

# **Enter and View report**

Penn House Care Home  
Wolverhampton

---

8 February 2023

# Contents

# Page

About Healthwatch Wolverhampton	3
What is Enter and View?	3
Details of the visit	4
Key findings	5
Recommendations	6
Observations and findings	6
What people told us	8
Acknowledgements	10
Provider response	11
Contact us	11

[Report updated October 2023]

---

© Healthwatch Wolverhampton

The material must be acknowledged as Healthwatch Wolverhampton copyright and the document title specified. Where third party material has been identified, permission from the respective copyright holder must be sought.

Any enquiries regarding this publication should be sent to us at [info@healthwatchWolverhampton.co.uk](mailto:info@healthwatchWolverhampton.co.uk)

You can download this publication from [healthwatchwolverhampton.co.uk](https://healthwatchwolverhampton.co.uk)

The Healthwatch Wolverhampton service is run by [Evolving Communities CIC](#), a community interest company limited by guarantee and registered in England and Wales with company number 08464602. We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch Brand) when undertaking work on our statutory activities as covered by the licence agreement

# 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:** Penn House Care Home, Wolverhampton.

**Visit date:** 8 February 2023

## About the service

Penn House is a medium sized care home located in Penn, Wolverhampton. The home is privately owned and can care for a maximum of 26 individuals, including adults over 65 with Alzheimer's and other forms of dementia. It has been registered with the Care Quality Commission (CQC) for more than five years. Accommodation is provided across two floors according to individual needs of residents. The ground floor caters for individuals with more complex care needs while the first floor is catered to individuals who have more capacity and physical mobility.

## Purpose of the visit

This visit was part of our ongoing partnership working with 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 seven 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 nominated individual for the home, against a series of agreed questions. The team spoke to the nominated manager, five staff members, two relatives, and two residents. There was not an activity coordinator in post at the time of our visit. The team referenced the latest CQC report (November 2022) and a final discussion took place to review and collate findings.

## Authorised Representatives

- Sarah Davies – Lead Authorised Representative
- Elizabeth Price – Enter and View Volunteer
- Stacey Lewis – Healthwatch Wolverhampton Manager
- Sarina Sond – Information and Signposting Administrator
- Hina Rauf – Engagement Officer
- Sheila Gill – Healthwatch Wolverhampton Board member/Enter and View Volunteer
- Claire Brewer – Enter and View 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, an 'Authorised Representative', who carried out the visit on behalf of Healthwatch Wolverhampton.

## Visit overview

The visit was part of Healthwatch Wolverhampton's quality monitoring. Penn 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 locked, and the bell was answered after a short wait. The person in charge was the nominated individual as the manager was off sick. She was not aware that we would be visiting to carry out an Enter and View visit and so the lead representative explained the purpose of our visit and about Healthwatch Wolverhampton.

The nominated individual asked for ID and gave us a brief overview of the home. We discussed how the visit would be conducted and were then given a tour of the home. Some residents were identified as either receiving palliative care or lacked capacity and these residents were not disturbed by the team.

## Key findings

- The home is not brightly lit and is currently being refurbished with décor undergoing changes to the colour scheme. The newer part of the building has freshly painted walls while the older part is still to be redecorated. We found that signage throughout the home does not sufficiently support residents with a dementia diagnosis to identify their own rooms, for example, by using names or photographs. We also found that sanitary ware does not have contrasting toilet seats to assist residents.
- The activity coordinator is on long term sick leave and so staff have to fit in engagement with residents as they carry out their duties during the day. This does mean some residents lack sufficient stimulation to meet their needs and encouragement for them to be involved in day-to-day activities. Staff were observed engaging kindly and appropriately with residents while doing during record keeping activities and while assisting residents with meals. The majority of residents lack capacity due to a diagnosis of dementia.
- The activities board was outdated with the last activity announcement being from November 2022.
- The menu was detailed on a weekly basis with a good range that catered to a variety of dietary requirements.
- The garden was not in use due to building work and there are plans in place to restore access for residents to a green space and a patio area. We were assured that these plans will be developed as soon as possible.
- Staff presented as comfortable in their roles, however they expressed that the shifts were quite long, and that the lack of an activity coordinator causes additional work for the other staff.
- There were a few health and safety issues identified. These included a black wire hanging low from a ceiling in a corridor and a sluice bathroom which did not have a lock on. We also found the staff toilet unlocked and the bin inside was a hand operated bin.

# Recommendations

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

1. Build into the renovation plans improvements to make the home more dementia friendly such as: using contrasting paint in door colours, wall murals, different colour toilet seats to sanitary ware, large clocks with the date and time in communal areas and appropriate signage for residents' rooms and corridors.
2. Ensure activities are provided by coordinating consistent cover for long-term sickness and develop activities to provide for those with capacity and those who lack capacity.
3. Consider involving the local community in visiting and/or recruit volunteers to help and encourage residents to engage especially those with no visitors, for example, a befriending service.
4. Continuously review staffing levels as the care environment provided is complicated and residents have differing needs particularly in view of the changes to the building.
5. Address any health and safety issues identified in the report, for example, locks on toilet doors and hanging cables in one corner of a hall.
6. Provide outside access to the garden when renovations allow to encourage residents to experience the outdoor environment.
7. Review the placement of the landline phone or have mobile handsets to avoid disturbing residents in the main lounge.

