

# Enter and View Report

Mill House- Bilston  
Unannounced Visit  
22nd November 2018



**healthwatch**  
Wolverhampton

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## What is Enter and View

Part of Healthwatch Wolverhampton's remit is to carry out Enter and View visits. Healthwatch Wolverhampton 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 such as hospitals, residential homes, GP practices, dental surgeries, optometrist and pharmacies. 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 that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Wolverhampton's 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 Wolverhampton's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

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## Provider details

Mill House, 51 Mount Pleasant, Bilston, WV14 7LS.

Manager:

Client type: Persons who require nursing of personal care, dementia, caring for adults over 65 yrs.

## Acknowledgments

Healthwatch Wolverhampton would like to thank the Registered Home Manager, staff and all the residents 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 Thursday 22<sup>nd</sup> November 2018. The report does not claim to represent the views of all service users, only those who contributed during the visit.

## Authorised Representatives

Mary Brannac, Lead Authorised Representative

Rasham Gill, Authorised Representative

Raj Sandhu, Authorised Representative

## Who we share the report with

This report and its findings will be shared with Mill House Care Home, Wolverhampton City Council, Councillors, Wolverhampton Clinical Commissioning Group (CCG) and Care Quality Commission (CQG). The report will also be published on the Healthwatch Wolverhampton website.

## Healthwatch Wolverhampton details

Address:

Regent House

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

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## Healthwatch principles

Healthwatch Wolverhampton'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

This unannounced Enter and View visit was carried due to complaints received by Healthwatch Wolverhampton.



Mill House Care Home

## What we did

Upon arrival at Mill House, Authorised Representatives introduced themselves to a member of staff and presented a introductory letter detailing the purpose and remit of the visit. Authorised Representatives were asked to sign in and were treated in a courteous, friendly manner. Authorised Representatives then engaged with a number of residents, staff and the manager.

## Findings:

### Environment

#### External

The exterior of the building was in good condition with no obvious issues that would cause concern. However, there was a smashed cigarette container by the entrance to the garden.

#### Internal

The interior of the building was tidy and clean and there was hand gel available in the reception. When entering the reception, it was observed that there was a slightly unpleasant odour. A notice board was visible, which informs residents which staff are on duty that day, events such as: school visit, church visit etc.

In the lounge there was a number of staff members with residents. The lounge was clean and tidy, with a TV, various paintings and a notice board for the residents and visitors.

There was also a dining room with residents present in there at the time of our visit. There was a TV in the lounge area, but it was felt that it may not be positioned in the best place to ensure that everybody could see it. The room felt airy and spacious. In terms of food, the residents seemed to be happy with what was offered, but there was also the option of choosing something different if they did not want something from the planned menu.

There were no obvious risks or issues during our visit.

### Essential services

Mill house had regular medication reviews done by Dr Hutchinson from New Cross Hospital. They also have regular visits from chiropodist, dentists and other medical professionals.

There were appointments made for patients for reviews and check-ups. The residents care plans were also reviewed on an ongoing basis.

If any of the residents become ill, staff were able to call the Rapid Intervention Team (RIT), NHS 111, 999 or their GP.

We had no concerns about the residents ability to access additional service based on the feedback and discussions we had during our visit.

## Access

The residents seemed happy at the home and they told us that they felt safe. because they were treated fairly. There was no sign of discrimination or harassment taking place, and no feedback or concerns were raised with us during our visit.

## Safe, dignified and quality services

The residents were supported by staff when they need to access different services and they were given the choice based on their preferences and needs as to what services they were referred to, when and where.

To meet individual needs, the home used “care passports” which mapped out their needs, and their past care and treatments etc. They also used picture cards and phrase books to help communicate with residents.

Staff ensured that personal care was being carried out in private and in a way, which maintained the dignity of the residents. Residents had the ability to talk on a one to one basis to discuss any concerns, or topics they might want to talk about in private.

There were fall prevention measures in place and the walkways were kept clear to ensure that there were no trip hazards. There was a process if somebody falls, 1. Check the resident, 2. If severe, call 999 and 3. record it in the folders.

If there were any concerns from the residents, then they would be received by the manager who would follow their procedures and policies regarding complaints or Safeguarding.

All residents had risk assessments completed as part of their care plans.

## Information

There were notice boards available with a range of information on them. Staff communicated with residents about their care and treatment as well as any opportunities or changes that may have been taking place at the home

If any of the staff members has any problems, they could talk to the manager who is able to help them. Staff wore different colour of uniforms, depending on their role. We did not observe any information that helped to identify staff based on their uniforms colour.

There was plenty of information available to staff, residents, relatives and visitors.



## Choice

The residents could choose what clothes they want to wear. There was a limited choice of food on the menu, but residents could have something else if they ask. Residents had a choice over when they went to bed and when they woke up. Residents could also choose what programme they want to watch on the TV in the lounge but of course with multiple people in the lounge this could be difficult. Some of the residents had a TV in their room. Residents were also able to contact friends and relatives when they wanted to.

## Being listened to

There was a person that did not feel that their opinions were listened to, but they did say that they preferred “to keep my thoughts to myself”. Most of the residents that engaged with us did feel able to ask questions or raise concerns. They also told us that they felt their feedback was listened to.

We did not see any information that provided feedback to the residents following any feedback the home had received from them.

## Being involved

At the home there were organised activities and outings, residents told us that they enjoyed these and that they felt able to take part if they wanted to do so.

Some residents did explain to us that they felt lonely since they don't have family or visitors. The staff were trying to help them to get in touch with groups etc. if that is what the residents wanted. However, some of the residents refused this support.

## Experiences and Observations

### PATIENTS:

1. There was residents that was not formally diagnosed with dementia; however, the son said that the resident had “very mild dementia”. The resident was scared because of a bell that would ring.
2. This person said “I can use the telephone anytime I want” and that they liked being in the home and called it a “nice and warm place”.

### Family and Visitors

A person said that they were ‘Happy with the care that their parent received, after some incident. This has all been sorted now.’

## Recommendations

1. Where possible, ensure that bad odours are dealt with to ensure that the home is a pleasant living environment
2. Where possible replace or remove broken items such as the cigarette bin by the garden
3. Introduce a team board, which explains what each uniform means and the roles of the staff
4. If there is not already, introduce a “You said, We did” to feedback to the residents
5. Approach the Social Prescribing team, who may be able to help reduce residents feelings of isolation and loneliness. Healthwatch Wolverhampton can put the home in contact with them should they wish to approach the team.

## Provider feedback

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