

# Enter and View Report

Anville Court Nursing Home  
Unannounced Visit  
19<sup>th</sup> July 2018



**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.

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## Provider details

Anville Court Nursing Home, Goldthorn Hill, Penn, Wolverhampton, WV2 4PZ  
Manager: Helen Whitehouse, Registered Home Manager, Capital Care Group

## 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 19th July 2018. 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  
Rose Urkovskis, Authorised Representative

## Who we share the report with

This report and its findings will be shared with Anville Court Nursing 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  
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

Healthwatch Wolverhampton received intelligence from our advocacy service, regarding the treatment of residents by staff and the level of care received day-to-day and during national celebrations or interests such as the World Cup.

Anville Court has recently transferred the management from Bupa Care to Capital Care Group within the last 12 months.



Anville Court Nursing Home

## What we did

Upon arrival we introduced ourselves to the Manager of the home and explained the role of Healthwatch and that we were there to undertake an unannounced Enter and View visit. The process of the visit was explained, and a letter was provided to the Manager which outlined the reason and process of the visit.

We were given a tour of the home by the Manager, both inside and out and was helpful in finding members of staff and residents who were willing to talk to us during our visit.

Following the tour, we spoke to a number of residents in different locations across the home including the lounge and dining areas. Using a pre-designed form with set questions residents were interviewed on several areas of the care they receive and their experiences. These questions are linked to the eight principles of Healthwatch.

After speaking to residents, members of staff and the Manager were asked a series of set questions and we also discussed any additional questions that we had following our tour and discussions with residents.

## Findings:

### Environment

Upon arrival at the home it was noted that the entrance is well signposted and easily accessible. If arriving by public transport it can be difficult to walk to the home as there is no footpath on the opposite side of the road and crossing can be difficult. However, this is outside the control of the home.

When we arrived, it was observed that there was a key pad to get in to the building however we did not use this and were able to walk straight into the home. There was no receptionist at the reception desk, but the timely arrival of a member of staff meant that we were prompted to sign in and the Manager was informed of our arrival. We were not prompted to use any hand gel. It is understood from talking to the Manager that this door is open between 8am-6pm and that as far as the home is concerned there is no need to have it locked. On the date of the visit the receptionist was on annual leave and it was understood another member of staff was responsible for welcoming visitors.

There was no CCTV on the external or internal areas of the home for the protection of residents or staff, but we were informed that this is planned to be installed. No time frames were given for this to take place.

The interior of the building was generally well maintained apart from some scuff marks on the walls. One bathroom was due to be refurbished as it is now 25 years old but still in good condition. There was no indication of when the refurbishment would take place. A bathroom on the upper level was being used as an improvised storage space while cleaning was taking place in the corridor.

While there were hand sanitisers in some areas of the home such as outside lounges and toilets, we didn't notice any others around the building, but we understand that they are situated throughout the home. A used plate was left on the floor of the corridor by a resident, this was picked up during our tour by the Manager. It was not known how long this was on the floor for. However, we understand that the occupant of the room had full capacity and often left their plates and cups outside of their room for staff to pick up as they pass, and not informing staff that they had finished.

It was noticed that there were hand rails in all the corridors, but we were not sure how user friendly they would be to someone with visual impairments due to the colour not contrasting with the walls. There was some signage in the building, but this was limited to fire exits only, which made navigating the home after the tour a little disorientating for us.

All the corridors and communal areas had plenty of interesting images including paintings and old photos of the Wolverhampton area which had a little description of the picture. In the ground floor lounge, we noticed that there was a small bird cage with a brightly coloured and lively bird. There were also TV's in communal

spaces which were turned on and we noticed that residents were watching and being brought in to the spaces to allow them to watch TV.

