

# ENTER AND VIEW REPORT



**BESCOT LODGE CARE HOME**  
**16TH AUGUST 2024**

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## About Healthwatch Walsall

Healthwatch Walsall is your local health and social care champion. Across all the Walsall Borough, we make sure National Health Service (NHS), local Social Care leaders and other decision makers hear your voice and use your feedback to improve health and social care delivery.

Through our community engagement activities, data intelligence systems, enter and view programme and our Healthwatch Champions, we continually monitor service delivery by way of concerns raised, feedback received, and the Healthwatch Independent Strategic Advisory Board use this intelligence to inform and shape the Healthwatch priorities and activities.

We analyse consumer feedback as well as a broad range of data sources to produce evidence and insight reports and information dashboards which can provide trends, statistical and performance analysis of services for use in monitoring and challenging service commissioning and provision.

# What is Enter and View?

## Enter and View

Part of Healthwatch Walsall remit is to carry out Enter and View visits. Healthwatch Walsall Authorised Representatives carry out these visits to health and social care premises to find out how service users access, use and understand what the overall service user experiences are, highlighting findings and potentially making recommendations that may lead to areas of 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/nursing 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 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 Walsall 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 Walsall Safeguarding Policy, the service manager will be informed, and the visit will end. The Local Authority Safeguarding Team will also be informed.

## Introductions

### Disclaimer

Please note that this report is related to findings and observations made during our visit made on the 16 August 2024. The report does not claim to represent the views of all service users, only those who contributed during the visit.

### Authorised Representatives

Tom Collins – HwW staff, Authorised Representative

Richard Jolly – HwW volunteer, Authorised Representative

### Who we share the report with?

We share our report with members of the public, the service provider, Black Country Integrated Care Board (Walsall Place), the Care Quality Commission (CQC) and Healthwatch England. The report will also be published on our website and through our social media.

### Provider details

Name of Service: Bescot Lodge Care Home

Service delivered by: Our Family Care Home Ltd

Address: 76 – 78 Bescot Rd, Walsall, WS2 9AE

Telephone: 01922 648917

Service type: Residential and Nursing Care

Care Quality Commission (CQC) information.

The service was rated 'Good' across 3 categories and 'Requires Improvement' across 2 categories of the CQC standards.

link to report: <https://www.cqc.org.uk/location/1-5593212074>

- Latest inspection – 16/09/2021
- Report published – 10/11/2021

## Healthwatch Principles

Healthwatch Walsall'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. Receive 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 Visit

This was an announced visit. We confirmed with the Home on the morning of the visit to ensure there were no outbreaks of Covid or other infectious conditions. We sought to gather resident and relative experiences care delivered at the Home.

Our visit took place on 16 August 2024, and we were able to speak to one relative and a number residents at the Home.



## What we did

We arrived at the building at 10.00am before being introduced to the Manager.

We then spoke with residents who could take part and a relative who agreed to take part in a brief chat about their daily life in the Home and the care they receive at Bescot Lodge.

In total we spoke to seven residents and one visiting relative. We later interviewed the Senior and a staff member.

## Environment

The Home comprises 2 converted and refurbished houses that has made into 1 building.

There are approximately 8 car parking spaces for use by visitors, staff and contractors.

The entrance to the building is well signposted on the right-hand side upon entering the car park. Access to the building was via a shallow ramp to the main door, with a handrail.

The outside of the building was well maintained with external lighting/lamps. Entrance is gained via a doorbell for visitors and a security keypad for staff. There was CCTV in place.

There were some uneven slabs in the gated rear garden area when we visited but we were advised that there is a temporary restriction on access/use until the levels are corrected.

### Internal

In the entrance foyer there was a visitors sign in book (we were asked to sign in), there was a notice board with the recent CQC rating and other Home related information. There was also an operational hand sanitising unit for use.

We noted the following:

- Main reception was clearly signed.
- There was a visitors' book, and we were asked to sign in.
- A working hand sanitising unit was available for use upon entering.

We entered into a communal area with seating and then into the adjoining manager's office.

