

# Enter And View

Woodthorne Care Home  
Carried out 15<sup>th</sup> February and 1<sup>st</sup> March  
2019



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



Tel: 0800 470 1660  
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Healthwatch Walsall is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and will make sure that the views of the public and people who use services are considered.

At a local level, Health watch Walsall will work to help people get the best out of the health and social care services in their area; whether it's improving them today or helping to shape them for tomorrow. Local Healthwatch is all about local voices being able to influence the delivery and design of their services - not just people for who use them, but for anyone who might need them in the future.

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 such as 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: Woodthorne Care Home  
Address: 12 Thompson Street  
The Manor  
Willenhall  
WV13 1SY

Service Type: Residential Care Home  
Home Capacity: Licensed up to 21 residents. 13 single occupancy and 3 shared.  
Date of Visit: 15<sup>th</sup> February and 1<sup>st</sup> March 2019.

Woodthorne Care home is owned/run by Ms Satwant Cahal

The last CQC inspection was 6<sup>th</sup> and 11<sup>th</sup> July 2018 and report published 28<sup>th</sup> November 2018.

The report stated that the home 'Requires Improvement' in 3 out of 5 measures, (Responsive, Safe and Well-led) and good in 2, (Effective and Caring). Please follow link below to access the full CQC report.

Link: <https://www.cqc.org.uk/location/1-119315268>

## Authorised Representatives

Name: Richard Jolly

Role: Volunteer/Authorised Representative.

Name: Lynne Fenton

Role: Healthwatch Insight Senior Lead Advocate

Name: Tom Collins (Tom returned on 1<sup>st</sup> March 2019)

Role: Engagement and Information Lead and Authorised Representative.

Name; Emily Lovell (training)

Role: Community Outreach Lead and Authorised Representative.

## 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.
- We carried out the visit at the request of Adult Safeguarding Walsall CCG.

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

## Physical Environment

### External

Access is from the public pathway to the front door and use of a door bell. The property is an older period property but appeared to be in good order.

There is a garden to the rear of the property. Which can be accessed via the property lounge, conservatory and the side of the exterior of the building.

There is a slabbed area from the rear of the property and a shed. There is a lawned area which can be accessed by residents. The grounds were in adequate repair. But we noted that there was no outside seating. Though this may be due to weather conditions.

### **Internal**

Entrance to the lobby is accessed via buzzer. Visitors are requested to sign in using a visitor's book.

**Consideration could be given to providing a tear off visitor/contract signing in book which includes individual authorisation to be on site, imparts the relevant fire, health & safety information and meets legislative requirements. Such signing in books are readily available at minimal cost.**

The reception area notice board displayed the latest CQC report, the certificate of registration and employer's liability insurance.

The central lobby accesses the main staircase and all other ground floor areas. This includes a dining room and communal room. The kitchen connects directly to the communal lounge which faces the garden.

When we entered the main area of the property there was an odour of urine.

We requested a tour of the premises and noted the following. We went upstairs via a steep staircase and saw remains of Christmas decorations on the stairs. There was no barrier/ gate to the stairs, and it was felt that if accessed by residents it may present a real fall hazard.

On the upper level a bathroom was being renovated with building materials strewn across the bathroom area. The door was not closed and represented a real health and safety hazard. We requested that the bathroom be locked.

We checked a vacant room which appeared to be clean. We checked the running hot water tap but found it to run cold.

We then returned to the lower levels of the building and toured the facilities there.

There were two wheelchairs in the corridor restricting clear passage and may have proven a hazard for residents especially those that may use walking aids or use wheel chairs themselves.

Access to the rear garden is via a large patio door which is also the fire exit. Fire exits are marked and accessible. We asked a question whether a door from the residents' main lounge to the garden was a fire exit? Although not marked, appeared to have door furniture of a fire exit. As this was blocked by a resident in a chair. An additional exit to the garden is the conservatory which contained seating for residents and a bar area. We noted an odour of cigarette smoke in this area.

When exiting another fire exit to the front side of the building when found that a washing line had been put from the outside of the fire door to the side garden fencing of the



property. We removed it immediately and advised that it was not acceptable as it was a fire exit and should remain clear at ALL times.

