

# Enter and View report

Wrottesley Park House Care Home,  
Wolverhampton

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5 June 2024

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# About Healthwatch Wolverhampton

Healthwatch Wolverhampton is the city's health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

Healthwatch Wolverhampton is part of a network of over 150 local Healthwatch across the country. We cover the local authority area of the City of Wolverhampton.



## What is Enter and View?

One of the ways we can meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action.

During these visits we collect evidence of what works well and what could be improved to make people's experiences better. We do this by observing the quality of service, and by talking to people using the service, including patients, residents, carers, and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

This report is an example of how we share people's views, and how we evaluate the evidence we gather and make recommendations to inform positive change, for individual services as well as across the health and care system. We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

# Details of the visit

**Service visited:** Wrottesley Park House Care Home, Wolverhampton

**Visit date:** 5 June 2024

## About the service

Wrottesley Park House is a purpose-built building covering two floors, though only the ground floor in use currently. The home is both nursing and residential, located on Wergs Road in Wolverhampton. It provides specialist care for young adults, which include challenging behaviour, physical disabilities, learning disabilities and it can also help to rehabilitate those who have come from hospital settings back into the community. There are 46 residents and 59 beds, all en-suite. There is a newly appointed Activities Coordinator. The home has three units. Residents have a range of illnesses and neurodiverse needs such as MS, Parkinson's, Huntington's, strokes, autism, mental health and self-neglect. The Manager told us some residents no longer need to be there and they are trying to promote independence, so they can go back onto the community. The home aims to give holistic care.

## Purpose of the visit

This visit was part of our ongoing partnership working with the Care Quality Commission (CQC) and Wolverhampton City Council Quality Assurance Team to support quality monitoring of residential care homes in the city.

## How the visit was conducted

The visit was carried out by eight authorised Enter and View representatives. Information was collected from observations of residents in their day-to-day situations, including lunch, interviews with staff, residents, relatives and the Registered Manager for the home, against a series of agreed questions. The team spoke to the Manager, ten staff members, one relative, and 13 residents. The team referenced the latest [CQC report \(July 2023\)](#) and a final discussion took place to review and collate findings.

## Authorised Representatives

- Stacey Lewis (Healthwatch Wolverhampton Manager)
- Syrah Saeed (Staff member)
- Andrea Cantrill (Staff member)
- Harriane Cresswell (Staff member)
- Wendy Stephens (Volunteer)
- Claire Brewer (Volunteer)
- Simone Booth (Volunteer)
- Yvonne Obidiebube (Volunteer)

## Disclaimer

This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is collated and produced by the staff member and Authorised Representative who carried out the visit on behalf of Healthwatch Wolverhampton.

## Visit overview

The visit was part of Healthwatch Wolverhampton's quality monitoring. Wrottesley Park House was made aware that there would be a visit by Healthwatch but no specific date was given.

When we arrived, the front door was open and the secondary door was locked; the bell was answered after a while despite a few staff members had seen us. The delay to answer the doorbell continued throughout the visit, both for us and for residents whenever we went outside. The Manager came to meet us. We showed our ID and signed in. We discussed how the visit would be conducted and were then given a tour of the home. We were advised that nearly all the residents had capacity to talk to us, with one who used language that may cause offence.

