

# Enter and View Report

## Gorway House

Announced Visit

5<sup>th</sup> September 2023



## Contents:

	Page
Provider details	3
Acknowledgments	3
Disclaimer	3
Authorised Representatives	3
Who we share the report with	3
Healthwatch Walsall details	4
Healthwatch principles	4
Purpose of the visit	5
What we did	5
Findings	5 - 6
Resident interviews	6 - 9
Relative Interviews	9 - 11
Staff interview	11 - 12
Manager interview	12 - 13
Summary Findings	13
Recommendations	13
Provider feedback	14

## Provider details

Name and Address of Service: Gorway House  
40 Gorway Road,  
Walsall, West Midlands,  
WS1 3BG  
Telephone: (01922) 615515

Specialisms:

- Accommodation for persons who require nursing or personal care
- Caring for adults over 65 yrs.

Service provided by: Owners, Mrs Susan Allen & Ms Jennifer Beale

Current CQC report status – Good

Inspected: 23 February 2022

Gorway House is a residential care home registered for up to 28 older people some living with early on set dementia.

Link to CQC report: <https://www.cqc.org.uk/location/1-112445420>

## 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 findings and observations made during our visit made on 5<sup>th</sup> September 2023. The report does not claim to represent the views of all service users, only those who contributed during the visit.

## Authorised Representatives

Lynne Fenton – Senior Insight Advocate Lead, Healthwatch Walsall

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.

## Healthwatch Walsall Contact Details

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

Website: [www.healthwatchwalsall.co.uk](http://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. **A 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 about the visit and the Authorised Representatives commenced the Enter and View process.

## FINDINGS

### The Environment

#### External

The exterior of the property is well maintained with a car park to the front of the property for up to approximately 7 cars. The main entrance was via a secured front wooden door. Request to enter was by use of a doorbell.

To the front of the property there are steps and ramp for wheelchair access to the side enabling access to the front door with a handrail to support.

There is a large garden area to the rear of the property with various access points from the main building. We observed a resident enjoying the weather and setting. The area is fenced off to the side and rear, with access to side gate from front.

#### Internal

The Manager greeted us at the front door and initially showed us around. On entry, the Authorised Representatives were asked to sign the visitors' book.

We asked for a brief tour of the communal areas and were shown two communal lounges, one of each at either side of the property and the main dining area which had a double aspect window to well-kept gardens.

Décor was well maintained, and areas seemed light and airy. There seemed to be a real 'homely feel' to the setting.

There were no obstructions in the hallway. Toilets and Fire Exits were clearly marked and access was not obstructed.

There were no noticeable odours.

The setting appeared to be clean and tidy in the areas we visited.

A menu board was available in the dining area, and activities notice board was also available.

A mobile medication cabinet and fridge were positioned in the lounge area and we were advised that they are locked when not in use.

There was no resident/relative information board apparent in the communal areas. We were told that there was one, but this was in the office area.

## **Resident Interviews**

When visiting the home, we observed approximately seven residents seated in the main lounge/dining communal and one in the outside garden area enjoying the shade/sun. The TV was on the lounge where most of the residents were seated.

We observed approximately 5 care staff and a cook attending to the needs of the residents and preparing the lunch.

We observed carers being attentive to residents offering both hot and cold drinks. residents were spoken to respectfully and engaged with as an individual.

## **Essential Services**

Residents informed Authorised Representatives that there is adequate access to services including Opticians, Dentists, GP etc. Some residents wore spectacles at the time of our visit. One resident was unsure the last time their eyesight was checked.

One resident goes out to visit a hairdresser.

## **When we asked, 'What is life like living in the home?'**



***"I sit outside every day, no matter what the weather. I love it. It's a nice place, very clean, great cooks, lovely fresh fish I am given"***

***"It's great here, it's a delightful place. I sit in the garden with relatives, and they are looked after too. Activities occasionally"***

***"Been here years. Really nice and people are nice."***

***"It's OK. I prefer home but I can't go back. I don't do anything apart from watch TV."***

## **We asked how long they had lived at the care home?**

Many of those residents we spoke to had been there from a few weeks to 6 years. One resident could not remember how long they had been there.

## **Essential Services and Access**

All the residents we asked commented that they have access to all essential services such as: GP, Dentist, Optician, Chiropodist etc.



***“Staff would arrange a visit to doctors. ”***

***“I have my own hairdresser . But anyone I want to see I ask and I see them”***

***“Yes checked regularly and asked if OK.”***

***“GP/ Nurse visit evry Wednesday”***

## **Safe, dignified and quality services**

All residents answered that they felt safe in the home. They also mentioned that there is a call bell in their bedroom should they need to call for a staff member.



***“Very, very safe living here”***

***“Very safe living here, no problems at all”***

***“Very safe living here”***

***“I am treated totally with respect as that is really important. I treat staff with respect.”***

## **Information**

Authorised Representatives observed activities notice boards in the main dining area and a menu with written choices on the board.