Lounges and dining areas were free from any clutter; however, the corridors did have equipment such as a hoist, which could potentially present a hazard for residents. One hoist was directly outside a resident's room door, the room itself was in a small alcove area, so the hoist was completely blocking access to and from the room. This would present a significant hazard in the event of an emergency. However, we acknowledge that as the home cares for people with palliative care needs etc., the equipment is needed, but the storage is limited by the building itself.

There was a piano in one corridor, which we were told that residents and relatives often play at times, it is not known if this is something that is actively encouraged by staff or something that takes place on some occasions, but it is certainly a nice addition to the home.

The communal spaces were very nice, with plenty of pictures on the walls as well as comfortable well-maintained chairs and sofas. There were also no unpleasant odours throughout the home during our visit. One of the impressive elements of the building was that corridors had breaks in them, with full sized windows which looked over the garden areas. The first-floor lounge also had balcony area which overlooked the garden and provided a nice space for residents and relatives to sit.

Externally there was a large garden area which had plenty of trees and areas of interest such as bird table and a large gazebo. There was also a small play area for when resident's family visit with children.

The home is laid out in such a way that all but two of the resident's rooms look out in to the front or back garden areas. There is a smoking area in the back garden, but this is well away from any windows to avoid smoke and cigarette smoke filtering in to resident's rooms, it's not known if this is just for residents, staff or both.

There is one maintenance person for the home who was observed re-painting the gazebo and was active around the home throughout the visit.

Overall both the internal and external areas were well maintained and provided a pleasant and stimulating environment.

## Essential Services

Based on feedback from the residents that we spoke to during our visit, residents felt that they were able to access GP, and other medical and care professionals such as dentists, and domiciliary care when they needed and that it was relatively easy for them to do this. Residents felt that the home was supportive in ensuring that they were able to access and attend any medical appointments.

One resident who that we spoke to did mention that they would like to see more physiotherapists at the home, this was a view also shared by the staff and management, while another told us that they have a specialist Parkinson nurse that visits them on a regular basis.

Management explained that they utilise local GP surgeries in the area for residents as well as Vision Call for an optician service. But residents are encouraged to maintain their existing relationships with their own health and care services providers where possible.

Each day the staff hold a “Resident of the Day” where they look at 2 residents care plans or needs, one resident for each floor, and ensure that their rooms are deep cleaned, and any changes are made to their care plans. They use a new digital care plan, which is updated each time staff interact with the resident, this helps to tailor their care plan over time. While two residents are looked at specifically each day that it not to say that other residents care plans are not monitored.

The home is not a dementia home and does not provide dementia specific support as it was explained to us that the nursing needs override the dementia care, as often residents at the home who have dementia will be in the late stages of the condition. It was unclear at the time of the visit if the home’s staff were dementia trained, however it has since been confirmed that they are.

## Access

The residents that we spoke to on the day of the visit felt that they were treated fairly by the staff and that they could be themselves at the home. We did not receive any concerns from residents about being discriminated against or harassed by staff or other residents and visitors.

During a discussion with the Manager of the home, it was explained that the home has several couples who are resident at the home and that its encouraged that partners stay. This would also be the same for same sex couples and the home employ a diverse work force. Residents are asked about their needs upon arrival and encouraged to discuss their needs with staff and the home will do its best to accommodate.

## Safe, dignified and quality services

Residents told us that they felt safe at the home and that they were treated with respect and compassion by the staff. The residents that we spoke to reported that they felt staff maintained their privacy and dignity. However, it was noted that doors to resident's rooms were open and that residents were in bed and sleeping and in clear view from corridors.

Some residents are at the end of life and we were not sure how their privacy and dignity were maintained by having doors left open. The Manager explained that this was to ensure that they are part of the wider community of the home and easily able to talk to staff, other residents and visitors. But that it was down to the resident's personal choice to have their doors open or closed. It was noticed that several doors were closed while residents were inside the rooms, and that residents in the rooms that were open did speak to staff as they passed by. Staff also checked in to see if the residents were ok and needed anything. We, therefore, have no concerns regarding this.

