

Enter and View report

The Leylands Residential Care
Home

Wolverhampton

31st July 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: The Leylands Residential Care Home, Wolverhampton

Visit date: 31st July 2025

About the service

The Leylands Residential Care Home is a converted house, residential care home for older people. It provides residential care for 21 residents, when we visited there were 19 residents (two vacancies). It is owned by the Angel Care Homes Ltd and managed by Balver Bisla.

The home provides care for people with Dementia, Learning Disability / Autism, Mental Health Condition, Physical Disability, Visual / Hearing Impairment, Permanent Care, Respite Care, Alcohol / Drug Misuse. When we visited it was mostly residents with dementia. Accommodation is provided on two floors, with most of the resident's rooms on the first floor and the remainder on the ground floor, where there are also two lounges, a dining room, kitchen and storage, and access to the garden. Bedrooms are either en-suite or have a basin, a commode can be provided if needed. The manager's office is on the second floor. The home has a cook, a cleaner, a senior and three carers during the day.

Purpose of the visit

To hear from residents and staff and find out their experience of living and working in the home, through talking to them and also speaking to relatives. 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, to hear the voice of the public and to provide the public with information.

How the visit was conducted

The visit was carried out by six authorised Enter and View representatives. Information was collected from observations of residents in their day-to-day situations, interviews with staff, residents and relatives, and the Registered Manager for the home, against a series of agreed questions. The team spoke to the Manager and Deputy Manager, three staff members two relatives and six residents. We observed most residents and staff going about their day.

Authorised Representatives

- Stacey Lewis (Healthwatch Wolverhampton Manager and Authorised Representative)
- Harriane Creswell (Staff member and Authorised Representative)
- Luke Guy (Staff member and Authorised Representative)
- Andrea Cantrill (Staff member and Authorised Representative)
- Sharon Lake (Volunteer and Authorised Representative)
- Mahnaz Khalafehn (Volunteer and Authorised Representative)

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.

After a pre visit where we spoke to the manager and deputy manager to explain more about the enter and view process, and what to expect on the day, The Leylands Residential Care Home was made aware that there would be a visit by Healthwatch Wolverhampton, but no specific date was given.

Upon arrival the door was answered, and our ID badges were seen. We signed in and sanitised our hands and gave consent to CCTV observation. None of us felt welcome.

Key findings

- **Activities** – There is a good range of activities, but the activities information boards were difficult to read as they were quite small
- **Food** – We felt there was little atmosphere in the dining room, residents seemed to eat and leave. It wasn't clear if people knew they had a choice of meals, but we understand the chef goes round first thing and speaks to each resident. The food planner was small and not easy to read.
- **Staff** – Seemed friendly and helpful but due to the set up of the home, we weren't sure they could speak freely. However, they did encourage residents to do as much for themselves as possible.
- **Décor** – Clean but is a bit tired, needs a little TLC. We loved the personalised door pictures.
- **Outside area** – There is garden debris on the back foot path (this may have come from a neighboring garden) and in the drains, blocking both. Residents can freely go into the garden, sometimes they are assisted by staff, the garden debris in the back walkway is a trip hazard. The garden is a lovely quiet space.
- **Inside** – There is no private space for residents to sit with relatives if they can't get into the garden or if the dining area is in use. The reception toilet doesn't have a lock, we understand this is due to residents locking themselves in, but it wasn't obvious which facilities visitors could use. One toilet is unstable as you sit down. There is no picture on any toilets. Some hand sanitisers were empty.

Recommendations

We would like The Leyland's Residential Care Home to consider the following recommendations for improvement based on our observations and findings from the visit.

- **Activities** – we would suggest that you make the board bigger and easier to see so that it can be more appealing and better caters to those with sensory needs and dementia.
- **Food** – Work with residents and staff to make dining an experience not just a necessity. Think about ways to improve ambience. For many residents, dining is the most important part of the day and with some further changes this could be achieved. As above, the food planner could be presented in a more accessible format
- **General** – We suggest an update to the décor as a priority when budget allows.
- **Outside** – Clear the garden debris from the paths and drains
- **Inside** – Signpost which toilet is accessible for visitors and inform them when they are new to the home. Fix the unstable toilet and put pictures on the doors to help with orientation and privacy. Monitor hand sanitisers to ensure they can be used.



