

# **Enter and View report**

Primrose Hill Nursing Home,  
Wolverhampton

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30 October 2023

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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:** Primrose Hill Nursing Home

**Visit date:** 30 October 2023

## About the service

Primrose Hill is a purpose-built modern home located on Fallings Lane in Wolverhampton. The home is registered with the Care Quality Commission (CQC), it has space for 44 residents and currently has 40. It accommodates people who require nursing or personal care, treatment of disease, disorder, or injury, caring for adults over and under 65 years, dementia, mental health conditions, physical disabilities, sensory impairments. All residents have their own room with bathroom and there is an activities room, with coordinator.

## 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. We also gathered feedback for this home.

## How the visit was conducted

We tried contacting Primrose Hill on more than one occasion to arrange a pre-visit to explain and discuss the process and ensure the actual visit took place smoothly. However, the home did not take up this opportunity.

The visit was carried out by four Authorised Representatives. Information was collected from observations of residents in their day-to-day situations, including lunch, interviews with staff, residents, relatives, and the Service Manager, against a series of agreed questions.

The team spoke to the Service Manager, the Activities Coordinator, three staff members, one relative and three residents.

The team referenced the latest CQC report (December 2022) and a final discussion took place to review and collate findings.

## Authorised Representatives

- Stacey Lewis (Healthwatch Wolverhampton Manager and LAR)
- Wendy Stephens (Volunteer)
- Hina Rauf (Staff member)
- Andrea Cantrill (Staff member)

**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 written by the Lead Authorised Representative (LAR) who carried out the visit on behalf of Healthwatch Wolverhampton.

## Visit overview

The visit was part of Healthwatch Wolverhampton's quality monitoring. Primrose Hill was made aware that there would be a visit by Healthwatch, but no specific date was given.

When we arrived, the outer front door was open and the inner door locked, the bell was answered promptly. We were welcomed by the Receptionist, who then called the Manager who gave us a brief overview of the home. We discussed our plans for the visit and were then given a tour of the home as a group and advised on who had capacity to talk to us. The LAR and another Authorised Representative met with the Manager to discuss the running of the home, and Authorised Representatives also talked with residents, staff and relatives. At the end of the visit all Authorised Representatives met to brief each other as well as the care home Manager and her leadership team about the findings.

# Key findings

- Our overall impression of the home was positive. The home and staff members were all very welcoming. The Manager made herself available for the duration of the visit.
- Meals appeared good and a choice was offered; one resident said they were bland, another said they were good. We witnessed a resident who missed breakfast but was offered toast and another wanted cake and cake was brought! Staff were on hand to assist with meals and drinks. Residents can make their own drinks, supervised by a member of staff. Relatives can also have a meal if they visit during mealtimes. The menu was very small and hard to read.
- Staff morale seemed to be fine, with members of staff expressing that they are content with their employment and receive adequate training, one staff member said they would like in person training, but others liked it online. Staff were happy to speak with us. The ones we spoke to had been there on average four years. However, one staff member told us that new starters caring ability is not always up to standard which negatively affects the care residents receive.
- Interactions between staff and residents were observed to be meaningful and person-centred. One resident said: "It feels truly a care home – one that cares." But we also witnessed a staff member being quite short with a resident who wanted to go out for a cigarette after a meal, saying: "What did I tell you? When we're finished" as opposed to another who said: "Yes, I promise, when we're finished."
- There was one Activity Coordinator in post, and the home was in the process of employing a second. A schedule of activities planned for residents was displayed on a notice board. There seemed to be a range of activities suitable to needs. The garden room was set up for a Halloween party the following day, relatives were encouraged to attend.
- We witnessed a resident trying several doors looking for their room, going into another resident's room and causing distress to them. We were told by a relative that when they had come to visit, another resident was sat in the chair in their parent's room and the parent had told them they had woken up and another resident was laying on their bed, which had caused distress.
- We noticed clocks that were not displaying the correct time which we felt could be disorienting.
- All areas were accessible with lifts between floors.
- Signs were small and there was only one resident's room with their name on. Communal toilets were marked with words and pictures.
- The rooms we visited seemed sparse and not very homely, and we couldn't see anywhere for visitors to sit. The Service Manager commented that these rooms might have been 'Discharge to Assess' beds which have a quick turn around and that other rooms are different.
- There was separate space to meet relatives or have a quiet space.

