report is related to findings and observations made during our visit made on the 20 September 2024. The report does not claim to represent the views of all service users, only those who contributed during the visit.

### Authorised Representatives

- Tom Collins - HwW staff, Authorised Representative
- Richard Jolly - HwW volunteer, Authorised Representative

### Who we share the report with?

We share our report with members of the public, the service provider, Black Country Integrated Care Board (Walsall Place), the Care Quality Commission (CQC) and Healthwatch England. The report will also be published on our website and through our social media.

## Provider details

Name of Service: Richmond Hall Care Home

Service delivered by: Stonnall Care Ltd

Address: 81–83 Stonnall Rd,

Aldridge,

Walsall,

WS9 8JZ

Telephone: 01922 454154

The Home does not have its own website, but listed on Care Home UK. Link:

<https://tinyurl.com/4s7kh8xe>

Service type: Nursing Home

Care types provided:

### Primary Care Categories

Dementia  
No Medical  
Intervention  
Older Person Care  
Physical Disability  
Respite Care

### Sensory Impairment

#### Care Types Provided

Dementia Nursing Care  
Dementia Residential Care  
Nursing Care  
Residential Care

#### Dementia Care Types

Mild Dementia  
Moderate Dementia  
Advanced/Complex Dementia

The Nursing home provides care for people with nursing and residential needs. Also providing for the needs of people living with Dementia on a separate unit.

### Care Quality Commission (CQC) information.

The service was rated 'Good' across all five categories of the CQC standards.

Link to report: <https://www.cqc.org.uk/location/1-117994018>

Latest inspection – 16/11/20

Report published – 22/1/21

Latest review – 6 /7/ 23

### Latest Food Hygiene Rating

Last Inspection 8<sup>th</sup> February 2024



## 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 Visit

This was an announced visit. We confirmed with the Home on the morning of the visit to ensure there were no outbreaks of Covid or other infectious conditions. We sought to gather resident and relative experiences care delivered at the Home.

Our visit was on 20 September 2024 and we were able to speak to 3 relatives and 6 residents at the Home.

## What we did

We arrived at the building at 09:50 am before being introduced to the Manager.

We then spoke to residents who were able to and agreed to take part, and relatives who agreed to talk to us about daily life in the Home and the care they receive at Richmond Hall.

We later interviewed the Manager and a staff member.

# Environment

## External

The Home comprises a large house with a number of extensions. There are approximately 10 to 15 car parking spaces for use by visitors and staff.

The entrance to the building is well signposted and visible as you enter the car park. Access to the building was via a shallow ramp to the main door. There was a handrail also.

The outside of the building was well maintained with external lighting/lamps. Entrance is gained via a doorbell for visitors. There was CCTV in place.

## Internal

In the reception, there was a visitors sign in book (we were asked to sign in). There was a notice board with the recent CQC rating and other Home related information. There was a hand sanitising unit to use and this was operational.

We noted the following:

- Main reception was clearly signed.
- There was a visitors' book and we were asked to sign in.
- A working hand sanitising unit was available for use upon entering.

We entered into a corridor and then into the adjoining manager's office.

There is a main communal lounge with adjoining conservatory area and an adjoining but separate dining area.

Décor inside to ground floor was clean and tidy. The redecoration of the first floor communal areas was planned in the near future.

The resident bedrooms are positioned from each side of the main corridors. There was CCTV in place in the communal areas.

We didn't notice any unpleasant odours.

The furniture was clean and appeared to be in good order.

The decor also appeared to be in good order and there was planned redecorating in place which is being rolled out through the Home.

There did not appear to be any obvious health and safety risks.

There were a number of hand sanitising units around the home which we used occasionally and they worked.

Signage to toilets and fire exits was clear.

# Resident responses

We spoke to six residents during our visit. We observed approximately nine residents in the ground floor communal lounge and dining area.

There were approximately eleven residents in the first floor communal lounge and dining area. The residents we spoke to had been in the Home from between one month to over five years.

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



Residents' comments:

'No bad days'

'Quite pleasant. Lovely lasses'

'So caring, love us all, no one left out'

'No different from own home, can't walk get  
a lot of help'

'Absolutely Brilliant'

## We asked what choices they have?

The choices were around what time they went to bed and got up in the morning, what clothes they wished to wear and if they had a choice in taking part in activities. The residents expressed that they felt that they had choice in these areas.



Residents' comments:

'Bedtime when I want to'

'Yes, when I go to bed and get up'

'I can get up at 5.30 am to wash'

'Choose the clothes I want to wear'

'They are always asking what I want'

'Press buzzer when I want to get up and  
say when I want to go to bed'

We asked how safe they felt within their home?



Residents' comments:

'Always someone around'

'Staff around to help'

'Not alone'

'Very safe.'