Observations and findings

Physical environment:

Outside area – Overall good, but with some litter, including cigarette butts, and a traffic cone needing removing. We also noticed garden debris had been left after tree pruning, some of which was in the walkway round the back, and some was blocking the drain. There is parking for visitors on site and on the side road, with bus stops close by on the main road.

Inside area – Clean and tidy, just a bit tired. No unpleasant smells, well ventilated. Residents could get around with wheelchairs or walking frames, some of the corridors were narrower due to the age of the building. Floors, walls and ceiling were dementia friendly.

The communal toilets were clean, there was no lock on the one in reception and another was unstable, rocking when you sat down. Seat, flush handle and rails were dementia friendly. They were clearly signed and consistent, although there was no picture. We were told this had been ripped off by a resident.

Seating in the lounge and dining area were well arranged for the space, so residents could chat with each other. The dining area doubled up as a quiet space for residents to go with relatives, as did the garden in good weather. The garden was also the smoking area; however, people could sit further away in the garden. PPE was well stocked and in date, hand sanitizer was available around the home, although one was solar powered in a dark area and one was empty.

Rooms – The bedrooms were clean and tidy and well personalised. We all liked the door plaques that had the residents name and what their special interest was. There was adequate storage and a place for visitors to sit, although no residents stayed in their room.

Food – Residents had a choice of meals. Cultural, religious and dietary meals were provided (there were no vegetarians when we visited but were told they are catered for). Staff sensitively helped residents where required. We were told it is seasonal with a winter and summer menu, and on a four-week rolling programme, with a choice of two hot and two cold options. The cook will also do smaller items like eggs. Some families bring food in. Some staff, who have food hygiene, can cook onsite.

Observations and findings

Interactions

Staff – Were friendly and chatted with us as we went around. They seemed happy, although were hesitant to do anything without checking with management first. Staff (excluding management) were very friendly, accommodating and approachable.

They accompanied residents outside and were attentive. We witnessed a spillage that was quickly addressed with a wet floor sign being put up and the resident helped, respectfully. Staff chatted with residents as they went about their day, giving refreshments when needed. They were clearly passionate, alert and interested and encouraged residents to do as much for themselves as they can. They were cheerful and tactful. Staff work in shifts.

Personal Care – Residents appeared cleaned and well groomed.

Activities – Staff bring the Metro (a free paper) for residents. There is an activities planner in each room (we were told this was put together with residents), we felt this was small and hard to read. An activities coordinator comes in once a week and delegates activities to carers for the rest of the week. They assist residents where needed. We were told a handful of residents were engaged. Activities range from cake decorating to keep fit and we saw bingo. Some family members take residents out. Sometimes staff can take residents out, mainly around Christmas time. Some residents don't want to go out.

Relatives – We were told staff will ring families if there are any changes (e.g., with medication or health) and that some relatives are very involved, others they don't see. They have friends and family coffee afternoons on a Saturday, where they can meet staff, bring children, have a raffle, again some come, some don't, some don't have family. Relatives can put in a complaint by phoning in or via a comment box or book in reception.

Person Centered Care (PCC) – We witnessed this as staff went about their business, staff respected residents and their beliefs. They dealt with any issues in a kind and respectful manner, cleaning up spillages without drawing attention to it or making the resident feel uncomfortable.

Observations and findings

Communication

Residents – We were told there is a monthly residents meeting where they can comment on food or suggest activity ideas. If residents have specific needs around prayers, for example set times, it will be written into the care plan. Staff told us they have a “resident of the day” this involves focusing on one resident, alongside a deep clean of their room where sometimes they can choose their own bed linen.

Staff – Staff meetings can be hybrid to suit staff. They have a one to one every 3 months and yearly appraisals. To deal with issues arising “there and then”, staff can speak to the manager or deputy (who will ask the manager to call back). They have a whistleblowing policy and a WhatsApp group for each shift and all staff.

Staff we spoke to said they know how to raise a Safeguarding issue, understand the whistleblowing policy and how to escalate concerns to Wolverhampton Safeguarding Team. They have monthly staff meetings where they can also raise any issues.