On the whole residents felt that the staff at the home were helpful, but that there were not enough which did mean that they had to wait for a response to their calls for assistance, but that staff are well trained and responsive to resident's needs. It was noted that residents did not seem to have call buttons on them and none we observed using them.

It was mentioned by a resident that they felt that during national celebrations or interests such as the recent world cup that there was an impact on the level of care, but they did not want to provide any further details as to how their care was impacted.

Overall residents appeared to be well cared for and happy living at the home and throughout the discussions with residents, they spoke highly of the staff.

Management explained that for residents who are at end of life, the home seeks advice and support from other service such as Compton, the residents GP, Rapid Intervention Team (RIT), and local religious leaders to ensure that they can provide the best care for that resident. Should a resident want to go home towards the end of their life, the home is willing to and has supported residents with this. It was explained that this does depend on the support of the family, and if they are comfortable for this to happen. If the family are not comfortable then discussions are held to look at how best to support the wishes of the resident.

When asked about staff training and if they are all trained to use the equipment safely and effectively, we were assured that this was the case and that training is reviewed on a regular basis. The management did explain that current staff have been moved over from the old provider and there were still some gaps in training at the moment due to the implementation of a number of new systems such as EMAR (Electrical Medication System), as well as the new care planning system.

## Information

Upon entering the home, it was noted that there was a notice board in the reception area with information about upcoming activities, resident's birthdays and information about vegetables and healthy diet. Residents were aware of the notices boards and told us that they did check the information that is on there.

We were told by staff that the home does not have a newsletter, but this is something that staff reported they wanted to implement. Staff keep the notice board up to date and they do inform residents verbally about any activities taking place or changes. An email is sent to relatives to encourage them to join in with the activities and to keep them informed as to what is taking place at the home. An activity sheet is also published.

Residents told us that they do receive some educational information about their care and how to better look after their own health and this was reflected by some of the information on the notice board.

Residents did tell us that they don't receive any information when staff leave or when new staff join the home.

It was felt it would be advantages to have information about who works at the home and their roles as well as some information to help distinguish roles based on the colour of the uniform.

The management told us that they communicate with residents about their care and any changes as long as that person has capacity. If they haven't then this will be communicated to their relatives. They also ask the residents and relatives upon the resident moving in, how they prefer to be communicated with. There is also a period of settling in, where staff monitor the resident and how best to communicate information to the resident as well as assessing their care needs.

## Choice

The residents that we spoke to told us that they had full choice of the clothes that they wear each day. They also told us they have choice over the food and drink as well as where they can eat and drink. This was evident as there were menus dotted around the building with a list of that month's choice as well as a list of types of alternatives which were not prescriptive. It was also observed that residents were eating in the designated dining areas as well as in their own rooms.

Residents also reported that they were able to personalise their rooms, and this was observed in a number of rooms which we were shown, where residents had pictures, trinkets and other personal items in their rooms. The Manager informed us that residents are actively encouraged to personalise their space as this is "their home" during the time of their stay.

Residents felt that their care plans were tailored to meet their needs and their interests.

## Being listened to

Residents felt that they were able to ask questions if they didn't understand something and that they felt comfortable raising concerns should they have any. They felt that when concerns had been raised, staff had taken them seriously and that they were responded to quickly and positively by the staff and that, where possible, these concerns and the wider views of residents were acted upon.

Residents told us that meetings are held and that the staff actively seek the views and feedback from residents. This was evidenced as the home had recently completed a survey of residents, relatives and staff and the analysis is due to start soon. These surveys are regularly undertaken to gather the views of residents. It is understood from discussions with the Manager that resident's meetings take place every 3 months and that staff will try to communicate back to residents as much as possible.

Residents were not sure if their views were listened to even if they were not acted upon, so this is perhaps not communicated effectively to residents.