There is another communal side soft armchair lounge area with a TV, a smaller quiet room and a separate dining area.

Décor inside was clean and tidy.

The resident bedrooms are positioned from each side of the main corridor. There was CCTV in place in the communal areas.

There were no unpleasant odours.

The furniture was clean and appeared to be in good order.

The decor also appeared to be in good order and there was a programme of redecorating in place which is being rolled out through the Home.

There did not appear to be any obvious health and safety risks.

There were a number of hand sanitising units around the Home and all we used were working.

Signage to toilets and fire exits were clear.

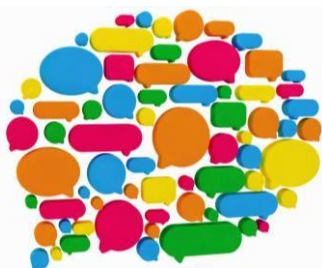
We were informed that there are plans to build/supply a further 10 resident beds to increase resident capacity from 26 to 36.

We undertake Enter and View visits at Care/Nursing Homes, GP Surgeries/Practises and Pharmacies.  
We can also visit any NHS service-based venue.  
To read our Enter and View reports  
use the link: <https://tinyurl.com/82fkxtuf>

## Resident responses

We spoke to seven residents and one relative. There were approximately twelve residents in the communal lounge and dining area. The residents and relative we spoke to had been in the Home from between one week to two years.

We asked what is life like for them in their home?



Residents' comments:

'World of good for me'  
'Just in for respite. Enjoying it'  
'Good day is when you go out, bad day when don't'  
'Not witnessed any issues.'

We asked what choices they have?

The choices were around what time they went to bed and got up in the morning, what clothes they wished to wear and if they had a choice in taking part in activities. The residents expressed that felt that they had choice in these areas.



Residents' comments:

'Nothing too much trouble '  
'Can just go to bed when tired'  
'Enjoy singing and bingo'  
'Wear and shows clothes from wardrobe'  
'Been on walks'

We asked how safe they felt within their home?

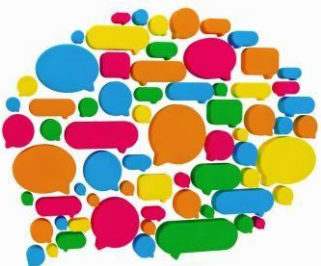


Residents' comments:

'Always someone around'  
'Staff around to help'  
'Never safe with people'  
Have call button'

One resident mentioned that in the past that another resident was entering their room, so they had to press the buzzer to alert staff.

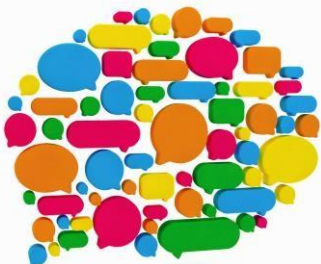
We asked if they felt cared for? (this was around access to GP, Optician, Hairdresser etc)



Residents' comments:

'Yes. I feel respected and have seen doctor,  
nurse and hairdresser'  
'Carers are friends'  
'I have hearing aids when I need them'  
'I feel looked after. Staff do my nails'

We asked if they had an issue would they know who to speak to?



Residents' comments:

'Can always speak to staff'  
'I can speak to carers if problem but no trouble  
anyway'  
'I can speak to Senior if an issue, but I haven't  
had an issue'

We asked if they felt that they could raise a concern without repercussions?



Residents' comments:

'Yes, no problem. Don't have any issues'  
'Absolutely'  
'Not really had to'  
'Haven't had an issue'  
'No troubles anyway'

We asked if they liked the food and it met their needs?



Residents' comments:

'Happy with what I get'  
'They do change the food if I don't like it'  
'Yes. Good quality and quantity'  
'Lots of food options. Offered plenty of drinks'  
'Get tea and biscuits'

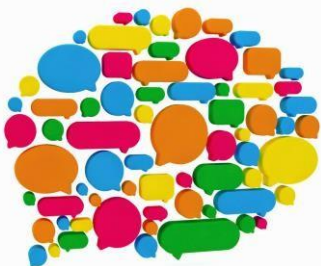
We asked how involved they were in the Home?