There was no obvious resident/relative notice board in the communal areas. We were told by the owners and Manager that such a board is in the office. An activities schedule/planner displayed listed the activities available. Whilst we were told activities take place, photographs of past activities were not readily available/displayed in communal areas.

No resident meetings appear to take place.

## **Choice**

### **We asked residents if they had choices?**

This covered from a range of when to get up and go to bed, what clothes to wear, what food choices were available etc.

One resident was not too sure.



***"Full choices of food and bedtime. I choose everything. I am very independent"***

***"Everything is my decision here. The food here is lovely, not much choice, but the chefs are excellent. If I fancy something, I ask for it and get it."***

***"Yes I get choices of food. I look in wardrobe to get choice of what to wear."***

***"No Choice of meals, only a couple of choices occasionally. Food is enjoyable. Drinks always offered."***

***"I am asked to go to bed about 8.00pm"***

### **Being listened to**

Whilst there is daily contact between residents and carers which was evident on our visit, more formal and recorded meetings such as resident/relative meetings are currently not happening. There was good communication between the residents, relatives and the staff on our visit.

### **We asked the resident if they felt they had an issue would know who to speak to?**



***"I could speak to anyone or my relative would"***

***"Yes I can speak for myself"***

***"I would be able to speak to anyone about anything here"***

### **Being involved**

We observed attentive carers who interacted and listened to residents. One resident was there as part of a respite arrangement.



***"1st choice of home, I am completely involved in everything"***

***"I am in full control of me."***

***"Like my own company."***

### **We asked the residents if they felt that they had a balanced/ healthy diet and have drinks?**



***"100% No food would be better anywhere. I am offered many drinks all day long. "***

***"Different food to choose from."***

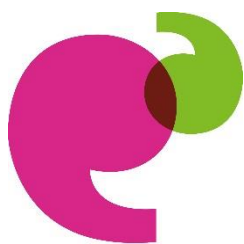
***"I can ask for anything I want. Everything is so lovely here; everything is really good quality."***

***"I can ask for any drinks and food at any time."***

***"Great cooks, lovely fresh fish I'm given."***



## We asked how involved they felt in the home?



*“Staff tell me what’s happening. Can ask questions if want to.”*  
*“Staff are good to me. I don’t think we have resident meetings. I don’t go out here, I go back home as I’m not permanent here.”*  
*“I keep myself to myself very much.”*  
*“I feel involved very much so. Carers also lovely, nothing too much trouble.”*

## Finally, we asked if you could change one thing what would it be?



*“I don’t know really, maybe everyone is asleep all the time maybe that”*  
*“There is totally nothing I would change”*  
*“Nothing”*  
*“Being in my own home, no place like home”*

## Relative Interviews

We spoke to four relatives during our visit. All were very complimentary about the care and the care home facilities.

### Information

Authorised Representatives observed activities notice board and menu board in the dining area.

From speaking with relatives it seems that resident information is given face to face when relatives are visiting, or the staff telephone the relative. Emails are occasionally used also.

## When we asked, ‘What is life like living in the home?’



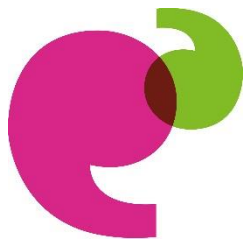
*“Staff are loving and caring, they are finding it difficult to adjust leaving their own home and partner “*  
*“Happy, have no worries about relative falling”*  
*“Very happy with care. Staff go out of their way”*

### Choice

#### We asked if the residents had choices?

All the relatives felt that the resident(s) have choices in areas of their care. Including food, activities, being involved or not, and with assistance from care staff around medication.

One relative informed us that a resident still keeps outside interests by visiting a crafting club, visiting their own hairdressers. They enjoy this independence and will maintain this as much they can



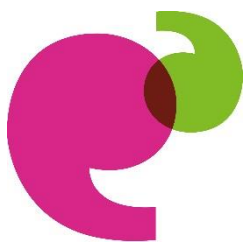
***“Yes, have choice. They choose not to get involved with activities”***

***“Choices of food & activities”***

### **Being listened to**

Whilst there we observed staff interact with residents in a very respectful way. They were always asked and listened to.

**We asked the relative if they felt they had an issue, would they know who to speak to?**



***“Yes, had previous issue, raised it and was resolved”***

***“Yes, no worries”***

***“Yes”***

### **Being involved**

The relatives we spoke to felt they were involved. The home keeps in touch: face to face, by phone and by email if needed. Relatives had several face-to-face meetings about their relatives care and stay at the home.

One relative informed us that a resident went out with family for meals, visiting a hairdresser and attending a crafting club they had been going to for years.

Relatives said that they were always informed what was happening around the resident(s) care or generally when visiting or by phone or they could always ring the home.

