

# Enter and View Report

Sycamores Nursing Home  
Unannounced Visit  
23<sup>rd</sup> January 2019



**healthwatch**  
Wolverhampton

Healthwatch Wolverhampton, Regent House, Bath Avenue, Wolverhampton, WV1 4EG

Freephone 0800 470 1944

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

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

## 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.

## Contents:

	Page
1. Provider details	4
2. Acknowledgments	4
3. Disclaimer	4
4. Authorised Representatives	4
5. Who we share the report with	4
6. Healthwatch Wolverhampton details	4
7. Healthwatch principles	5
8. Purpose of the visit	6
9. What we did	6
10. Findings:	
a) Environment	7
b) Essential services	7
c) Access	8
d) Safe, dignified and quality services	8
e) Information	9
f) Choice	10
g) Being listened to	10
h) Being involved	10
11. Recommendations	12
12. Questions	13
13. Provider feedback	13

## Provider details

Sycamores Nursing Home, Johnson St, Wolverhampton, WV2 3BD  
Client type: Residential and Nursing Care, Dementia, Palliative Care, Nursing Care.  
Manager: Rosemarie Eagleton

## 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 Wednesday 23<sup>rd</sup> January 2019. The report does not claim to represent the views of all service users, only those who contributed during the visit.

## Authorised Representatives

Ashley Lovell, Lead Authorised Representative  
Mary Brannac, Authorised Representative

## Who we share the report with

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

## Healthwatch Wolverhampton details

Address:  
Regent House  
Bath avenue  
Wolverhampton  
WV1 4EG

Website: [www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)  
Free phone: 0800 470 7944  
Social media: HWWolverhampton

## 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 visit was conducted due to feedback received from a family member of a past resident, this visit was to observe the delivery of care and gain an understanding of resident's experience.



Sycamores Nursing Home

## What we did

As the reception door is kept locked, a receptionist opened the door for us and we were asked to sign in and use the hand gel. The receptionist then called the manager to inform them of our arrival. We went with the receptionist who took us on a tour of the building, taking us to each of the floors. We then walked the building on our own, observing the physical environment, talking to residents and staff.

This visit was concluded early due to medical emergency that took place whilst undertaking this visit.

## Summary

Overall, we felt this was a positive visit with some areas which demonstrated the homes willingness to provide safe and dignified space for its residents while also ensuring that the building is one which is stimulating. The efforts that had been made to make the building a homely as possible impressed the Authorised Representatives, it's clear that the home wanted its residents to feel as comfortable as possible. The staff's passion was clear, and they understood communication being key for both caring for residents and working together as a team.

However, there seemed to be a lack of response to the call assistance button, a limited understanding of some processes and a lack of urgency when there was an emergency. The level of care in that respect felt mixed, with some great work being done but also demonstrated some potential weaknesses in other areas.

## Findings:

### Environment

The Care Home was spread over three floors 1. Oak, first floor; 2. Ash, second floor; and 3. Elm. Oak and Ash wards were for residents who needed more care and Elm is for residents with dementia. Each floor had a nurse's station, which included files about the residents, 'Red bags' and notice board which indicated which staff members were on duty for that particular floor. It was observed that these were not always named.

We were impressed with the way in which the home has been decorated as floors 1 and 2 had a very welcoming and up beat feel to it due to the use of colour and fun pictures. The lounge also had a Mediterranean café feel and décor. Floor 3 was impressive as it was obviously different to the other floors due to the resident type, floor 3 being dedicated for people living with dementia. This floor had vintage movie posters from the 30-70's as well as historic photos of the royal family and iconic images. This floor is clearly aimed at bringing back good memories as well as develop a sense of familiarity for the residents on this floor. The home was investigating dementia friendly signage.

However, we did notice that the handrails in the corridors did not seem user-friendly, as even the more able-bodied authorised representative felt that it was awkward to grab and would not sufficiently support anyone with mobility issues or arthritis in their hands.

All the resident's doors have their names on them, and we understand that residents were encouraged to personalise their rooms.

We observed a number of noticeboards dotted around the home, many had a large number of thank you cards from the families of current and past residents, thanking the staff for the level of care that was provided, it was obvious that relatives appreciated the work of the staff at the home and the staff were clearly proud of this.

There is a lift to each floor and stairs, however the door to access the stairs is locked with a code and opens automatically in case on fire. There are fire extinguishers on every floor.