Residents' comments:

‘Small community so get to know stuff’  
‘Not really involved but happy’  
‘Used to enjoy knit and natter. Enjoy sing songs.’

We asked if they could change one thing, what would it be and why?



Residents' comments:

‘Nothing really’  
‘Would like a pool table’  
‘Going out, mixing with people but nervous about mad idiots’  
‘They know what I want’

Additional comments from the residents we spoke to:

‘I have good and bad days, but everyone needs to be courteous as makes life better’  
‘I like mixing with and helping people’

The residents we spoke seemed to be happy and well cared for. They seemed happy in most aspects but had a clear interest in external visits/outings.

## Relative responses

We spoke to one relative who was visiting their loved one in the Home. We used the same questions that we asked residents.

We identified that residents had been in the Home ranging from one week to two years. So, for some it was a very early stage to make fully informed comments, but the residents responses went from initial impressions to experience overtime which included a change of owner.

We asked what is life like for their loved one in the Home?



Relative comments:

‘Only been here a very short time. Enjoying it’



We asked what choices there were regarding, clothing, food, bedtime and activities



Relative comments:

‘Seems happy. Being looked after. Good choices. They can enjoy a singer and play dominoes’

We asked if they felt that the resident felt safe?



Relative comments:

‘Feels safe. No issues’

We asked if they felt that they felt that the resident felt cared for?



Relative comments:

‘Only been here short time’

We asked if they felt that they could raise an issue without a repercussions?



Relative comments:

‘No issues so no need’

We asked if they felt that the resident able to eat healthy food and had a balanced diet?



Relative comments:

‘Not eating in hospital but eating OK here.  
Choice seems OK’

We asked the relative how involved the resident and they were in the home?



Relative comments:

‘Seems involved. Went on a sponsored walk, in the park’

# Staff Member interviews

## Senior's Interview

The Manager was not available for this part, therefore we spoke to a Senior.

We were told that the Home did not have any staff vacancies at the moment. However, with additional 10 beds becoming operational more staff would be needed. We were also told that they use bank staff rather than agency staff.

Staffing numbers are based around the following hours:

Morning to evening From 7.30 am till 8.30 pm	Evening to morning From 8.30 pm to 7.30 am
1 x senior & 3 carers	1 x senior & 1 carer

In addition, there are laundry staff, a kitchen operative, a kitchen assistant and domestic staff.

The Senior was standing in for the Manager who was not available all the time due to a meeting at the time of our visit. The Senior had started as a Carer and had been promoted over the past 16 years at the Home.

We asked if they felt confident in their role?

They answered yes. They appeared to be very confident.

We asked them to describe the care planning and risk assessment process

They told us that they used the Trusted Assessment from previous organisations or carry out an initial risk assessment, undertake a personal assessment and that this is monitored on a daily basis.

Some Trusted Assessments were not very accurate.

We asked how much time are they able to spend with residents? And did they feel that it was adequate?

Mostly ok but varies day to day.

We asked if the training they received supported them to help meet the needs of the residents?

We were told that training is a mix of online and practical. Examples given were all Mandatory plus Autism, Dysphasia.

We asked they deal with any concerns from residents?

They would sit and talk with the resident to identify what's wrong and if needed they would report to the Manager. They reported that there were handovers at each shift change and they used software recording on "Person Centred Software".

We asked how they felt about the supervision and support that they received when caring for residents?

Now the new Manager has started, they have regular Supervision meetings.

We asked if they had any concerns would they feel confident to raise them?

They said they did feel 'very confident' and would escalate to management if needed.

We asked if they could change one thing, what would it be and why?

They answered, "Can't think of anything".

## Staff Member (carer)

As part of our visit, we also chat with a hands-on staff member. Their role may vary from a carer, chef/cook or activity co-ordinator if they have one.

We asked if they felt confident in their role?

They told us that they felt very confident in their role.

We asked them to describe the care planning and risk assessment process

They confirmed that residents complete an "All About Me" questionnaire.

We asked how much time are they able to spend with residents? And did they feel that it was adequate?

