

Enter and View report

Atholl House Nursing Home,
Wolverhampton

26 March 2025

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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: Atholl House Nursing Home, Wolverhampton

Visit date: 26 March 2025

About the service

Atholl House comprises of 84 single rooms; en-suite facilities are available. It is owned and managed by Caram Group. Accommodation is provided on three floors, each with its own dining room and lounge. The ground floor is reserved for general nursing care, while the upper floors cater for people with dementia.

Residents that are admitted to the home for both long and short-term care are welcome to personalise their rooms subject to health and safety regulations. There are adapted bathrooms and toilet facilities to meet the needs of people with physical disabilities.

Throughout the home there are communal areas designed to promote social interaction and quiet areas where private time can be spent with visitors. Lifts serve the second floor accommodation and the site is wheelchair friendly throughout. The home provides varied menus to meet individual preferences and caters for people with specific, medical dietary requirements and different cultural and religious beliefs.

Atholl House is audited annually to ensure that all aspects of infection prevention meet legislative recommendations.

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 seven authorised Enter and View representatives. Information was collected from observations of residents and staff in their day-to-day situations, interviews with staff, residents, relatives and the Registered Manager for the home, against a series of agreed questions. The team spoke to the Manager, six staff members, seven relatives and eight residents individually, plus approximately 15 residents in a group in the activities room.

Authorised Representatives

- Stacey Lewis (Healthwatch Wolverhampton Manager)
- Harrienne Creswell (Staff member)
- Luke Guy (Staff member)
- Andrea Cantrill (Staff member)
- Mahnaz Khalafehnilsaz (Volunteer)
- Kokeb Haben (Volunteer)
- Aridjara Mazani (Work Experience)

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.

Atholl House was made aware that there would be a visit by Healthwatch but no specific date was given. Staff made us welcome, and the Manager made herself available throughout the day.

Key findings

Physical environment

- Some rooms need repainting and outside areas tidying up. For example, the front garden and car park area had a lot of litter and discarded cigarette butts.
- The lift was broken, making it difficult for some residents to move between floors and staff to carry food up and down.
- There was an unsafe floor mat on the ground floor, with edges lifting up, making it a trip hazard. Loose wires were hanging down from the automatic clock, that could be pulled causing the clock to fall.
- Not all resident's doors had name plaques.
- TVs and radios were left on when people weren't in the room; we acknowledge residents may have recently left the area.
- A member of staff was mopping and didn't put the 'wet floor' sign up until near the end.

Communication

- There is poor communication between the hospital and the home, with a lack of understanding of who the home can accommodate. The hospital doesn't always meet the placement needs and capability of the home.

Getting out and about

- There is currently no way for residents to get out independently. A taxi has to be provided by the family, and a member of staff is needed to go with them. The home would like a minibus.

Laundry

- We heard how clothes go missing and some relatives would like to wash clothes onsite. We understand this is an issue in a lot of homes. The Manager is aware of it and has tried many different options to solve the problem.

Activities

- Some residents that have mental capacity to do activities but are not able to get out of bed, appear to lack activities suited to their needs.

Recommendations

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

1. Address the rooms that need repainting, including the downstairs ceiling.
2. Remove litter, cigarette butts and the discarded fireplace from the outside areas. Provide a cigarette bin and clearly mark the smoking area.
3. Identify the source of the urine smell and consider replacing the flooring to remove the odour.
4. Fix the lift (we understand the home was waiting for a part).
5. Tape down the ground floor mat so it is no longer a trip hazard. Make safe the clock wire to avoid it being pulled. Undertake further training with housekeeping staff to ensure safety measures are taken when cleaning is in progress.
6. Provide name plaques for each resident's own room.
7. Work with CQC, ICB and the Council on improving communication between the hospital and the home, to avoid unnecessary distress to families through inappropriate placement. The hospital needs to work with the home to gain better understanding of who can realistically be accommodated and catered for.
8. Setting a longer-term action plan to provide a minibus for the home. Some homes have achieved this through provider investment, community fundraising and partnership with other homes. A minibus isn't essential, but it would be very valuable. It would help residents socialise and get to appointments, which would also ease the burden on both staff and families.
9. Review activities for residents who are bed bound so that they have more opportunities to participate in meaningful activities.
10. Look at best practice within other homes to see if there is a better solution to prevent missing laundry.