# Recommendations

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

1. Make the residents doors more personal and easily identifiable.
2. Support and encourage residents to personalise their rooms or add personal items.
3. Address the issue of residents finding other residents in their room and the distress caused by dementia wondering by reviewing care plans to understand why residents are walking about, what they need and find a way for them to do so safely. This can often help to manage the situation.
4. New starters should have extensive monitoring and buddying with experienced staff for a longer period of time.
5. Ensure clocks display the correct time.
6. Make the mealtime menu larger and easier to read.
7. Continue with the work on the garden to make it more inviting and a place where residents can be active.
8. Continue with the redecoration to create a calm and welcoming space as well as ensuring it is dementia friendly.

# Observations and findings

## Physical environment

The outside area had raised beds and residents could walk all the way round, but it needed a lot of work. Residents could only go out with a member of staff. We noticed there weren't many flowering plants, vegetation or garden decorations etc.

The environment of the home was bright and clean, but the decoration was confusing (the Manager told us this was due to be changed soon).

The corridors were clutter free, with contrasting floor and wall colours and visible handrails. The communal spaces were clean, tables were laid for lunch in the dining area. The maintenance person was around doing 'odd jobs'.

Each room had a bathroom, but the door was the same colour as the walls.

Communal toilets were signed with a picture and words.

Signs were quite small, and the dining room was signed as 'The Ritz' which although went with the theme of the home, it wasn't clear it was a dining area.

Chairs were arranged in groups and there was a choice of rooms. There was background music playing. There were books and games in the garden room, but a member of staff was needed to open the door using a security code.

## Interactions

Staff and residents seemed to have a good relationship. The Activities Coordinator told us she used to be a carer here and this has given her a better understanding. She noticed one day they weren't interacting with activities, then realised they'd all had the flu and covid jab, so they did gentle reminiscing. Residents looked engaged in activities, with staff and residents laughing. They seemed to be encouraged to do as much for themselves as they could.

## What people told us

### Care home residents

The Manager informed us there is a monthly residents' meeting with a mix of residents and they take feedback using pictures, videos etc.

One resident said (about the home): "It's alright but not like being at home - staff are good to me."

Another said they are free to shower when they want, they have a laugh with the staff and get help when needed. Overall, they were happy here, but it did depend on the other residents.

Another said they could visit the garden if they wanted to and watch TV. They liked to walk in the garden and felt they could if they asked. They felt safe. They felt they had friends there and did activities with them. They would like to be more active. They felt they could choose if a male or female attended to their personal needs and that their privacy and dignity were respected, choosing their own clothes, and doing as much for themselves as possible. They felt they could talk to the staff saying: "I like them, and they like me."

Residents ate together in the dining room, one told us: "The food is warm, and I enjoy it."

### Family and relatives

The Manager informed us residents can make contact with relatives (and vice versa) using WhatsApp, telephone and Facebook, they have monthly relatives' meetings, do surveys and have a suggestions box. The home offers a 24-hour visiting policy. If relatives are there over mealtime, they are welcome to have a meal.

### Comments from a relative

A relative told us there was a problem with clothes going missing and residents wearing clothes that weren't theirs. They felt they would like to be more involved in the admission process. They would have liked a phone call saying their relative was being moved here so they could have been there and felt it could have been improved with more information. The relative hadn't been involved in writing the care plan and had to keep asking what was happening. They felt that although their parents were bedbound, their mind was sharp and needed more stimulation, which they couldn't get with other residents.

### Care home staff

The Manager has been in post two and a half years, there is no deputy. They use Indeed and My Focus Care for recruitment, the Manager then interviews with a colleague, then it goes to Head Office (paperwork is checked in house), the member of staff then buddy up, with a three month induction, after five days intensive training. There is a total of 73 staff. Two nurses at night and two or three in the day. There are five open vacancies but they are not short staffed. There are nine domestic staff, one on each floor, who do every room every day, then one room is deep cleaned each day. She was finding people are applying as they need a job or sponsorship, rather than for the love of it. Language/ strong accents can be a barrier. No retention problem. There is an 'Ambassadors Board' where each person has their own role listed.



Rehab and physio are offered if needed, arranged through hospital but residents may not comply.