### Resident Experiences and Observations

## Access

During our visit there were few residents who were unable to talk to us, either due to communication difficulties, being asleep or being tended to by the staff. Some residents we were able to engage with explained that they were very satisfied with the level of care and that they were always treated with respect. They also told us that there were set meal times, and they can choose from a menu but that if they didn't want something from the menu, they could offer alternatives. The residents also explained that if they were not available for lunch times because of GP appointments etc., their meal would be put to one side and heated up for them later.

Residents also told us that they have a choice over the clothing over the clothing they wore each day and that they had regular visits from the hairdresser and other professionals such as chiropodists. There was also a range of activities that took place which they could join in with if they wished, such as pub lunches.

We observed staff engaging with a resident who was alone in the lounge area, encouraging them to move about and helping them up safely and walking with them through the hall. This was done in a very respectful, and supportive manor.

It was also observed that in one of the lounge areas where there were a number of residents sitting, that staff came to assist a resident. While doing so they put a mobile screen around the resident so that their privacy was maintained while minimising any disruption to the resident/s.

While on the first floor, one of Authorised Representatives noticed a bleeping sound, when a member of staff was asked what it was, it turned out to be a resident pressing a call button. This noise had been there for some time, and it was only after being asked that a member of staff then went to investigate.

On a separate occasion it was observed that a resident was shouting for a drink after having been waiting some time.

During our visit there was a medical emergency, before becoming aware, it was observed that a member of staff walked to the nurse's station to inform them that there was a problem, due to the nature of the conversation that was overheard, there appeared to be a lack of urgency. However, this was also handled in a professional manner.

The Enter and View visit was stopped when the ambulance team arrived at the home.

## Staff Experiences and Observations

While talking with a member of staff it was clear that they did not always know the processes and asked another member of staff to explain, where they did not know they gave quick short answers with little explanation. However, when asked what it's like to work there, the staff member came alive and was very vocal and proud about their experience there.



While there is perhaps some need for staff to receive further information about some processes, including how residents are protected from the risk of abuse, rising safeguarding concerns, as well as what activities are available and how the home listens to its residents, their passion for the role was very clear.

It is understood that senior carers are responsible for arranging any access to additional services such as GP's and dentists, as well as for reviewing their care plans.

We were told by staff that the home is signed up to the 'Red Bags' programme, and that there had been no issues with this to date. However, the manager mentioned that there had been issues.

When asked about how the home caters for different religious and cultural preferences, we understand that the home take every effort to accommodate these where possible, including food choices, and activities. There was less information about how the home does or could provide a safe space for the LGBT community, the responses was that it's a multicultural home. We understand that the home has plans to ensure that its shows that it is safe space for LGBT people, and that arrangements are made for religious leaders to visit the home or for residents to visit their site of worship where possible.

The staff member emphasised communication being key to providing good care and maintaining privacy and dignity, 'communication is key'. It is also understood that there were symbols to make staff aware as to which residents have dementia, these are discreet symbols. However, where a member of staff was asked that they were, they response was 'I am not sure I think they are decoration'.

When asked how the home would accommodate someone who is at end of life, who wished to go home to die, we were told that this would be respected and that the palliative care team would be involved and that this information is stated in their care plans. It is understood that staff are End of Life care trained.

The member of staff explained that working, it's 'being part of a family' and they all work together regardless of their roles. Communication was once again emphasised as being critical to the team work, and that all staff can approach each other and the manager.

This was backed up by another member of staff who took part in the conversation.

## Questions

1. We are not sure if it is required by the home that someone is at the nurse's stations at all times, could you clarify the position of this?
2. Are there any plans to review the handrails in the home?
3. It was mentioned that there had been issues with the 'Red Bags' programme, would you be able to provide more information about these issues?

## Recommendations

1. Staff should be more responsive to residents call for assistance and requests for refreshments.
2. Ensure that all staff are fully aware of processes or procedure's relating to reducing the risk of abuse, safeguarding, reporting concerns, as well as residents' views are collected.
3. Ensure that all staff are fully aware of the symbols to indicate which resident has dementia.

## Provider feedback

Regent House  
Bath Avenue  
WV1 4EG

[www.healthwatchwolverhampton.co.uk](http://www.healthwatchwolverhampton.co.uk)  
telephone:0800 470 1944  
email: [info@healthwatchwolverhampton.co.uk](mailto:info@healthwatchwolverhampton.co.uk)  
Social Media: [HWwolverhampton](#)