## Key findings

- **Environment and atmosphere:** The home felt welcoming, was bright and airy with pleasant communal areas designated for different purposes, however it did have a constant call bell (alarm) system going off which we all felt was excessively loud and intrusive. A resident said, "It has a nice atmosphere, [are happy there] but it's a bit noisy." The temperature of the home was very warm. The Manager is looking to improve the alarm and heating. Some equipment was stored along corridors and in rooms, for example, hoists, but these were not in the way. The staff explained there is lack of storage, and that this equipment is in use at all times. There were no unpleasant odours, but it was hot.
- **Clocks:** We noticed some clocks were hard to read due to the colours, small numbering, or due to the numbers being in Roman Numerals. One clock was not working.
- **Visitors:** A resident told us that they "like it when people come and say hello." Residents get visitors and know they can come at any time and have somewhere private to be with them. It was observed that most staff did not have or take the time to talk meaningfully with residents in between care. Therefore the residents welcomed us visiting and would benefit from volunteers and more community interaction.
- **Activities:** We saw the residents engaged in a range of activities. Some residents were jewellery making with the Activities Coordinator, some were watching TV, another was watching YouTube, one resident was gardening, another was dancing to music in reception when we arrived. Staff get involved in activities, outings and games. The Manager said she like residents to go out for a haircut but a resident told us they would like a mobile hairdresser.
- **Dining:** The Manager would like to get higher tables in the Diner to accommodate wheelchairs, so all residents can sit together there. We noticed residents who could not eat solid food, waited a while to be assisted. Residents can get snacks but one told us he "reduces the number to stay healthy!" We observed a lot of food was left unfinished; it looked overcooked and dry. One resident said they would like a microwave. Residents were encouraged to stay hydrated; we saw squash at drinking stations available around the home to help themselves to. There is a poster advertising 'Takeaway Night'.

- **The garden:** There is a garden area around the building, so every resident has access to outdoors off their room. Some had personalised the area with help from relatives, these were more appealing – it would be nice for all residents to have a personalised outdoor space. One resident was busy gardening. Another was able to feed the birds and a visiting cat. There was not a visible communal lawn for outdoor activities however we were told there is a space for this just out of sight and is currently being worked on.
- **Challenging behaviour:** We were told some residents regularly have verbal altercations with each other and recently a fight broke out between residents which frightened other residents on the unit. We were told by residents that the Manager addressed the issue immediately and has since been managing the situation successfully. We were told residents had been given more flexibility with choosing their bedtime, whereas previously they used to go to bed at 9pm.
- **Staff:** All the residents and staff that we engaged with spoke highly of the Service Manager and reported that she is approachable, hands on and had made good improvements since joining the home. Overall feedback was that staff were fair, that they do listen to residents, often in the mornings, that they respect residents and were supportive and interested in residents. A resident said: “More at first but not so much now” and that staff don’t really have time to talk. Residents can choose a male or female carer, if there are enough staff on. We were told that when they were short staffed and a resident needed two carers, they had to wait for one to come from another unit. It was reported that night time staffing, particularly in one unit, is often short staffed and this affects standard of care.
- **Service user voice and engagement:** Residents told us they used to have a residents’ meeting and would like to reinstate them. We noticed they did have a ‘You Say We Did’ record on the wall that showed how they have been listening to resident views. The Manager likes to speak to residents as she goes round and would like to have resident’s ambassadors.

## Recommendations

We would like the home to consider the following recommendations for improvement based on our observations and findings from the visit.

1. Address the alarm system as soon as possible.
2. Be aware of visitors and residents waiting to come in through the front door and respond to them quicker. Consider allocating the doorbell monitoring to more staff or having a monitored reception area.
3. Consider replacing the clocks with easier to read clocks and address the broken ones.
4. Do further in-depth engagement with the residents about the activities they would like to do, so they are more age and ability appropriate. This could be evidenced through 1-1 reviews, residents’ meeting notes, surveys etc.

5. Ensure there are enough staff members in place, day and night. The home use a dependency tool to decide that staffing level was above sufficient, however this was not reflective of the feedback we received. Encourage carers to chat more with residents as they go about their duties.
6. Consider involving the local community with visiting and/or recruit volunteers to help and encourage residents to engage, especially those with no visitors, for example, a befriending service. Some care providers employ a volunteer coordinator to arrange a volunteer involvement service which compliments the staff team and enriches the social activities.
7. Update the activities board so it's more age appropriate, modern and relevant to abilities, for example, change 'sing-a-long' to 'karaoke'.
8. Reinstate residents' meetings. But it is also important to have a range of communication and feedback mechanisms in place for those that don't wish to join in.
9. Consider the use of volunteers to help residents improve the outdoor areas where they don't have family members to help. Also, engage the residents in creating the planned development of the communal garden area.
10. At a time period that suits (once a month was suggested by residents) allow for an authentic takeaway evening from the local shops to include a variety of cultural food choices. Residents stated they would like Chinese and Indian food. It is suggested to make the menu more user-friendly and uniform across the home.