They answered as much time as they could.

We asked if the training they received supported them to help meet the needs of the residents?

"Online training for Care Skills", has contacted other care homes to discuss activities, external trips, etc.

We asked they deal with any concerns from residents or relatives?

They said that they would make a record, attempt to resolve the issue or raise with Manager.

We asked how they felt about the supervision and support they received when caring for residents?

They told us that the Manager was very approachable and that they had a daily meeting at 11:00 a.m.

We asked if they felt confident raising any concerns

They told us that they would feel confident to approach the Manager with any concerns.

We asked if they could change one thing what would it be and why?

They said that the budget was small and required to be topped up with fund raising. We wondered whether having a fixed budget might help planning activities and trips.

We were told of other activities that took place such as birthday celebrations, nail painting, hairdresser visiting weekly.

## Findings

1. Manager had only taken over in May 2024 and was still working through a list of actions/improvements.
2. We didn't receive any adverse comments regarding food, but the Manager was developing the menu to improve the offer.
3. There was a loud exchange between a couple of residents which was quickly diffused by staff.
4. Manager noted that activities were being improved and had appointed a 'well-being person' (activities co-ordinator) to better look after residents.
5. Residents with capacity and no DoLS did go out of the Home. Some residents had taken part in a sponsored walk in the local park. A trip to Cosford later in the month was being arranged.
6. Décor appeared to be in good repair.
7. Staff were attentive and caring and asked residents if they required tea, coffee or cold drinks.
8. Residents seemed to be well kempt.
9. The garden area that residents could access needed some care and attention so that outside space could be utilised and enjoyed as slabs were uneven and need to be made safe.
10. Front garden area was well maintained.
11. We did observe some seated activity involving throwing and catching a ball with residents. Staff did engage with residents consistently and in a very friendly manner.
12. We were advised that a resident was unfortunately having to be moved elsewhere to meet their changing needs was not happy with the change.

## Recommendations

1. Complete planning for increased staff to cover 10 additional bedrooms once recent extension is commissioned.
2. Repair paving to resident accessible garden areas so that they have unrestricted access to an outside area to enjoy.
3. Some residents expressed the importance of external visits so, when possible, they should continue.
4. Establish a well-being (activities) budget to assist planning activities and trips. Any additional funding from raffles or donations should be considered an additional financial contribution to resident activities.
5. Consider providing a small pool table. This was suggested by one resident.



# Provider Feedback

We received the following response from the provider:

Thank you for visiting Bescot Lodge. The staff and residents felt comfortable during the visit and did not find it intrusive.

I would like to add some points, below, to support the readers understanding in how Bescot Lodge supports those living at our service.

There is a budget for activity provision, the home also does fund raising. The budget is generous and is allocated monthly. This is used for entertainers and equipment to support arts and crafts, prizes for in house competitions and sundries such as medals and ribbons for success stories.

Fund raising is a way to join the community together. This gives a lot of joy to residents when they participate. For example, we did a sponsored walk, and raised £250, which has allowed us to plan a trip to Cosford air museum and other excursions are in the pipeline.

Cake sales are always a big success for visitors, staff, as well as the residents. Residents are supported to bake cakes for sale and support sales by encouraging visitors to buy.

The extension has been completed and will increase our occupancy to 36. The staff are already recruited, and all recruitment checks have been completed. They are waiting for a start date to join our team.

The residents have a bi-monthly meeting and share ideas and suggestions. This has back has been very positive.

The meetings have resulted in the home purchasing many new items to enhance their experiences. This includes a large selection of board games, exercise games and other items for fun. Residents were involved in choosing what was most suitable – and fun.

The garden area is a work in progress and there are plans for next spring, including a vegetable garden and an herb garden which the residents will be supported to manage.

Thank you again for your visit, and we would welcome anyone to come and view our facility if they are considering or searching for a care home in the future.

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>

Find us and our reports on our Social Media platforms



Facebook: @HealthwatchWSL

X (Twitter): @HWWalsall

Instagram: healthwatchwsl

YouTube: Healthwatch Walsall 2020



## 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.



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