## Being involved

One resident felt that they were involved in their care plan. However, discussions with the Manager highlighted that residents were not currently involved in their care plans due to the implementation of a new electronic system at the home but that once staff were comfortable with the system involvement would be encouraged. The new system is constantly updated by staff, and the changes made will update the care plans making them tailored to the individual residents over time.

There are two activity coordinators at the home and they regular plan three group activities a week, individual activities as well as outings including:

- Bingo
- Darts
- Arts and crafts
- Knitting
- Games
- Sing-alongs
- Visiting entertainers
- Sensory activities involving smell, touch etc.
- Shopping
- Movie nights in pyjamas and with snacks

Special events such as national and public holidays are celebrated, as are resident's birthdays. The kitchen bakes a cake and the birthdays are celebrated in the way that the residents and their families want to celebrate them. Residents reported that they felt they were encouraged to and able to get involved with any activities at the home and they staff would tailor them to the needs and abilities of the residents.

The residents that we spoke to did not feel lonely or isolated at the home and felt part of the wider community of residents. The activity coordinator provided an example of how one resident didn't like to engage with other residents and group activities but that the one-to-one sessions had helped the resident to want to take part in more communal activities.

The activity coordinator also explained that when a new resident moves in, they have an activity called "The map of life". This is an activity that maps the life of the resident from birth to the present and is a way of better understanding the life journey of the resident, their interest and passions as well as acting as an ice breaker for the resident.

## Recommendations

1. As well as a visitor book it is advised that there should be some way of identifying visitors to the home, such as a visitor's badge
2. For the safety of those in the home, entrances to the home should be kept locked and visitors should buzz for assistance and to gain entry to the home
3. Visitors should be prompted to use the hand gel
4. Facilities for resident such as bathrooms should not be used for storage even temporarily as this reduces resident's ability to use such facilities. Dedicated storage should be arranged
5. Implementation of more hand sanitisers around the home that are clearly visible
6. Handrails to be decorated in contrast to the walls to aid people with visual impairments and dementia
7. Develop clear signage around the home for new residents, residents with dementia, relatives and other visitors
8. Corridors and doorways should be kept free from any clutter and equipment as this presents a hazard
9. Residents should have access to call buttons at all times so that they can call for assistance
10. To ensure that when there are any national celebrations taking place that staff include the residents in these celebrations or ensure that for residents who don't want to be involved care is not compromised
11. Residents to be included in their care plans including when changes take place to how care plans are managed, e.g. with the implementation of the EMAR and other systems and ensure this is communicated to the residents. Involvement should not stop when changes are made
12. Involve the residents and relatives in the design of the newsletter and all communication methods to ensure that they are fit for purpose and work for the residents and relatives
13. Residents should be informed when staff leave the home or new staff join as well as any other changes to the home
14. Introduce a visual representation of the team that work at the home including a photo, name and role
15. Introduce a visual representation of the different roles based on the colour of the uniforms to aid in people's ability to know and understand who does what at the home
16. Implement a "You Said We Did" to communicate back to residents and relatives following the gathering of any feedback, this should include any areas where the home has not been able to make changes but have listened to the feedback

## Questions

1. What is the time frame for CCTV to be installed?
2. What is the time frame for the bathroom to be refurbished?
3. Is the smoking area for staff or residents or is this for both?
4. While the home has a “resident of the day” how does the home ensure other residents care plans are reviewed?
5. Do residents have call buttons when they are not in their rooms and how are residents able to call for assistance if they have not got call buttons?
6. Healthwatch Wolverhampton would like to request a copy of the report and questions that are asked for residents for their feedback

## Provider feedback

### Environment:

The homes receptionist works 4 days a week as does the Administrator. The front door is on a keypad system which when activated sounds on the pagers, which are carried by the care staff and nurses.

Healthwatch arrived at the home just before lunchtime on the 19th July. Our receptionist was on annual leave, which meant our administrator was also responsible for opening the door and acknowledging the visitors. When the door is locked there is a mechanism under the receptionists’ desk, which enables her to release the door lock without going away from her desk.