## Observations and findings

### The home on a daily basis

There is a communal eating area in each unit and an American style diner located centrally within the care home for all residents, which the Manager is hoping to make more of, bringing in a buffet style way of serving food. They currently do this with breakfast but are hoping to serve lunch and dinner in this way too. We mostly saw residents eating in the communal area in their units, residents can also eat in their rooms. Snacks are available throughout the day, there is a vending machine and the Manager told us the residents said they would like to set up a tuck shop.

### Activities

The new Activities Coordinator has just started and has many ideas. Residents enjoyed the days out but would like more. There is a gym but residents told us it is no longer in use but they used to like it. The activities board was visible with picture cards for morning, afternoon and evening. One resident showed us the activities they like to do. We did feel some of the cards weren't age appropriate. Another had friends in the home and was able to do activities with them: "The best thing about here is the residents Lyn and Barry." One resident would like to go out with a member of staff, 1-1, rather than in a group.

## Staff recruitment and training

The Manager told us there are 80 members of staff in total (including two nurses), some of whom are CHAPS trained. They recruit through 'Indeed' and she told us they were over recruited by 20% but a resident told us they were once left on the toilet because there were only two staff on. Resident feedback indicated there are not enough staff and they felt there were staffing issues. Staff have online training through 'Hypo' and from external trainers on fire evacuation, drills, basic lift support and manual handling. Staff want to progress and the Manager is keen to support them with this. They provide a training matrix to the local authority. Staff have mandatory disability training and have trigger management training coming up.

There have been four staff meetings since the Manager came in January. A member of staff told us the shifts were 12 hours, but they only got paid for 11 and when they were short staffed not all residents were seen to in a timely manner.

## Access to healthcare services

The home is struggling to get a dentist. A doctor comes in once a week (we later heard it is a pharmacist who makes referrals back to the GP if needed). Residents said they would rather speak to doctors themselves. (**Note:** after visiting the service we were contacted by a relative who gave feedback that access to a GP for her relative is a problem).

## Engagement of relatives and families

We were told by the Manager only about six residents have active family members. The Manager is trying to arrange 1-1s with relatives and communicates via email and face-to-face. She wants relatives to contribute to care plans. When she started, she wrote to all residents and relatives introducing herself and her aims.

## Physical environment

- Each room has an exit alarm. The Manager told us there were no absconders and she is also looking into a new system that allows residents to leave the building safely.
- There is varied flooring throughout the home marking different areas
- Corridors are wide enough for wheelchairs and all handrails are in contrasting colours.
- Resident's doors were personalised; some had nothing on, which was the resident's choice.
- The menu was detailed on a weekly basis with a good range that catered to a variety of dietary requirements, but wasn't very clear and were inconsistent throughout the home.
- The lounge/dining room area was modern and spacious, and each unit had a nurse's station.
- Bedrooms seen were clean and equipped with an en-suite bathroom. One room was messy, but the Manager told us the resident had a tendency to accumulate possessions and they were working through it together.
- There is no communal garden for gathering, doing activities or holding events.

## Interactions

- While walking through the home, residents came up to us and wanted to talk and engaged with each other.
- We observed the housekeeper seemed to have the best relationship with residents and other staff members didn't seem to chat as they went about their duties.
- Residents interacted with staff when they needed a snack or drink. Staff were more than happy to accommodate these needs.
- We felt staff could have more of a chat as they went about their daily business.



# What people told us

## Care home residents

### General comments

"I like that someone is always at the end of the buzzer."

### Food and mealtimes

The residents fed back that the food was "bland, not good texture, often samey", it's not always hot enough. However, they said that they can ask for something else if they would not like to eat what's on the main menu for that day. There are some meals where residents would like an accompaniment of sauce or gravy. They also shared how they would like a proper takeaway not 'fakeaway'.