## Observations and findings

### Daily running of the home

We were told that a usual day at the home involves residents starting their day off with breakfast. Residents have a choice of where they would like to eat with some having breakfast in their bedrooms and others in the lounge. Lunch is served between 12:30pm – 2:00pm and dinner at 4:30pm – 5:00pm. Residents again have a choice of where they would like to eat along with being able to ask staff for drinks and snacks throughout the day. Family members also come to visit residents. Staff were seen helping to assist some residents in the dining room.

### Activities for residents

We spoke with the nominated individual, who was covering for the manager usually in post. They stated that there is usually an activities schedule, however due to the activities coordinator being on long-term sick leave, care staff try their best to fill in alongside their caring duties. In terms of the types of activities offered, a singer often comes at Christmas and other occasions. The nominated individual also stated that the home caters to the backgrounds of service users, for example, those of an Asian background. Therefore, music and events booked will be carried out according to resident needs. There is a summer barbeque which has been booked.

### Staff recruitment and training

Staff are given four to six-week rotas in advance to allow them to plan, and some staff do 12 hour shifts. The nominated individual stressed that they are very mindful of staff wellbeing and encourage a work and life balance; they recognise that people's personal lives impact their ability to work certain shifts etc.

Staff are recruited via job adverts posted online in appropriate places. When a potential member of staff contacts the home, a CV is requested and an initial telephone call made to assess their level of spoken English. This is because they have encountered problems in the past with staff who cannot communicate clearly with residents. If their spoken English and CV meet the requirements of the home, they are invited for interview, references are taken up and a DBS check done. People skills are high on the list of requirements to work in the home. New staff are encouraged to do the relevant NVQ qualification.

## **Access to healthcare services**

Residents have access to a variety of healthcare services. These include dental services at a local practice. There has been a recent change in the pharmacy used and this has improved provision of services. Opticians contact families with updates regularly and private podiatry services are provided every six weeks along with an NHS chiropodist. A personal hairdresser is also available and all the services listed above visit the home to ensure easy access.

## **Engagement of relatives and families**

The nominated individual stated that most residents have families. Three residents do not have any visitors and they do not yet know whether new residents have visiting relatives. Some relatives come and take residents out into the community.

## **Physical environment**

- The home has good security methods in place, with the door at the main entrance having a secure lock and alarm.
- There is varied flooring throughout the home which includes some patterned carpet in the older areas upstairs. This can be disorientating for residents with a diagnosis of dementia.
- Corridors upstairs are narrow although we were assured residents can use wheelchairs and walking frames if needed. Most residents on the upstairs can walk unaided.
- Residents' names were not on all their doors as the home had been told that this is a breach of the Data Protection Act 2018. The nominated individual was advised to check this as the Act is about how personal data is stored and used rather than having a resident's name on their bedroom door so that they and their visitors can identify their room.
- The food menu is on a two-week schedule, with plenty of options and good variety available to cater for dietary requirements, is displayed with attractive pictures.
- The lounge/dining room area was modern and spacious. However, it also contains a staff desk with a telephone system that rang on several occasions while we were there, and it was loud and disruptive. There were a variety of books available (including wordsearches), however they were kept in a cupboard at the end of the lounge area.
- Bedrooms seen were clean and equipped with an ensuite bathroom. If a resident has been particularly unwell and left for hospital, the room would be sealed off and thoroughly cleaned/disinfected before entering again.
- There is quite a steep slope in one of the corridors upstairs, which could be a health and safety issue, particularly for patients who may be more mobile. The handrail also discontinues while going down the ramp which could put residents at risk of a fall.
- The home just had a new lift installed which was wide and spacious, allowing residents to move between floors easily. This also gives the residents a choice of whether they would like to have an upstairs or downstairs room.

- There is no access to a green space as the garden was left mid-renovation due to a problem with the previous builders. However, the nominated individual reassured us that this was a priority. The garden had been secured with fences for safety reasons.
- The staff toilet and sluice room were not locked, and a hand bin was present in the staff toilet.
- There is a decorated picture board with photographs of residents engaging in some activities. For example, residents getting a haircut.

## Interactions

- While walking through the home, service users were not able to communicate with us, although most had a diagnosis of dementia. The nominated individual informed us which residents had capacity and/or would engage in conversation.
- We found staff speaking to residents in a kindly fashion. The residents in their rooms had some staff attendance throughout the day.
- Residents interacted with staff when they needed a snack or drink. Staff were more than happy to accommodate to these patient needs.
- Residents did not seem engaged or interested in surroundings as there was not much mental stimulation available apart from a TV.
- One member of staff told us they had been caring for a number of years and had a lot of experience. We observed her engaging with a resident with the use of a tambourine as she knew the resident enjoyed music.
- The nominated individual explained to us that some new residents would be moved into the home today, so it would be quite busy.
- Residents are given a choice when deciding where they would like to eat. A new service user had been admitted into the home and was given a choice to sit at the table in the main lounge. We observed her waiting for her meal to arrive at the dining table. She was joined by another resident.