Observations and findings

Physical environment

Outside area

There was litter at the front of the building and cigarette butts by the entrance (the smoking area wasn't obvious). The garden at the back was overall good, just needing a seasonal tidy and a discarded fireplace removing. This area can be accessed by residents via the ground floor communal rooms. The road is quiet.

Inside area

The entrance was welcoming and clean, although there was a smell, possibly from water damage. The entrance is to the side of the building and it is not immediately obvious where to go. The receptionist was welcoming, the hand sanitizer was topped up and we saw plenty of PPE (Personal Protective Equipment). Some walls needed repainting and there was water damage on the ceiling. Some areas had wallpaper and parts had torn. In one area there was a lingering smell of urine. The home was well ventilated. Ground floor corridors were

quite narrow; wheelchairs could get through but not pass. There was no toilet paper in the bathroom located here. There was a floor mat that was partly taped down creating a trip hazard. Floors, doors and rails were all contrasting colours, as were light switches, toilet seats and flushes. Automatic clocks with date and time were clearly visible on each floor but did have a hanging wire, that could be pulled. We couldn't see books available for residents use but there was an internet café and cinema room. Our poster was well displayed saying we would be visiting.

Rooms

There were a variety of spaces including quiet areas, small and large communal rooms. Chairs were arranged in groups and some rooms had TV or radios left on when no-one was in there; we appreciate residents may have just left the area. Most of the resident's rooms were clean and tidy, personalized, had adequate storage, and had somewhere for visitors to sit. Overall resident's rooms were good, although not all rooms had names on the door.

Food

Residents have a choice of meals. The menu is rotated every four weeks and updated seasonally. Dietary and cultural requirements are catered for. During our observation of lunch, it smelt and looked good and appeared to be hot. Residents told us if they didn't like the food, the kitchen will accommodate, asking what they would prefer. We saw staff checking a list before giving out meals and they got the food out quickly. Visitors told us they can get a meal too, so can eat with their relative. Snacks are available. Two people told us it wasn't cooked well or was soft. Staff helped residents with eating if needed.

Communication

The Manager told us she has an open-door policy for relatives, and they can ring anytime. She tried having family meetings but only a couple of people came. They do have regular residents' meetings which families can attend, alongside surveys for families, health professionals and residents, as well as a suggestion box in reception. We were told only 10-20 residents have family visit, but while we were there, we saw several visitors, who were happy to talk to us. Four husbands visit daily.

Staff

There are a total of 103 staff (12 nursing) providing a ratio of 1:3 or 1:4 depending on need. The home are meeting the needs according to the staffing tool used but would like more; residents told us the same. Staff are required to have an enhanced DBS and give two references; they have initial training then shadow an experienced member of staff for as long as required.

Other services

Dental care: Provided by Dr Banda in Cradley Heath.

Pharmacy: Located on Cannock Road.

Doctor: Based at Thornley Street Surgery, we were told GPs no longer come to the home. Staff also told us they have a problem registering deaths - families chase the care home, but the delay appears to be from the GP.

Podiatrist and chiropody: Services visit the home.

Eyes and ears

The home use 'Vision Call' (now [Outside Clinic](#)) who test eyes and hearing. The Manager told us there was no longer a service in Wolverhampton that did microsuction for earwax removal, and they have to use a private company that families must pay for. The audiology service at West Park Hospital do hearing aids but not cleaning ears.

Specialist training

We were told most staff are dementia trained, nurses can do insulin, catheter and syringe drivers. They are looking into training for managing difficult needs and would like training on falls. They used to get training on nutrition but no longer receive it due to staffing cuts. They would like to bring it back, along with hydration training. They have close links with Compton Care for end-of-life needs.