Fire extinguishers had been serviced October 2018.

There are a number of hand sanitisers located throughout. We requested that the one in reception be replaced as the nozzle of the hand sanitizer bottle was dirty.

We checked several bathrooms/toilets and found that the emergency alarm pull cords were tied up. One toilet was missing a seat. There were no toilet rolls on holders and within easy reach. We were told that residents keep their own toilet tissue.

A knob of a radiator appeared to have broken off or been removed and was placed on top of the radiator.

There appeared to be some stains in carpet which had been cleaned/ bleached. There were dead bugs in some of the lampshades.

## **Resident Numbers**

At the time of our visit there were 18 residents, though capacity is 21.

## **Agency Usage**

We were told that neither agency or bank staff are used.

## **Staff Numbers**

On the day of our visit we noted four staff members, a Senior, two care staff, one without a uniform and a cook. Shortly after our arrival another Senior arrived but was also without a uniform.

We were told that there are eight full time carers (including Seniors), six part time carers, although there is one part time designated Activities Co-Ordinator they were off sick. Staff undertake activities. There is one part time cleaner, one part time maintenance person, two cooks and the owner is also acting as the manager.

Staff rotas we were told as follows: Mornings 8.00am till 4.00pm and Afternoons 4.00pm to 10.00pm: one Senior, two Carers, one Cleaner and one Cook.

Nights 10.00pm till 8.00am: Two Carers and one Senior on Call.

Approximately seventeen staff in total at this time. We were told that a staffing level of twenty-one or twenty-two is a level they are striving for.

## **Resident Experiences and Observations**

Healthwatch visits are linked to the 8 principles of care:

- Essential services.
- Access.
- A safe, dignified quality service.
- Information and education.
- Choice.
- Being listened to.
- Being involved.
- A healthy environment.

We conducted our Enter and View from 11.00am onwards.

After a short tour of the premises we spoke with three residents. Generally, the residents were congregated in the communal lounge/dining area. Most were asleep in chairs. There were two TVs' on which were quite loud.

We chatted with three residents at the home on our visit. We observed that residents appeared to be clean and generally kempt. One resident who looked unkempt, was unshaven and their hair was not combed but they told us that they look after their own personal care. So, this may be considered their choice.

We asked about choices that they have including what they wish to wear for the day, food and drink choice and availability when they wish to go to bed and their personal care choices. Two of the three residents indicated that they did have choice and their wishes were being met by the home. Whilst one indicated that they did not have much choice on food and drink.

Some residents felt they could generally look after their own needs or that their wishes were met. Whilst another resident commented *"I'm not allowed out to go the pub on my own. So, I have cans of Guinness instead in the home"*.

We asked if they could call staff whilst in their bedroom by use of the call bell/ buzzer. One resident stated they don't use it. One stated yes, they could another did not return an answer.

We asked if they had visits to assess/attend their other medical needs such as opticians, chiropodist, dentist etc. They indicated that they had visits from these professionals and that their needs were met. One resident stated that they had just recently received new glasses. One resident stated that their daughter cuts their toe nails.

The resident that we spoke to did not know when the last GP visit was, but a resident indicated that if they needed one the home would contact the GP.

Residents said that: they feel looked after, staff are caring, staff are very nice, staff know me. One said they enjoy living there, the food is very nice and they were happy there.

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

During the visit we spoke to three relatives about the care of the resident(s).

All could visit at times they wanted to and two felt welcomed by staff. One relative stated they felt welcomed sometimes as it depends which staff are on.

We asked relatives if they were kept up to date and were well informed about their relatives' care. One relative said yes in person and over the phone. But two felt that they were not informed, and they would have to ask about their relatives' care.

One relative gave an example of the lack of information shared. The resident reclined in their chair whilst having a drink and spilt the drink over themselves. They were not changed for a while and smelt on the relative's arrival. Due to the spillage and the resident appeared to have soiled themselves. They felt that staff do not come around enough and check residents.

Relative one relative stated they can take their relative out any time of day. They were happy with care and had good things to say.

Two other residents' relatives were less happy.