### Staff and care provided

Residents told us staff "can make your day or break your day" depending on who is on, and "you can tell who enjoys the job and who is there just for the money." Another resident felt that "when [staff] are taught or trained or told, they're great." Residents didn't feel they had a voice and that there used to be residents' meetings: "Some [staff] are alright, but others are down in the dumps." Residents shared that they would like more night staff, and another resident mentioned that "not [to be] racist, but I would like it if some staff had better English."

### Visiting arrangements

Visitors are welcome anytime.

## Family and relatives

### Home environment

"Happy with the home, much better than it used to be."

### Visiting

Relatives can visit when they choose. Some help residents make their environment more pleasant, as seen with the gardens.

### Staff and care provided

We had no comments on staff, there was only one relative when we visited.

## Management

The Manager has been in post for five months. They are in the process of recruiting a deputy. There is a clinical lead, but she is on maternity leave. They also have an administrator, so there is always a senior full-time member of staff during the day. There are two nurses on at night.

## Staffing

The staff we spoke to were all quite new but said overall they liked working at the care home. One member of staff said they had a sense of achievement and enjoyed getting to know the residents, but there was a lot to get through. Personal care took the most time and at 12.30pm three people still needed attention. They feel that additional staff would be beneficial.

## Support for staff

The Manager told us she has an open-door policy and welcomes the views of staff members.

# Acknowledgements

The Healthwatch Wolverhampton Enter and View team would like to thank Wrottesley Park House, all staff, residents and relatives for a friendly welcome and unlimited access to the premises and activities.

## Provider response

"I would like to start by saying thank you to all of the staff who attended our review over that day. My residents felt truly valued. This was a great opportunity as a new manager to establish our baseline to see where we are and where we are going. I thank you for your valued feedback and we have addressed any issues raised straight away.

"Most importantly we now have monthly resident meetings, which we have had two so far. We have also chosen ambassadors for each unit so that they can have a say on behalf of all of the residents who do not like to be as vocal.

"We have requested a new Nurse Call system. This has been approved and they are due to commence the work on 22 July 2024. This will be a huge benefit to the residents and provide better oversight and compliance for auditing.

"We are due to have a new reception camera system fitted to enable the doors to be opened in a timelier manner. This will reduce staff coming off the floor to open the doors and reduce the risk of unwanted people within the building.

"All clocks on the walls are for effect only. However we have replaced new batteries. More constructively, we have purchased a new clock for each unit, that identifies the time, the weather and the date. Residents have chosen how they want these to be set up on each unit.

"We work to a dependency tool for guide for the residents needs. This has been updated, we have spoken with the residents and staffing levels have been increased.

"Following the resident meetings, we talked about activities that are more bespoke to them. They understood as the new activities staff had only just started it would take a few weeks to get sorted. Residents choices are going shopping, cinema, bowling and they have been to the zoo, which is what they requested. They are also working on aspirations for the future from holidays to moving back to the community with our blessing.

"Another impact residents have made was to have more say and choice with the menus. They have weekly 'fakeaways' which have gone down a storm as they have been homemade. Furthermore, they have had a takeaway of KFC which was very well supported and appreciated. I also arranged a surprise the other day when it was really warm for an ice cream van. All residents and staff joined in. One resident stated, "It has been years since I sat under a tree in the summer, watching the world go by with a lovely cold ice cream." Moving forward the residents have much more say over the menu, the takeaways and the events that happen.

"GP access has been an issue since Covid. However I can assure you that we do have a weekly ward round and the complex aspects of the residents health are addressed by the GP. As a nation we would always prefer to see the GP but that has changed. If we asked for support or request a visit, this will be heard and addressed accordingly.

"As for the garden area, we do have plans to facilitate a calming garden area at the side of the property. This was also used to encourage nature, but residents have decided that they would like both. We are going to happily work on this with them. We have supported residents to have cameras for bird and squirrel watching.

“It was disappointing to hear that you observed staff not engaging with the residents. I have carried out supervision with the staff and have some further dignity training booked in. I have also asked our ambassadors for support with the training to ensure that people understand how it feels.

“I would like to thank everyone again and I look forward to working with the residents to continue to strive towards a good quality of life to be fulfilled in the way they wish.”

## Contact us

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