**We asked if they felt that their relative had a balanced/healthy diet and have drinks?**

On many occasions were told by the relatives that the food was very good. On the day of our visit relatives had brought a bouquet of flowers in for the cook to show their and the resident’s appreciation, It was presented to the cook by the resident.

Drinks were offered whilst we were there.

We were told that at the moment there are no residents with allergies or who ask for a cultural led diet. We were told if they were asked then of course they would.

### Relative feedback

The relatives we spoke to were very happy with the care the resident receives. Expressing how good the food was and how caring and friendly the care staff are. Many residents were almost 100 years old, but able to answer concisely to questions asked.

Relatives felt that resident(s) were safe, with attention and proximity of care staff there and call buttons/buzzers in resident(s) rooms.

## Staff Interviews

We spoke to a care staff member who was new to the home but had worked in social care homes for a number of years.

They said that they had previous training and will be doing training in the future at Gorway House.

We asked what the care planning and risk assessment process was that they work to? They said that residents initial care needs are identified when an assessment is carried out with the resident/relative(s). Then when in the home further needs such as any adaptations/walking aids etc. would be identified.

When asked how much time they had to spend with residents? We were told that they spend as much time as they can, engaging and interacting with them.

We asked about staff training, the delivery and regularity. We were told that it is a mix of online training and some inhouse/practical training. Mandatory such as First Aid and Manual Handling. They are arranged when a person starts.

We asked how they dealt with resident concerns/issues? They answered, depends on concern, if it can be dealt with, do in an informal way as possible or if needed follow procedure and report to Manager.

When asked about the supervision and support the staff member received, they mentioned that they receive monthly supervisory sessions in their current probation period. Then will be every quarterly.

The staff member said that they felt comfortable in raising any concerns with Management/Owners.

When if they could change one thing what would it be? They replied, **“Would not change anything.”**

## **Manager Interview**

The Manager has many years of experience starting as a Care Assistant, delivery of Domiciliary Care in the community to their current role as Manager at Gorway House. Whilst they have currently an NVQ level 5 they are looking to undertake and complete an NVQ level 7.

The Manager is working closely with the Quality In Care Team (QICT) and currently incorporating new paperwork along existing Care Needs Assessment paperwork. They have found using the new protocol beneficial in identifying changing care needs of individuals and recording them.

The Manager told us that they do a walk around each morning to residents rooms and interacts with residents throughout the day. Whilst checking residents' charts, they can get to know how the individual resident is.

They felt that they have a good working relationship with the Local Authority and the QICT who offered support, advice and training.

We asked how they deal with any resident/relative concerns. We were told it would depend on the nature of the concern. Initially talk through the concern with the resident/relative and see what can be done to resolve it. If it was more serious then it would go through inhouse process.

The Manager feels that they are supported by the owners and that the Senior and Care staff support them and of course the residents. If the Manager has concerns then they felt comfortable in approaching the owners.

We were informed that there is daily contact with all staff and regular meetings to discuss residents, their needs and any support that may be now needed to meet those needs. Relatives generally discuss any resident related issues on visits. The home also contacts relatives by phone or Email if/when necessary.

We asked if the Manager could change one thing what would it be? They answered that they have recently requested the purchase of sensor mats for resident bedrooms.

We were informed that currently they are switching from resident paper records to electronic records. Staff/resident handovers happen daily.

There is currently one vacancy for a Deputy Manager.

Any relative meetings are informal and generally on a one-to-one basis.

Activities are undertaken by staff and if resident choose not to be involved then their choice is respected.

There are occasional issues around resident waiting times for Local Authority assessments and funding decisions.

## Summary Findings

- All the residents we spoke to and relatives were extremely happy with the care they or their loved ones received.
- All residents seen appeared to be well and cared for.
- The home surroundings were airy and spacious and felt like home.
- The atmosphere for residents was calm and relaxed.
- Care staff were attentive to residents and their needs.
- No resident/relative information board in communal areas, we were told that there is one in the office.
- Residents had drinks and were asked if they wished for further drinks during our visit.
- Some issue from provider getting a GP to visit upon request, Nurses attend weekly.
- Manger said that they are utilising documents passed to them from the QICT which assists in initial and ongoing care planning.
- They are seeking to purchase sensor-based matts to be used in resident bedrooms.
- The provider is seeking to recruit a Deputy Manager.
- The provider is seeking to get staff on NVQ based certification routes.
- Whilst food was rated as excellent the choice of menu items may be limiting for residents.

## Recommendations

- Recommend that they display a resident/relative information board in communal area.
- Recommend that they use pictures as part of communicating Menu/food choices.
- Seek opportunities to evidence activities that have taken place which includes external visits such as shopping trips.
- Keep records of relative meetings.
- Commence and keep records of any resident meetings.
- Consider increasing choice of food menu options and meet any cultural dietary needs,

## **Provider feedback**

We attempted to contact the provider for their response by Email, twice and telephone but we did not get a reply and the telephone contact number was not working.