Relative two. Felt that there was room for improvement in the care home. They said they never see activities for the residents taking place no one goes out of the home. They said that the activities that were taking place on the day of Healthwatch Walsall (HWW) visit was for HWW to see and never usually happens. They felt that food is "slops" with mash and gravy being served a lot. The ingredients appear to be cheap and the Christmas lunch was disgusting. Relatives attended to entertain residents.

The same relative went on to say, "*the home is very basic, personal care is OK, but the residents' pad is not changed enough so can have an odour*". The relative mentioned the resident has lost weight since being here. Further, that there are not enough hot or cold drinks.

Relative three. The residents clothing has gone missing. Other residents are wearing them although the clothing has the residents/owners name. Other residents clothing is mixed with remaining clothing in wardrobe.

They said they have not seen residents taking part in activities although they visit at different times. The TVs are on different channels sometimes which can be loud and confusing.

They felt that furniture is old, and a revamp is needed. Their son also visited and repaired furniture at the home.

They felt that the resident is not assisted to eat or drink on occasions resulting in food and drinks going cold and an alternative of porridge is given to the resident.

## **Activities**

Although there is a dedicated Activities Co-ordinator at the home, they were absent due to sickness. Activities are organised by staff in their absence.

We did see an activities agenda/record. A more direct approach is taken with residents. For example, a pub evening is organised on occasions in the conservatory area which has a bar to enable socialising and associated activities such as bingo.

There were pictures on the wall of residents and activities, but no dates of the activities were displayed so it was difficult to establish how current they were.

A log of activities with dates was shown to us.

## **Catering Services**

The home has a food hygiene rating of three out of five.

Link to Food Standards Agency website: <http://bit.ly/2FZRFbN>

We were told that residents are offered a choice of menu which is set and rotates on a 4-weekly basis. Snacks are available to residents such as biscuits or crisps on request.

On the day of our visit there was only one dish available as the main listed meal on the menu board. During our visit an additional choice appeared.

Whilst we were there, we noted that only half of the residents had drinks. During the three hours of our visit no snacks were offered to residents nor hot or cold drinks.

Residents likes, dislikes and dietary needs are recorded in a folder accessed by the cook.

The home uses coloured and labelled crockery, utensils and aids. With three staff able to assist residents to eat.

The kitchen was sighted and was in order. Food was checked as within date and stored appropriately and cleanly.

On the second visit, 1<sup>st</sup> March at lunch time. Food was being served. There were now two choices listed on the menu. They were: Fish fingers chips and beans or peas and chilli con carne rice with peas for an African/ Caribbean resident. The portions looked adequate and equipment to aid eating for residents was seen and made available to residents. Staff were on hand to assist residents.

## **Staff Experiences and Observations**

The Owner/ Manager was not available on the two occasions that we visited. We were told that they commute back to London a few days per week where they live. Though we noted that the Owner/Manager was available by phone during our three-hour visit. Staff said that were able to contact the Owner/Manager for support at any time.

We were able to speak three staff members. A Senior, a Carer and the Cook.

An interview with the day Senior was conducted whom had been employed at the home for a number of years. They held NVQ level 3 in Social Care. We asked if they had a training matrix and they have been told there is one. Training is delivered via "Social Care TV" which is an online delivery training method. There appears to be up to 18 training modules staff can undertake.

We were informed that Senior Carer staff access residents care plans and communicate with other Carers. Changes to care plans are communicated verbally.

Care plans are locked away and we could not establish how residents and their relatives are engaged, consulted and involved. Management was not available to discuss this.

We were told by staff that there is a good level of teamwork in the home and that they felt adequately trained to carry out their roles.

## **Summary, Comments and Further Observations**

- Management was not present at times of our visits and we were told that attendance is weekly but without a schedule of stay.
- Odour of urine present around the home.
- Fire exit door exterior used for washing line purposes.
- It appears care staff do all jobs including: cleaning, delivering activities and laundry.
- Activities co-ordinator was on long term sick.
- Little or poor evidence of activities carried out. Pictures with no dates displayed
- Residents clothes are lost in laundry.
- Relatives stated that activities were not being carried out the activity on the day of visit was for HWW to see.
- There was possible resident access to steep inclined stairs via an open security door.
- Residents clothing is being mixed up from laundry days although names were marked on them.
- Menu consisted of one item on main meal. This does not represent choice or may not fulfil residents' dietary needs.
- Alarm pull cords in bathrooms and toilets were tied up and out of reach.