# What people told us

## Care home residents

Due to the majority of residents not having capacity, we spoke with two individuals, one male and one female.

### General comments

Both residents said that they prefer to spend their time alone, either sitting in the lounge or their bedroom. One liked to sit in a smaller room downstairs alone.

“It’s alright living here.”

### Food and mealtimes

Feedback from residents about the food was very positive. Residents felt they have a lot of choice when deciding what they would like to eat.

“The food here is really good.”

“I get to choose my own breakfast.”



## Staff and care provided

One resident had been living at the home for five years and said that she was very happy with the care that is provided. She is able to get up at 6:45am, as per her request and then comes down to choose and eat her breakfast. She was very pleased that carers support her to do her makeup every day as that is something that makes her feel good. She also stated that a staff member does her nails for her.

## Engaging in activities

Both residents expressed that they prefer to stay in the home and would not like to go out. The male usually spends his day sitting in the lounge after getting up in the morning.

## Visiting arrangements

One resident stated that she does not have any visitors as she does not want any of her family to know that she is in the home. Another stated that he simply does not want to have any visitors.

## Family and relatives

### Home environment

Relatives we spoke to described the home very positively. One relative stated that their relative had moved from another home into Penn House.

“Wonderful home, room is lovely and has windows.”

“This home is better and the room is airy.”

### Visiting

We spoke with two relatives who both expressed that they are able to visit whenever they would like to. One relative visits their family member once every couple of days. The relative said that her mother, who is 94 years old, is happy at the home as she watches the television with subtitles on and reads the magazines brought in by her relative.

### Admissions process

A relative stated that she felt involved and happy with her brother’s admission process and involvement in the care plan; she expressed that she was made to feel welcome. Another family member stated that she was very pleased to have been able to visit the home beforehand and that the admissions process and everything is good in comparison to previous homes.

## Staff and care provided

Staff were described as very approachable, and it was noted that staff offer a choice of food and drink during visits. She also stated that the old home used a hoist, but her brother is now able to stand independently.

A relative described her relative as: “Always well dressed and clean.”

Overall, relatives were very happy with the way that staff cared for their loved ones and stated that they felt respected by members of staff. They also expressed that they had been made aware of the complaint’s procedure.

Both relatives expressed that they were happy with the mobile hairdresser visiting the home but would also like a newsletter to be provided to be kept up to date with activities.

## Care home staff

### General

The team leader has been at the home for a number of years. She is a permanent member of the team and works in shifts. In addition to her caring responsibilities, she also manages other staff members and assists with admissions and paperwork.

A staff member who has worked at the home for eight years feels very happy working at Penn House. She also stated that she cares for residents as if they were her own family, with respect, dignity, and compassion.

"I enjoy being here, it feels like a family."

### Staffing

There are currently five staff members (including the senior staff member) to meet the needs of 19 residents.

Some staff stated that although they can meet the needs of all residents, they feel rushed. They like would to have more time when interacting with and supporting residents with their personal care and daily lives. Time taken for admissions and paperwork means that they cannot spend as much time with residents as they would like to. They feel that additional staff would be beneficial.

### Spending time with residents

Staff stated that their time to engage with residents is limited by their duties and as there is currently no activity coordinator available, activities are limited. One did state that there are books, games, and puzzles available to help with activities.

A staff member stated that they have been working in care for over three years, so they have good experience to offer in their role. However, they would like residents to be able to leave the home and go out more.

### Support for staff

Staff stated that the manager is very good and provides support to staff members.

## Acknowledgements

We would like to thank Penn House, and all the staff, residents and relatives for a friendly welcome and unlimited access to premises and activities.

# Provider response

Lee Smith, Home Manager at Penn House responded to thank us for the report and said:

"I can confirm that all new dementia signage is placed around Penn House. We are currently in progress of bedroom doors been painted different colours and residents names are placed on bedroom doors in snap frames.

"In the main lounge we have an electric clock that displays the day, date and time.

"We currently have 13 residents. We have an activities post on rota part-time; we are looking to change this to a full time position in the future and review the activities program within Penn House.

"We use a dependency tool to ensure we are covered with sufficient staff this is reviewed regular.

"Our outside area is now completed and we have an enclosed garden for the residents to use.

"The placement of the telephone in the lounge will be reviewed and it's planned to be moved to a more private place.

"Health and safety audits are completed monthly. The issues that you identified on your visit have been actioned. Health and safety is discussed in daily team meetings."

## Contact us

### Healthwatch Wolverhampton

Regent House  
Second Floor  
Bath Avenue  
Wolverhampton  
WV1 4EG

[info@healthwatchwolverhampton.co.uk](mailto:info@healthwatchwolverhampton.co.uk)

0800 246 5018

[healthwatchwolverhampton.co.uk](http://healthwatchwolverhampton.co.uk)