The staff we spoke to were permanent (many worked there for years) and felt they had enough time with residents. It appeared that all staff are responsible for keeping residents hydrated and they can also help themselves to the refreshments. We were told staff have regular training both in person and online with the Care Skills Academy.

Recruitment – Most staff came via word of mouth or are recruited through Indeed online. They have a stable team; all have done mandatory training (level 2-3). All have a good level of English, some are bilingual. (sometimes residents don't understand accents). We were told the training matrix is up to date.

Observations and findings

Other Services

Pharmacy – CQP Care Quality Pharmacy.

Doctor – Pennfield’s Medical Centre. We were told this is slower after covid, and that they come in or residents go there.

Podiatry and Chiropodist – Come every six weeks. Some residents have their own.

Optician – Vision Care, who come in.

Hairdressing – Every two weeks someone comes in. Some residents have family who take them.

Specialist – All staff have done dementia training but there are no champions yet. Staff have manual handling and competency checks.

Action plans – The action plan has been signed off, but there is one red remaining.

Hospital Discharge – Due to poor discharge procedure, they had a gentleman sent to the home from the hospital who very sadly died before he had been given a room. They now have a 1-3pm cut off time for D2A. It used to be 7pm but they found this was too disruptive for residents with dementia. Some don’t come with medications, incontinence and mobility aids.



Social care



Hospitals



Dentists



Pharmacies



GPs



Care homes



Opticians



Emergency care



Community health

What people told us

Care home residents

"[I like] Coronation Street in the lounge, and the food."

"Yes, I like living here."

Do you think staff listen to you? – "Yes, the staff are nice."

And talk nicely? – "Yes, they talk nicely to me."

Do they understand your care and support needs? – "Yes, they do."

What time do you get up, and go to bed? – "Around 4am for the morning wake up and 7-8pm in the evening."

"[I do] arm exercises [to keep fit]."

"[I enjoy] bingo, coloring and painting."

"I like the garden, it's nice."

"[The cook] can make whatever food."

"The staff are very nice."

"My daughter visits, it's a nice place."

"There's no African/Jamaican food, I'd like that."

"Satisfied with activities."

Food – a staff member told us they heard residents ask to see the cook as it was nice.

What people told us

Family and relatives

“My mum is happy here, is doing well, no issues to report.”

“[Their] health has improved.”

“[They are] safe, protected, eating well and taking meds regularly.”

“[The home] is very good, staff are helpful, always get in touch if there are issues.”

“This place was recommended, nice that its small, more interaction here than before.”

“[Came] through social workers, admission was good, settled good, No relative involvement.”

“The move was good, hired a van, sorted her room out, sorted through staff.”

“Staff are always in contact.”

“There are treats in moderation.”

“[We are] involved in the care plan, [with] staff and social worker.”

“Staff get residents to mingle.”

“Can get food and drink whenever, resident and relative. Keep to the food plan though.”

“There is access to healthcare, doctor visits, [relative] always involved in care”.

“Know how to make a complaint.”

“[Relative/resident] likes it here, [I] visit as much as I can.”

“The food is good, two meals to choose from, once a week it changes.”

“Has to get involved in activities/ exercise.”

“Has agency on when they want to eat.”

What people told us

Management/staff

On the activities board being small – “Nobody here reads it, we go around and ask them what they’d like to do, it often changes.”

About our visit – “it felt like another inspection, feel picked on, I will not apologise [for not welcoming us] it’s how I feel.”

“I am passionate about my work here.”

“I enjoy interacting with the residents.”

“Feels like my second home.”

“[I am] able to deliver person centered care to most, if not all of the residents.”

“We really work well together; we all get on and management listen.”

“[The home] is clean but a bit dated,”



Acknowledgements

The Healthwatch Wolverhampton Enter and View team would like to thank The Leyland's Residential Care Home, all staff, residents and relatives, for sharing their views and experiences, and for unlimited access to the premises and activities.

Provider response

The provider did not send to us a response in the allotted time, an extension was given and a letter stating their duty to respond was sent.

Contact us

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