- Toilet rolls were not placed in holders but at rear of toilet seating meaning difficult to get
- Décor is dated and showing signs of tiredness.
- Furniture was a mix of material and vinyl base but was also a mix of varying conditions.
- Some areas appeared not to have been thoroughly cleaned (stairs) as there was evidence of Christmas decorations.
- There appeared to be no fresh fruit available for residents.
- We did not observe hot/cold drinks being offered to residents during our visit.
- Pad changing records were not completed.
- There was an upper bathroom being renovated but had open access to residents which may have presented a hazard to them.

#### Re-Visit 1<sup>st</sup> March 2019

- Manager not available on site told by staff member in on Monday.
- There was still an odour of urine.
- NO washing line behind fire exit door as before.
- Alarm cord pulls down as should be and now within reach.
- Two choices on food menu chilli and fish fingers.
- One staff member has left employment in last two weeks.
- Staff numbers now sixteen, we were advised that there are four to five staff vacancies.

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

#### **Recommendations and Follow Up Action**

- Consider if the management attendance schedule at site meets the needs of the resident's and staff.
- Ensure building work/ bathroom site is off limits and restricted to residents at ALL times.
- Ensure activities are still being undertaken, also that they are meaningful and engage individuals to be involved in interests of their choice.
- Record or evidence activities (if photos used to evidence activities, suggest you use date stamp on photos to illustrate how current.)
- Address odour of urine. Check personal toileting/ care needs of residents are met.
- Update and maintain records of incontinence pad changing to ensure taking place at the needs of the individual and is being recorded.
- Ensure there are at least two choices of main meals for residence. One main meal does not represent choice.
- Seek to supply fresh produce, fruit, available for residents as a snack.
- Carry out deep a clean and maintain higher standard of cleaning. A dedicated domestic staff member(s) would be ideal to undertake and maintain.
- Ensure Fire exits are clear on both sides of exit.
- Manage laundry more closely to ensure residents retain own clothing and clothing is not mixed up and supplied to other residents.
- Monitor and supply resident drinks more closely, supply cold and hot drinks to avoid dehydration.
- Monitor and deliver adequate staffing and employment levels to meet the resident needs, this may not relate to
- Ensure alarm cords are within easy reach and access in bathrooms and toilets and not tied up.

- Seek to attain five-star food hygiene rating.

## **Provider Feedback**

### **1. Could you tell us what you felt worked well about the way our Authorised Representatives carried out the recent Enter and View visit at your premises?**

HWW did not receive a comment from the provider to this question.

### **2. Were there any aspects of the Enter and View visit which you felt did not work well or could be improved?**

Whilst I do understand the concept of this visit in theory but in practice, I do not believe that it was a fair and accurate reflection of the home or the support provided.

For example, the report states that 3 relatives were spoken to; I would like to highlight that 2 of 3 relatives who raised areas of concern were related to one resident - I am not suggesting their opinion and view does not count but to a layperson reading the report it is suggestive that it was three independent relatives.

The report suggests that there is no stair gate - we try and create a homely environment as far as reasonably possible but also consider the risk factors. The door downstairs leading to the stairs is on a key pad, residents that suffer from dementia would therefore be supported to access their bedrooms.

#### **I would also like to comment on the following areas of the report:**

Meal choices - there are always at least two choices for each meal.

Our fruit and veg is sourced by a local fresh food supplier.  
There are food and drinks available in between meals throughout the day.

The images of activities were not deemed as adequate evidence to suggest there was a lack of activities because they did not have a date on them; I fully accept that going forward this is something we should do, but again, this does not appear to be a fair judgment that there was a lack of activities.

The care plans are kept in a locked cupboard, to protect the residents privacy and to comply with GDPR, they are however accessible upon request and are available for our staff access 24hours a day. The residents/relatives are invited to care plan reviews to contribute to how they wish to be cared for and supported. during the visit a couple of care plans were actually viewed by yourselves.