CQC

They have an action plan and have monthly clinical governance meetings, looking at training and staff behavior. It was reported to us that some staff can come across as rude; the Manager is monitoring this and had to terminate the contract of one staff member.

Hospital discharge

This is challenging as discharge notes and care plans don't always reflect the realities of the patients. There have been cases of patients being discharged and dying very quickly after arriving at the home. This is very distressing for families who hadn't been told their relatives had been discharged to the home. Families are also told by the hospital their resident will be given physio, but they don't have this facility. The Manager said they are pushed into taking people they cannot cater for, for example they were asked to take a 290kg person who would have needed eight staff to move, they are given equipment but the rooms cannot accommodate it and she feels it isn't fair on the resident.

Interactions

Staff

Staff spoke with us as we walked around. We saw them chatting with residents while doing activities and encouraged them to do things for themselves. We were told that due to the lift being out of order, one resident's mobility had improved as they wanted to continue to move between floors to join in activities and eat with others (but didn't want to move room). Staff were friendly and appeared to be person-focused, respecting people's sensibilities and addressing them by their preferred name. They appeared to work well together. There were staff who could speak different languages so could communicate with some residents who didn't use English as their first language. Staff also use Google translate. One staff member told us they transferred here because the care, training and staff are good. They seemed aware of diversity needs and told us they would take residents to hospital and GP appointments, and to the shops. Staff told us they felt they had enough time with residents and were able to provide person-centered care, putting resident's needs first. They said they check the MAR (Medication Administration Record) charts morning and night, and examine if signatures were missing.

Personal care

Residents appeared well groomed, were dressed appropriately and their hair was brushed. Staff were friendly, cheerful and tactful in interaction with residents. Residents told us they have a choice of food and clothes.

Activities

Residents told us staff do parties for them and celebrate events like Halloween. There were photos on the wall of activities that had taken place. We saw residents playing games in the dining room. The activities timetable was on the wall and residents were doing the activities advertised. Staff will take on board any activities not advertised. We were told they would love a minibus, as the only way residents can get out is if staff take them in a taxi (which families pay for), but they can't always spare the staff.

Relatives: Overall the relatives we spoke to were happy with the home and care provided.

Person Centred Care (PCC)

There were some people with dementia of different religions and cultures, staff managed this clearly and had a good understanding of the meaning of PCC. Some staff could communicate in the resident's first language, if it wasn't English, so respecting their beliefs, culture and interests.

What people told us

Care home residents

Food

- "[I] really like the food, its hot [and] is just enough." They told us they can sit where they like and can choose what they want.
- "The kitchen can whip something up." (Referring to choice and flexibility.)
- "Food is quite repetitive." (Rated it as 7/10.)
- One resident told us they are given food they don't like.
- "[I] can't speak highly enough about the food."
- "Lunch is very good." They told us they have refreshments and like living at the home.

Activities

- There are "A wide range of activities and [residents] can follow [their] own interests."
- "[I] have made friends here."
- One resident told us they come from upstairs to do the activities and "Likes to talk to the Activities Coordinator."
- One said they don't do activities as they are "Stuck in bed."
- "I get to see other residents and can have visitors anytime."
- Most liked the Thai chi sessions.

On staff

- "Staff listen and have time - though not much."
- "Staff talk nicely to me."
- Residents can get their hair cut if they want to.
- "Nursing staff are great and have good conversations."
- When we asked what do you think of the staff, one resident said they decided not to give an opinion, but then said "Rubbish."
- One resident said they felt 'threatened' about cross contamination adding: "They don't change their gloves as often as they should."
- Another said they "Like living here, family visit from all over, staff are nice." (And they really liked the one who 'ran the ward'.)
- "[I] can talk to the staff and felt listened to."

