

ENTER AND VIEW

REPORT



SWAN HOUSE CARE HOME
27TH JULY 2026



**Engaging
Communities
Solutions**

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2 Introduction

We visited the below care provider.

Name of Care service	Swan House Care Home
Service provider details	Pooles Lane, Short Heath, Willenhall, WV12 5HJ Telephone: 01922 407040
Opening hours	24 hours
Date and time of visit	27 July, 2026 10:00 am – 12:00 noon
Authorised Representatives (ARs)	Tom Collins (Healthwatch Walsall Staff member) Richard Jolly (AR Volunteer Lead)

2.1 Details of visit

This was an announced visit. We called the Home on the day of the visit to ensure there were no outbreaks of infectious illnesses, e.g. Norovirus, Covid, influenza, etc. We were advised there were no such outbreaks, so we were able to proceed with the visit.

2.2 Acknowledgements

Healthwatch Walsall would like to thank the service provider, staff, service users and their families for contributing to this Enter and View visit, notably for their helpfulness, hospitality, and courtesy.

2.3 How we gathered the data

This report is based on our observations on the day and answers/experiences shared by residents and relatives to a set questionnaire that was used.

Residents and relatives were asked if they wished to take part. They had the choice not to take part if they did not wish to do so.

Responses were collected and the paperwork was later collated to establish what people told us. Staff were interviewed in the same manner.

3 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch Authorised Representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement, if applicable.

The Health and Social Care Act allows local Healthwatch 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, optometrists, 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. This allows us to learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Enter and View visits are not intended to identify safeguarding issues specifically. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about, they will inform their lead, who will inform the service manager, ending the visit.

In addition, if any staff member wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission, where they are protected by legislation if they raise a concern.

3.1 Purpose of visit

The service received ratings of Good in all categories and we visited to check resident and relative experiences and for examples of best practice.

3.2 Strategic drivers

There are many residential and nursing care home settings in Walsall. We strive to enable those service users who are more difficult to reach and have their voices heard.

4 Overall summary findings

- The premises appeared well maintained and clean.
- There is a car park with 15 spaces and sufficient nearby on-road parking was available.
- A trolley was in the way of a fire exit close to the kitchen. When we highlighted it, it was moved shortly after.

5 Methodology

1. This was an announced visit.
2. We spoke to the Area Manager and were shown round by the Deputy Manager.
3. We spoke to 6 Residents and 5 Relatives.
4. We used a pre-scripted questionnaire to evaluate responses across key themes.

On arrival, the Authorised Representatives introduced themselves to staff, and the visit details were discussed and agreed. The Authorised Representatives spoke to residents and relatives on a one-to-one basis in the communal areas. It was made clear that they could withdraw from the conversation at any time.

6 Summary of findings

6.1 Overview

The service was assessed by the Care Quality Commission (CQC), report published on 24 July 2024 and rated “Good”.

Link to CQC report: <https://www.cqc.org.uk/location/1-12628094249>

6.2 Premises

There are approximately 13 car parking spaces and 2 disabled car parking spaces on site.

The exterior of the property appeared to be maintained. Access to the main entrance lobby is via a secure front door. There is CCTV in operation to the exterior and interior of the building.

Entry to the main corridors is off the lobby. The Manager’s office is also off the main entrance.

Staff greeted us and asked us to sign-in. There is a hand sanitising unit on the wall and was dispensing sanitising solution.

Communal areas and bedrooms are separated into nursing and residential area on separate floors with rehab in a new separate 2 floor extension.

Communal areas are centrally located with seating for approximately 10 residents in each area. The interior appeared to be tidy, and décor appeared to be maintained.

We noted pictorial direction signage.

The external garden area was small and well maintained we noted the provision of benches and bird feeders in garden and car park areas.

6.3 Services offered

The service has its own website: <https://tinyurl.com/f7beasdb>

The service has 61 bed capacity made up of 23 beds for Nursing Care, 22 Beds for residential care and 16 beds for rehab. Swan House offers the following services which have been taken from their website.

Primary Care Categories • Older Person Care • Nursing Care • Dementia • Rehabilitation Care Care Types Provided • Dementia Residential Care	Dementia Care Types • Mild Dementia • Moderate Dementia • Advanced / Complex Dementia Other Care Provided For a maximum of 61 Service Users
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6.4 Staffing

Role/Title	Number of staff
Manager and Deputy Manager	1 + 1
Unit Manager	1 (Residential suite)
Morning (Nursing / Residential)	2 Nurses 7 Care staff / 1 Senior 3 Care staff
Afternoon (Nursing / Residential)	2 Nurses 7 Care staff / 1 Senior 3 Care staff
Evening (Nursing / Residential)	1 Nurse 4 Care Staff / 1 Senior 2 Care staff
Activities co-ordinator	1 (Full Time)
Maintenance	1
Cook and Catering Assistant	1 Cook and 2 Kitchen Assistants (Full Time)
Domestic staff/ House keeping	4
Bank Staff	10

The Manager advised that they have 3-night Carers vacancies and 1 Cleaner vacancy.

6.5 Staff interaction

- Daily meetings take place to handover.
- Consistent contact with residents by staff.
- Manager conducts walk around and interacts with residents.
- Manager holds relative surgeries to ascertain resident status and feedback.

6.6 Resident and Relative interviews

We interviewed 6 residents and 5 relatives using a pre-set questionnaire. This is what they told us.

Q. What is lifelike within the care home for you or your loved one?

A. The responses were:

*'100% positive'.
'Generally, meets needs, staff marvellous'.
'Lovely. No problems'.
'Bit boring but do get outside, bit of freedom'.
'Pleasant enough'.*

Q. What choices do you or your loved one have?

The majority of respondents felt that there was choice across all aspects asked.