The front door remains locked before 8am and after 6pm and again at weekends.

There is and always has been a hand gel dispenser situated beside the signing in book and a notice asking visitors to use the gel before going any further into the home. Hand sanitisers are situated strategically throughout the home for staff and visitors to use.

CCTV will be considered to be installed in the home, in line with some of the other Capital Care homes, but there are no times frames set as yet.

The homes reception area has been redecorated since the Healthwatch visit. General scuff marks on paintwork are unavoidable unfortunately but the homes handyman does ‘touch up’ the paint work as when required.

The occupants of some rooms prefer to take their meals in their room and will just place their plates and cups outside when they have finished. Staff will collect these items as they pass and return to the kitchen for washing. The occupants have full capacity and do not inform the staff when they have finished with crockery etc they just place it outside their room.

The homes handrails are all stained a much darker colour than the walls and paintwork and therefore do contrast with the neutral coloured walls. We are not a home that is registered to look after people whose first need is Dementia Care. As a responsible company we have, following our CQC inspection, already identified that some of the corridors would benefit from being distinguishable from others. This will be done tastefully and in keeping with the aesthetics of the home and the needs of the residents.

The home mainly cares for people who require palliative care / EOL care. As such, we require the use of full hoists, stand-aids, tilt and space chairs, showers chairs, commodes etc. The hoists were in the corridor at staged intervals. The items in the 'wet room' on the day of the visit were not permanently placed there but staff had put them there whilst they cleaned the corridor and moved a resident who himself uses a large tilt and space chair from his room to the dining area.

The piano situated in the corridor upstairs is played by a relative of one of the residents who live upstairs. We do not currently have any residents in the home who can play although we have in the past and they enjoyed playing it.

Residents who smoke are encouraged to smoke in the garden in a specific place. They cannot access the area where the staff smoke as it is gravelled and the residents who smoke either use a frame or an electric chair. They are provided with shelter and a suitable place to dispose of the cigarette ends.

### **Essential Services:**

Anville Court would dearly like to see more Physiotherapists in the home but unfortunately those provided by the NHS are a commodity which do not visit nursing homes on a regular basis and others are funded privately by the individual residents themselves.

All staff receive Dementia Awareness training and whilst conducting staff appraisals some have indicated that they would like to gain a further qualification in this area even though the home is not registered to care for people whose first need is Dementia Care.

Safe, Dignified and quality services: Residents are consulted if they wish their doors to be left open when they are in the room. These wishes are recorded in their care notes, but they are still asked on a daily basis if they wish their doors to left open or closed when they are in there. All of the doors are linked to the fire alarm system so should the alarms sound the doors will automatically close.

The home employs sufficient staff to ensure that there are numbers on duty to meet the resident's needs. During busy periods of the day where staff are engaged with residents needs there may be occasions when a small number of residents may have to wait a while for staff attention. All staff carry pagers to alert them when call bells including emergency ones are activated.

It is unclear from the report where or who the report refers to when it states residents did not seem to have call buttons on them and none were observed using them. Residents who remain in their rooms always have call buttons within easy reach. Although residents in lounges do not have direct access to their own call buttons staff are in attendance to enable prompt assistance to be made to resident's needs. Furthermore, there are call button activation points for either residents or staff to use when needed in these communal areas.

The recent national celebrations did not impact on the care of the residents as the staffing levels remained the same and residents who wished to watch the national celebrations had a choice of 3 communal TV's or the one in their bedroom to watch the celebration or something else of their choosing. Staff were present in the communal areas with the residents and call bells were answered within an acceptable limit.

All staff employed at Anville Court are registered on the homes training system, which the Manager has an oversight of. Staff have also received training to use the E-Mar system and the PCS system, which is the new care planning system. Training for both of these systems remain ongoing to ensure staffs full understanding of how to use etc.