We observed the person serving food was quite abrupt and seemed frustrated with a resident.

A staff member said: "Everyone gets involved, staff get on like a family, we will be dressed up for the Halloween party and dance with residents and get them involved." They also mentioned they have car boot sales and Christmas and summer fairs, noting that people will come in on their days off to get involved.

### **Comments from Service Manager**

A typical day is breakfast at 8.30am, but residents are welcome to eat when they are ready. Personal care is offered but again, residents can choose. Then there are daily activities such as armchair exercise, reminiscing and outings. She found morning is better as they get tired in the afternoon. They have soft music playing at mealtimes and are offered the menu in the morning but can change their mind. Meals are sourced from an external company as there is a shortage of chefs. Food is heated onsite and can be pureed if needed. The menu changes seasonally and dietary requirements are catered for. They consult with residents to see if they are enjoying it and monitor what comes back to the kitchen. Dinner is at 4.30pm hot/cold buffet. Snacks are always available.

She said it was hard to get a dentist due to complex needs but residents dentist needs are met.

Optician, podiatry and hairdressing services come to the home.

The Manager said there are few action plans outstanding from inspections. The training record for staff is monitored and she offers 24-hour visit to ensure families spend as much time with their loved ones as possible and to be inclusive of visitors working pattern. She talked a lot about her commitment to accept residents with challenging needs as she doesn't want to exclude people who struggle to get care elsewhere. This can result in challenges, but the home manages it the best way they can. She also said effort is made to take residents out, but this very much depends on a number of factors including residents own safety and others they will come in contact with.

## **Acknowledgements**

The Healthwatch Wolverhampton Enter and View team would like to thank the Manager and all staff, residents, their families and friends for a friendly welcome and unlimited access to the premises and activities.

## **Provider response**

- 1. Personalising resident rooms:** During the recent refurbishment of our home, we ensured that all personal items belonging to our residents were safely stored and have now been returned to their rooms. We strive to personalise each room, especially for those residents who are here for short stays or those without family. However, it's important to note that personalisation depends on the availability of personal items. On your visit you were directed to rooms that had already been completed and evidenced the personalisation that we encourage.
- 2. Encouraging personalisation:** We actively engage with the families and loved ones of our residents upon admission, highlighting the benefits of having familiar items in their rooms. We promptly install any items we receive. For residents without family or loved ones, we work diligently to secure personal items, but this can sometimes take time.



Our philosophy is to provide holistic, excellent care in a homely environment, and we do everything possible to achieve this.

3. **Addressing wandering residents:** We acknowledge the distress caused by dementia-related wandering and have implemented person-centered care plans to understand and safely manage such behaviours. Our residents are free to move around their home, and we've taken measures to maintain privacy, such as painting doors individual colours and adding name slots. We've also consulted with dementia specialists and made necessary adjustments, including the use of door gates after thorough assessments and discussions with advocates, loved ones, and the residents themselves.
4. **Induction for new starters:** Our new employees undergo a comprehensive induction program, which includes a five-day induction with a buddy who guides them through their three-month induction period. We believe this system works well, but we value feedback and will use it to continually assess and improve our induction process through staff and loved ones surveys and staff meetings.
5. **Clock display:** We promptly addressed the issue of incorrect time display on our clocks. All clocks throughout the home have had their batteries replaced, and dementia-friendly clocks have been installed in all bedrooms. We understand the potential confusion this could have caused and are grateful for the feedback that allowed us to rectify this.
6. **Mealtime menu:** In response to feedback, we reviewed and increased the font size on our menus. We also introduced picture menus and flash cards for our residents. This swift action was made possible thanks to the valuable feedback we received.
7. **Garden work:** The refurbishment of our garden is now complete. We strategically planned the work to minimize disruption for our residents, ensuring the garden would be fully functional by spring and summer. Features such as a pond, water feature, and potential addition of chickens will enhance the calming effect of the garden and provide further outdoor engagement opportunities.
8. **Redecoration:** Our redecoration project is nearing completion, with only the ground floor corridors remaining. We've worked closely with dementia specialists to ensure the decor and signage are dementia friendly. While this action was already underway at the time of the visit, we remain committed to maintaining a high standard of decor to stimulate our residents.

## Contact us

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