A. The responses included:

*'Can choose bedtime, getting up time and clothes to wear.
'I enjoy knitting'.
'I enjoy working in the garden'.*

Q. How safe do you or your loved one feel within the home?

A. The responses were: All residents said Yes, they felt safe.

*'Feel safe. No concerns'
'They've got alarms and staff are excellent'*

Q. How long have you or your loved one lived within the care/nursing home and are/ were you involved in your/their care?

A. The responses ranged from:

3 – 5 months

6 – 12 months

2 years

Q. Do you or your loved one feel cared for?

A. All respondents said they felt cared for. One or two mentioned that they see a chiropodist, a hairdresser. A GP visits once a week and an optician attends.

Resident and relative comments:

‘Staff talk to me, good food and drinks’.

‘Staff very attentive’.

‘Could do with an electric razor’.

Q. If you or your loved one had an issue, would you know who to speak to?

A. The responses included: Everyone said yes. A couple of residents said there were no problems. Residents and relatives mentioned they would speak to staff, the manager, nurse or staff on reception.

Q. Do you feel that you or your loved one could raise a concern without repercussions?

Majority of respondents said felt that they could without repercussions. Some mentioned there was nothing to raise in the first place.

Q. Positive and one negative comments about the home?

Positive:

Choice of food ok but happy with everything”

‘Food’

‘Food quality good, quantity good and varied’

Negative:

‘Some food contains too many herbs’.

‘Other residents can be wearing’.

Q. Are you or your loved one able to have a healthy balanced diet/drinks/activities?

A. 10 said yes.

1 said somewhat.

Q. How involved are you or your loved one in the home?

A. Everyone said that they joined in with at least most of the activities.

Q. If you could change one thing what would it be and why?

A. Residents/relatives could not think of anything specific but noted the following.

'I'd be younger'

Comfortable chairs for visitors"

'No. Satisfied with care. Daughter happy. Couldn't have come to a better place'

'Visitor numbers can be restrictive'.

6.7 Staff Interviews

We interviewed the Manager by telephone on 31 July, as they were on leave during the initial visit.

Manager Interview

Q. How long have you served as a carer/manager here?

A. The Manager has 25 – 30 years of care experience, working from a carer to a management role. They had recently returned to Swan House after a short period away.

Q. Describe your care planning and risk assessment process?

A. The Manager mentioned that they use the hospital 'Trusted Assessment' which is completed by social workers. They also undertake a 'Pre admission assessment'. Once the person is admitted a record is entered on to the home system and updated when the resident care needs change.

Q. How interactive are you with your residents?

A. The Manager mentioned that they undertake a walkaround, daily interacting with residents and seeks to spend time with residents a few times a week.

Q. Does the training you receive support you with the needs of your residents?

A. The Manager felt it did. They undertake online training via a system called 'Hippo'. Staff also undertake online training. The Manager also mentioned that their Nurses can undertake training at Walsall Manor Hospital to keep their skills and knowledge up to date.

Q. Explain how you deal with comments/concerns from residents/relatives?

A. The Manager mentioned that they hold 'Managers Surgeries' with individuals. Residents or relatives can mention any issues or concerns anytime, and they will strive to resolve them. One example was given when a relative raised a concern around a resident blood sugar testing initially not happening at a desired time. This was addressed and took place as requested.

Q. How do you feel about the supervision you receive to support you caring for your residents?

A. The Manager felt that they had good support from their management and the organisation as a whole.

Q. How often do you hold meetings with your residents/relatives and how is this communicated?

A. The Manager has daily contact with residents. Formal recorded meetings in a group setting does not take place.

Q. What are your current challenges?

A. When asked the Manager indicated that the time taken to DBS checks completed is now longer than before.

Arranging external visits for residents due to costs of transport to take them out. The Manager suggested an idea being that homes could share the costs of transport to enable external visits.

Q. Any additional comments?

A. We benefit from receiving reports of best practice and issues resolved from other homes within the Group.

7 Recommendations

1. Ensure trolleys are away from fire exit.
2. Consider having group meetings to identify any resident / relatives issues or themes that may become apparent.
3. Consider minuting meetings and displaying results on a resident / relative notice board.

Points 7.2 and 7.3 are addressed in the 'Service Providers Response'.

7.1 Examples of Best Practice

1. Residents appreciate the care by Staff.
2. Residents appeared to be clean, tidy and well kept.
3. Staff seemed attentive and interacted with residents.

8 Service provider response

Comments about any adjustments to the report:

- Page 6 the unit manager is for the residential suite. (Amended)
- We have 4 housekeepers on daily (no difference between domestic and housekeeper they are the same). (Amended).
- Page 8 negative responses 'visitor numbers can be restricting' unsure what this means. (This comment should say, 'Visitor numbers can be restrictive' and this has been moved to correct section of 'If you could change one thing...')
- Page 10 we do hold three monthly resident meetings, and the minutes are printed in large print for those able to understand. (Noted here).

Comments around the Enter and View visit:

We at Swan House would like to thank Healthwatch Walsall for the recent visit and recognition of the hard work and dedication for the team here.

We try our best to create a warm and homely environment for the residents who live here, a welcoming environment for the visitors that come through our doors.

We recognise that there are always lessons to be learned and regularly review any learnings.

healthwatch

Walsall

Share your Walsall Health and Social Care services experiences by getting in touch by using our services review platform "Have Your Say" on our website. Link: <https://tinyurl.com/3778j3ps>

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**Committed
to quality**

We are committed to the quality of our information. Every three years we perform an in depth audit so that we can be certain of this.



How to contact us

Tel: 0800 470 1660

Email: info@healthwatchwalsall.co.uk



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