#### **Information:**

The home has produced a newsletter since Capital Care took ownership and there are plans to ensure that it is produced on a minimum of quarterly intervals.

When new staff join the team, they are introduced to the staff, relatives and residents on an individual basis. When staff leave our employ residents and their relatives are informed as appropriate.

The staff photograph board was in situ prior to the visit however as it requires fully updating it has been temporarily removed. The photograph board will include name and role under each of their photographs. Staff uniforms are identified through colour to differentiate the different roles.

#### **Choice:**

Residents choices about their doors being left open are recorded in their care plans. We do not have residents within the home that wander and collect items from other people's rooms.

Being listened to: Feedback from residents and relatives' questionnaires are provided at their quarterly meetings. The 'You said We Did' board was present when BUPA owned the home and it is an addition, which Capital Care is considering across the group.

## **Recommendations:**

The visitors to the home are either professional visitors who have their own ID badges or relatives. We do not consider it appropriate for relatives to be asked to wear visitors' badges.

The homes front door is locked when the front reception desk is un-manned.

There is a visual prompt beside the visitors signing in book, for them to use hand gel.

Bathrooms are not routinely used a storage. Dedicated storage space for large items such as hoists will be reviewed by Capital Care Estates Manager.

There are sufficient hand sanitisers around the home for staff and visitors use. They are in corridors, outside dining areas, laundry, reception, nurses' stations and lounges. In the event of an outbreak, staff are provided with individual hand sanitiser gels.

Handrails are in a contrasting colour to that of the neutral coloured walls.

Signage for the home will have to be aesthetically pleasing as we do not wish to create a hospital or hotel type environment with signs saying bedrooms numbers x to y this way. This will be reviewed by the company Estates Manager and Director.

Corridors and doorways will be kept free of clutter.

Residents are provided with call bells at all times when they are in their rooms. When they are in communal areas there is a call bell within each of these areas. The staff carry pagers on their person throughout their shift, so they are aware of what room or area is requesting assistance. The system also provides the Manager with a print out so that she can monitor call bell times.

All residents are encouraged to take part in the home's celebrations of national events. The royal wedding celebrations were celebrated on both floors with a full sit-down meal and screens visual for those wishing to take part. The recent World Cup was celebrated by the gentlemen and some of the ladies residing in the home and at no point was care compromised.

The care plans will be fully reviewed with the input from the residents and relatives as appropriate. Within the electronic care planning system, we are looking to introduce a relative's gateway for them to access care plans remotely.

The topic of the home's newsletter will be included in the next residents and relatives meeting 11th September 2018.

Residents are introduced to new staff on an individual basis face to face. When staff leave residents are informed as and when appropriate. This information may be included in a future newsletter.

The staff photograph board requires fully updating it has been temporarily removed. The photograph board will include name and role under each of their photographs, taken of the staff in their uniforms but not their telephone contact details.

The home currently feeds back any findings at the residents / relatives' meetings however as a company we are already looking at introducing the 'You said we did' board.

### **Questions:**

The installation of the CCTV will be considered by the company. Currently it is not a requirement to have this system in place.

The timeframe for the replacement of the bath is with by Head office. Date of completion currently unknown.

The staff and residents have separate smoking areas within the grounds of the home.

Residents care plans are reviewed at a minimum of monthly intervals. If their care needs change, they are reviewed accordingly. The Manager regularly reviews and monitors the review process of care plans. As the care plans are now electronic all reviews are electronically dated with the date and name of the reviewer.

Call buttons are situated in all communal areas as per other care homes in the group and if assistance is required that system would be activated, and assistance provided.

A copy of the resident's report and questions will be provided in due course. The next phase of questionnaires are scheduled for September. Should Healthwatch require a report on March 2018 feedback this can be provided.

**healthwatch**  
Wolverhampton

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](#)