Buzzer to call someone''

'Very safe, couldn't be safer'

We asked if they felt cared for? (this was around access to GP, Optician, Hairdresser etc?)



Residents' comments:

'GP comes every Tuesday'

'Feel very cared for'

'Hairdresser comes and is offered'

'Nurse cuts toenails'

'Feel very cared for'

A couple of residents felt that they hadn't accessed an optician in a while.

We asked if the resident had an issue would they know who to speak to at the Home?



Residents' comments:

'Oh yes'. But nothing raised'

'Relative speaks to staff'

'Anything raised they put right'

'Oh yes. I can speak up for myself'

'Not had to raise anything'

'I can speak to anybody if there is a problem, and they are very good'



We asked if the resident felt that they could raise things without repercussions?

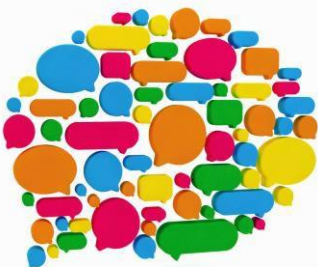


Residents' comments:

- 'Meetings every so often'
- 'Go to resident's meetings. They're useful. Response bit slow sometimes'
- 'Staff always ready to talk to you'
- 'Can raise. Don't feel awkward'

One mentioned the length of time to respond to their buzzer.

We asked if the resident felt that they had a healthy balanced diet?



Residents' comments:

- 'Food good, good range'
- 'Oh yes. Always have soft food. Plenty of drinks'
- 'Food better. Said something and they improved by cutting smaller'
- 'Menu has three choices. Alternatives available'
- 'Plenty of food. Always nice'

We asked how involved they felt they were in their home?



Residents' comments:

- 'Go to resident meetings, they are useful'
- 'Had a meeting last week'
- 'Can always speak to staff'
- 'Have meetings. Not long ago had one'

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



Residents' comments:

- 'More entertainment, dance'
- 'Activity co-ordinator is full of beans'
- 'Maybe a staff member to sit longer with distressed residents'
- 'Can't think of anything'

The residents we spoke seemed to be happy and well cared for. They seemed happy with their care in many aspects.

## Relative responses

We spoke to three relatives who were visiting their loved ones in the Home. We used the same questions that we asked residents.

We identified that residents had been in the Home ranging from one month to over two years. So, for some it was a very early stage to make fully informed comments. but the relatives responses went from initial early impressions to experience(s) over considerable time.

### We asked what is life like for their loved one



Relative comments:

- 'Staff are lovely'
- 'No bad days for resident. Really happy here'
- 'Doesn't like being here. Asks to go with relative'

One relative mentioned it took some time get the equipment the resident needed. And that the resident spends some time in bed.

### We asked what choices there were regarding, clothing, food, bedtime and activities?



Relative comments:

- 'Guided to go to bed when tired'
- 'Can be left in bed too long'
- 'Yes, when it comes to bedtime, getting up and can choose clothing'
- 'Something on every day'

We asked if they felt that the resident felt safe?



Relative comments:

- 'Very safe. Staff understand resident needs and check regularly'
- 'No concerns. Got a buzzer'
- 'Yes, think alarm buzzer in room'

We asked if they felt that they felt that the resident felt cared for?



Relative comments:

- 'Cared for'
- 'Seen optician but can't now find glasses'
- 'Can bring in own hairdresser'
- 'Can see a GP who visits every Tuesday'

We asked if they knew who to speak to if they had a problem?



Relative comments:

- 'Yes. Had a medication issue'
- 'Had an issue with resident lying in bed, dirty mattress months ago. Think weekend staff not as good as weekday staff'
- 'Reception, Manager or Carer'

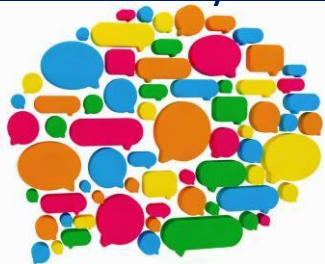
We asked if they had to raise a concern/issue, do they feel they can without repercussions?



Relative comments:

- 'Slight nervousness about speaking out'
- 'Yes Unsure if relative meetings. But Manager available to speak to. Open Door'

We asked if they felt if the resident has a healthy and balanced diet?



Relative comments:

'Good from what we see'

'Food OK'

'Loves breakfast'

We asked the relative how involved the resident and they were in the Home?



Relative comments:

'Been to a couple of meetings'

'Ring up every three months told how things are going'

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



Relative comments:

'Haven't seen anything to make feel need to do.'

Always clean and no smells'

'Carers paid better'

One relative felt that standards, care and the management at Richmond Hall was higher and better at Richmond Hall than a previous care home. They said that they had passed positive comments to the Care Quality Commission (CQC) about Richmond Hall.

## Staffing and needs

There is one full-time Manager who has been in post for eighteen years. In addition to the Manager, we were told there was a Deputy Manager and a Support Manager.