General

- One resident told us they felt "Frustrated and distressed."
- One said they had come for three weeks and had been there three years; the resident was not happy with this.

- “Things get lost in the laundry even though they are labelled. Once a resident had clothes lost for six weeks.”
- Another told us they can go out if family come: “I went to the pub with my nephew for food.”
- A resident told us they were concerned it was short staffed and felt they couldn’t ask staff to go out for the day as they “Don’t want to bother the staff.”
- “Lift needs to be fixed.”
- “No problems.”
- One resident told us they would like to visit their sister who is hospital but can’t find a carer to take them. They can ring her on the phone but not as much as they would like.
- Another said they liked it here, “But would like to get out more.”

Family and relatives

- One relative told us they felt their mum was well looked after, even though she refused personal care, so sometimes goes to the dining room ‘smelling unusual’, but staff always notice and change her clothes. They said the staff and Manager are always available, adding they are called to meetings by email or phone, where they can talk about anything and things they would like changed.
- Another told us: “[The home] is well organised and run, food is good and fresh, [with] easy access to snacks. The staff are friendly and know your name, it is well managed and basic needs are met.” They added: “The lift needs fixing.”
- Another told us their relative: “Gets on well with staff [and] smiles for them.” They said the relative used to do activities but doesn’t now. They can visit freely, staff are respectful and they are kept informed. The staff always ask if they would like a cup of tea, when making one for their relative. They felt their relative needed one-to-one care but knew they wouldn’t get that in another home. However, the staff are friendly and they consider the home ‘wonderful’ – staff ask if they have any concerns, but they don’t have any. “If their clothes aren’t labelled, they won’t come back, this is standard [across homes]. The laundry girls are great. There are always visitors, pets come in and children, [I] can visit anytime. The food is good”.
- Someone else said that relatives are called for meetings to gather opinions, “Though not a lot of them showed up.”
- One relative told us that personal care is given to residents as required, or after relatives have complained, but sometimes the resident refused.

Management and staff

- One staff member said: “[We] have good teamwork.”
- Another said: “Training was good.”
- And another told us: “[They] will help residents find what they need, like a book, or the Manager will, and key workers will accommodate their needs.”
- One said: “If they manage time, they had enough time with residents. They will wash and dress them and give them a drink at the same time, and offer them the choice to stay in their room or go out.” After we asked if residents had a choice about personal care, they added: “[Residents] can shower daily if they want.”
- We were told they have daily flash meetings and staff felt they could speak out and were heard.
- Someone else said they “Liked working here and gets to know the residents.”
- Another added: “It’s well led and managed.”

Acknowledgements

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

Provider response

Communication – *There is poor communication between the hospital and the home, with a lack of understanding of who the home can accommodate.*

Response: “I am quite confused with this. Our issue was we are not receiving good handover from hospital. We admitted a resident who has entered terminal phase of life; on the handover we were told that this lady was medically fit for discharge. On arrival to Atholl House the resident was dying and that we had to call the family to come as soon as. We also had cases of hospital sending the resident to us and not giving us the handover, or sending the resident without medication or wound dressing.”

Getting out and about – *There is currently no way for residents to get out independently. A taxi has to be provided by the family, and a member of staff is needed to go with them.*

Response: “There are other means to go out. We had a gentleman going to a day centre using Ring and Ride transport but this need to be booked in advance due to availability. Resident’s families are happy to take them in their own car, but we do not have our own transport at Atholl House. Some family also prefer to use a taxi as it takes longer for the resident to come back to Atholl House when they finish their hospital appointment. We have enough staff to escort residents but we need to know the appointment in advance so we can arrange this.

“It was suggested by one of your colleagues about having private transport. I explained that we will need to raise a lot of funding to have this. If anyone can support us with this we will be grateful.

“The Home is scheduled for some refurbishment which was mentioned during your visit. Lift issues – we moved all residents downstairs for the time being as the lift is still not in use. Plan was to replace the whole system. The Daffodil unit is empty.”

Contact us

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