

# Enter And View

**Report**  
**Pelsall Hall Care Home**  
Carried 28<sup>th</sup> March 2018



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



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

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

Healthwatch Walsall Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Walsall safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.



## Provider Details

**Name:** Pelsall Hall Care Home

**Address:** Paradise Lane,  
Pelsall,  
Walsall,  
WS3 4JW

**Service Type:** Care Home

**Home Capacity:** 41

**Date of Visit:** 28 / 03 / 2018

## Authorised Representatives

**Name:** Tom Collins

**Role:** Community Outreach Officer (HWW)

**Name:** Richard Przybylko

**Role:** Authorised Representative

**Name:** Richard Jolly

**Role:** 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

## Physical Environment

### External

The entrance is accessible and well signed with easy access for wheelchairs.

CCTV is installed to the rear of the buildings.

There is quite a large garden area with a part sheltered accessible planting area.

There is off-road car parking with clear walking area for pedestrians.

### Internal

The building is 2 and 3 storey with a lift serving all floors.

Visitors are asked to sign the Visitor's Book, but no obvious site safety rules are displayed in reception.

The Reception area is spacious with soft seating in the waiting area. Signage is clear, and notices are up to date.

Accompanied by the Manager, we did investigate a Resident's room which was en-suite and in good condition. We noted a raised threshold at the doorway to the walk-in shower. We noted that there was no anti-slip bath mat in the bath.

## **Resident Numbers**

37

## **Staff Numbers**

70

## **Agency Usage**

Staff reported only occasional coverage required use of Agency Staff with a total of 75 Agency Staff hours during the last 2 weeks.

## **Resident Experiences and Observations**

5 residents were spoken to about their experiences and observations.

All looked happy and contented and well-cared for.

All were very satisfied with their care, appreciated the good food and friendly Staff.

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

4 Relatives and Carers were asked about their experiences and observations and reported that most things are very good but suggested more external trips

However, it was also acknowledged that the prolonged, current bad weather did make trips problematic.

There was a query raised about care plan consultation in that there seemed to be some assumptions made rather than more discussion

The number of consultation meetings was noted as maybe not sufficient in that there had only been 2 in the last 12 months. It was recommended that quarterly meetings would allow better feedback.

However, it was also noted that the Manager and all Staff were always friendly, available and very attentive and proactive in resolving any problems. It was reported that one of the Care Staff had helped a Resident by identifying a possible stroke. Staff had an obviously good relationship with Residents.

Relatives reported that Care Staff called them about all important issues.

Relatives reported that Staff knew everyone's name and were very flexible to accommodate their needs.

## Activities

It was noted that the Activities Co-ordinator had organised a very impressive, diverse and imaginative range of activities for Residents.

Some of the activities were sourced using on-line tools for feedback and material with some using the Eden Alternative - Philosophy of Care and included a Wishing Tree, cognitive stimulation therapy and a Choir. Some activities were noted during our visit including painting and craft activities for Easter.

The Wishing Tree identified Residents' desires and 10 out of 15 had been satisfied at time of visit including the visit by a "house trained" performing rescue pony. A wish to go in a submarine was probably going to be satisfied by a trip to Sea Life in Birmingham.

A trip to Blackpool is planned for the Summer.

## Catering Services

The duty chef was asked about general procedures. It was observed and noted that there was a good standard kitchen equipment and hygiene (Hygiene cert 5) with a good choice and standard of food. Menus were varied to suit Summer and winter seasons and every 4 weeks with 3 options every day.

A white board was used to control the supply of food for special dietary needs.

No Residents ate meals in rooms (unless not well) with sufficient Carers to assist Residents as necessary in Dining areas.

During our visit, we observed Residents receiving food and being fed. There appeared to be sufficient assistance for those requiring help but encouragement to feed themselves as well.

## Staff Experiences and Observations

4 staff members were asked about their experiences and observations.

1. The Manager has been promoted up through the organisation and has experience of all roles. A new Deputy Manager was just about to start who had also been promoted from the general Care staff.
2. Catering. Staff were satisfied with the kitchen layout and operational methods. They noted that there were sufficient carers to help Residents at meal times.
3. Activities. We observed that two Activities staff covered 40 hours. The Activities Co-ordinator was particularly enthusiastic about the activities on offer. Ideas for activities are shared between other Homes.
4. A Care Staff member demonstrated their monitoring of Care Plans by use of CareSys installed on iPads. Training was planned with additional training

available if required. It was noted that Managers “stayed on” if there were any issues requiring help. Any concerns for Residents were reported to Seniors, noted in a diary during every shift and entered into CareSys.

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

The Home has an open and hospitable environment.

The use of sanitisers was not readily encouraged. Though a number were positioned throughout the home. It might be beneficial for more sanitisers in the dining areas.

There was a query whether there is enough formal collection of feedback from Residents and Relatives in that there had only been 2 consultation meetings in the last 2 months.

The Home was liked because it is not for profit, clean and tidy and the best overall package.

The Home benefits from separate rooms for more cognitive, independent Residents. But with the freedom to mix with residents of varying needs and capacity. The home demonstrated the need for an understanding of individual needs and an inclusive approach to caring for residents.

Costa, the “security parrot”, added character to the entrance area.

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

## **Recommendations and Follow Up Action**

1. Promote use of hand sanitisers with a few more in dining areas.
2. Display site safety rules / emergency procedures in Reception. Alternatively, have emergency procedures on the back of visitors’ badges.
3. It might be advisable to have anti-slip mats in baths.
4. Consider consulting with Relatives and Carers as to whether more Consultation meetings would be beneficial.
5. The range of activities might be shared as good practice.

## **Provider Feedback**

- 1) We are looking at having a sanitiser put near our bistro area,
- 2) We do display fire safety rules and evacuation procedures in our reception area, I am now looking into any other rules we may need to display

- 3) All our residents use the bath chair which is lowered into the bath and is anti -slip our Infection control say using anti slip mats could lead cross Infection, although if we had a resident who requested this, we would look into how we could overcome this
- 4) We have a meeting with relatives set for the 6<sup>th</sup> June and will discuss, we have quarterly meetings at present
- 5) Activities are shared throughout as good practise

**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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