The Manager confirmed occupancy was currently 47 filled beds out of 64 available beds.

Morning	Afternoon	Evening
2 nurses 2 nurse support 6 carers	2 nurses 2 nurse support 6 carers	1 nurse 1 nurse support 3 carers

In addition, there are two maintenance staff, one laundry staff member, one cook full time and one cook part time with two full time kitchen assistants. There are eight full time cleaning/domestic staff working on a rota system.

The Home uses one staff supply agency to try and maintain the same supply staff to give resident familiarity and needs awareness.

We were told that the Home had staff vacancies for 2 full time care staff, 1 full time Nurse and an extra full time activity co-ordinator.

There are a range of cultural resident needs met by staff from Irish, African, Spanish, Indian and English backgrounds with language speaking experiences. We were told that this is also reflected in the menu availability for residents. Pictorial menus are being developed for residents to choose their meals.

Current resident occupancy is lower than before Covid. There has not been above fifty occupants since Covid.

External entertainment is arranged for residents and includes: singers, pantomime, theatre, visits by local school children and therapy animals and dogs.

Residents have individual and different needs that the home staff strive to meet. We were told that staff undertake a huddle each morning so that any resident changes/ updates can be shared.

## Staff Interviews

### Manager Interview

#### We asked if they felt confident in their role?

They answered "yes" and they appeared to be very confident and had been at the Home for eighteen years.

#### We asked them how interactive they are with residents?

We were told that they undertake daily rounds but do not necessarily see every resident. They carry out rounds to cover the home across the week.

#### We asked how often resident meetings are held?

We were told that resident meetings are held bi-monthly and are separate from relative meetings that are held quarterly.

#### We asked what are the current challenges that they are facing?

We were told that there a small number of vacancies but there are a number of applicants to go through. They will shortly be undertaking refurbishment upstairs which will be managed.

Occupancy is below capacity and down particularly among self-funding residents. They used to have considerably more referrals prior to Covid.

Additional comments:

They are currently incorporating a 'memory tree' on which residents and relatives can put up photographs or memories to enable easy access to memorable events and times.

**We asked how they deal with any concerns from residents?**

The Manager reported that she had an "open door" policy and relatives were quite happy to discuss any issues. Residents spoke to them during daily rounds or via other staff.

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

Improve occupancy and funding.

**Staff Member**

**We asked if they felt confident in their role?**

They said that they had 16 years' experience in the care industry including 1 year in their current role.

**We asked how much time are they able to spend with residents and did they feel that it was adequate?**

They reported that they spent the first half of the mornings and second half of the afternoons interacting with residents one to one and were in the communal lounge with residents the rest of the time.

**We asked if the training they received supported them to help meet the needs of the residents?**

They mentioned that they had received standard training and had learned a lot from other staff. They also attend a NHS scheme that meet in Brownhills to discuss and learn best practice processes with staff from other Homes.

**We asked how they felt about the supervision and support they received when caring for residents?**

They reported that there were always other supervising staff around and that there was a monthly 'Heads of Department' meeting.

**We asked if they felt confident raising any concerns?**

Quite happy to raise a concern if necessary.

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

They would like increased funding to meet rising costs and to cover day-to-day expenses. An increase in occupancy and fully funded resident occupancy would help support the ongoing care and standards that the home strives to achieve.

## Findings

1. Improvements are planned, which have started for the 1st floor.
2. We did not receive any adverse comments regarding food.
3. Manager noted that resident activities are being improved and is looking to recruit an additional activities co-ordinator dedicated for residents on the first floor.
4. Residents with capacity and no D.O.L.S. appeared not to go out of the home.
5. Décor appeared to be in good repair. Some areas on first floor part of the planned redecoration.
6. Staff were attentive and caring and asked residents if they required tea, coffee or cold drinks during our visit.
7. There appeared to be a good, relaxed rapport between staff, residents and any visitors during our visit.
8. Residents seemed to be well kempt.
9. There were no noticeable odours.

## Recommendations

1. Complete planned redecoration and layout on first floor.
2. Recruit to additional staff vacancies.
3. Implement pictorial menus for resident meals.
4. Where people have no D.O.L.S in place continue to offer opportunities to residents for external visits.

## Provider Feedback

As the provider you can respond to the report content, findings and recommendations. You have 10 working days to send your response by email. Then it will be added to the report and published on our website, you the provider, the public, stakeholders and partners.



Share your Walsall Health and Social Care services experiences by getting in touch by using our services review platform "Have Your Say" on our website. Link: <https://tinyurl.com/3778j3ps>

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X (Twitter): @HWWalsall

Instagram: healthwatchwsl

YouTube: Healthwatch Walsall 2020



We are committed to the quality of our information. Every three years we perform an in depth audit so that we can be certain of this.



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