### **3. As a provider of a service, did the Enter and View visit help you to identify areas for improvement and if so, in what way?**

There were areas that were identified that we have taken action on. But I cannot agree that the Enter and View was helpful.

There appears to be less and less collaborative working and feels that the report is not an accurate reflection of the care - this is disheartening.

We are not perfect and learn every-day and feedback is always welcome; however, there is a difference between a supportive approach and the manner in which this inspection was conducted and reported back on.

### **4. Any other comments?**

What happened to collaborative working! Is it necessary for 4 strangers to knock at the door mob handed to carry out this enter and view exercise within a small 21 bedded care home??

**Healthwatch Walsall (HWW) response:**

Thank you for your feedback.

Our visits are not inspections nor carried out as one. The visit is an opportunity to take a snapshot of what is happening, and the care being delivered in the eyes of our representatives, residents, relatives and or their carers on that visit. Staff and management have the opportunity to input and it is welcomed that they are available and willing to do so.

A 'Visit Standards' document is sent to each provider identified for an Enter and View prior to the visit taking place (See next page). This is by Email and is posted. An additional copy is handed to management/those in charge at the instance on the day of the Enter and View. HWW did not receive a complaint at any time regarding the visit.

Residents, relatives and carers are asked to share their experiences and views. HWW do not edit or change peoples' responses. We seek to capture these in a fair manner and record good practice or practice that can be improved.

The documents that the team were offered to see were an activity record and resident pad changing records.

On the day of our first visit, it was announced that a representative was in training hence the number of attendees.

The follow up/second visit carried out on the 1<sup>st</sup> March was carried out by one HWW representative to ascertain if the Health and Safety issues identified on the first visit had been addressed, also that food choice had been increased? HWW are happy to say they had.

May 2019

Healthwatch Walsall have received dialogue back from a Local Authority representative that there have been significant and positive actions made by the home. A greater emphasis on diverse activities for residents, areas have been redefined to enable a more sociable set up for residents, food choices are clearly defined and available.

This is good to receive this dialogue and we welcome any improvements that benefit service users, relatives and of course the staff that deliver care.

## Visit Standards

### To the Service Provider:

These standards set out the behaviours you are entitled to expect from the Authorised Representatives conducting the visit. If any of our Authorised Representatives do not comply to any of the Standards set out below please inform Paul Higgitt on 01922 665010

### Our Authorised Representatives (AR) will:

- Clearly tell you the purpose, methodology, and timetable for the Visit
- Respond clearly and courteously to any questions you have
- Treat all people fairly and courteously, with sensitivity and respect
- Treat people with dignity, and respect their privacy
- Be as unobtrusive as possible
- Inform people, especially staff, of what they are doing at each stage of the visit
- Value people as individuals, respecting difference and diversity
- Exhibit no discriminatory behaviour
- Have respect for individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine concern about the safety and wellbeing of a service user, or if the person consents to the sharing of information
- Co-operate with requests from staff, service users, carers and their families
- Comply with all operational health and safety requirements, and with 'house rules'
- Ensure that they do not interrupt the effective delivery of health and social care services
- Not make unreasonable requests or demands
- Recognise that the needs of people using and receiving health and social care services take priority over the visit
- Be guided by staff where operational constraints mean that visiting activities may be inappropriate or that staff may be unable to meet the requests of the AR

### Please Note: There is no duty to allow entry to our Authorised Representatives (AR) if:

- Our Visit compromises effective provision of services or the privacy/dignity of any person.
- Our AR is not acting reasonably or proportionately in seeking to enter and view premises.
- Our AR does not provide evidence that they are authorised to view services in accordance with the regulations.

Enter & View Process  
Visit Standards



If you have any NHS or Social Care service experiences that you wish to share, you can visit our online 24/7 “Experience Exchange”. Whether it’s a “compliment, concern or complaint”.

Use our web link or QR Code below.



Web link: <http://x2.healthwatchwalsall.co.uk/>



#### 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.*



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Walsall

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