

ENTER AND VIEW

REPORT



RUSHALL CARE HOME
20TH JANUARY 2026



**Engaging
Communities
Solutions**

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Name of Care service	Rushall Care Home
Service provider details	204 Lichfield Rd, Walsall, WS4 1SA Telephone: (01922) 635328
Opening hours	24 hours
Date and time of visit	20th January 2026 14.00 - 15.30 pm
Authorised Representatives (AR)	Ellie Lilly (Healthwatch Walsall HwW Staff, AR) Richard Jolly (Lead AR, Volunteer)

2 Introduction

2.1 Details of visit

This was an announced visit. We called the Home on the day of the visit to check to ensure there were not outbreaks of infectious illnesses, e.g. Norovirus, Covid, influenza, etc. We were advised there were no such outbreaks.

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 allow 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 need to 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 Notable findings

- The premises appeared well maintained and clean.
- There is a small car park but sufficient on road parking was available.
- There is good bus route access.
- There was not an unpleasant odour.
- Residents and relatives seemed to be happy with their care.
- One resident mentioned that they see Nurses and not a GP.

5 Methodology

1. This was an announced visit.
2. We spoke to a staff member and the Activities Manager.
3. We spoke to 5 Residents and 2 Relatives.
4. We used a pre-scripted questionnaire to evaluate responses across key themes.

On arrival, the Authorised Representatives (AR) 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 visited by the Care Quality Commission (CQC) on 2 August 2023 and rated good.

Link to CQC report: <https://tinyurl.com/mxmu9h8f>

We were told by the Manager that the Home has 36 beds. The resident demographic is varied.

6.2 Premises

There are approximately 12 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 straight off the lobby.

Staff greeted us and asked us to sign-in using the visitor's touch screen. There is a hand sanitising unit on the wall and was dispensing sanitising solution.

There is an internal lift and stairs to the upper floor.

Communal areas and some bedrooms are off the lower corridors and bedrooms off upper floor corridors. There are two communal areas including a dining area. The main communal area is on the ground floor with seating for approximately 20 residents. The interior appeared to be tidy, and décor appeared to be maintained.

Whilst there weren't handrails everywhere to promote independent movement, we noted that residents were supported in moving around.

We noted pictorial direction signage.

The external garden area was well maintained we noted the provision of benches and bird feeders.

6.3 Services offered

The service has an entry on the 'Carehome' website, link:
<https://www.carehome.co.uk/carehome.cfm/searchazref/20002506RUSA>

Offering the following services which have been taken from that website.

<p>Primary Care Categories</p> <ul style="list-style-type: none">• Older Person Care• Dementia• Learning Disability/Autism• Physical Disability <p>Care Types Provided</p> <ul style="list-style-type: none">• Nursing Care• Dementia Nursing Care	<p>Dementia Care Types</p> <ul style="list-style-type: none">• Mild Dementia• Moderate Dementia• Advanced/Complex Dementia <p>Other Care Provided</p> <ul style="list-style-type: none">• Parkinson's Disease• Stroke• Palliative/End of Life Care• COPD/Pulmonary Disease• Bariatric Care/Obesity• Acquired Brain Injury (ABI) <p>For a maximum of 39 Service Users</p>
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6.4 Staffing

Role/Title	Number of staff
Manager and Deputy Manager	2
Morning – Nurse	1
Morning – Nurse Assistant	1
Morning – Care staff	6

Afternoon – Nurse	1
Afternoon – Nurse Assistant	1
Afternoon – Care staff	6
Night – Nurse	1
Night – Care staff	3
Activities Co - Ordinator	1
Maintenance	1
Cook and Catering Assistant	2
Laundry	0
Domestic staff	3
Admin	1

6.5 Staff interaction

We were told the following...

- Daily meetings take place to handover.
- Quarterly staff meetings.
- Quarterly supervision meetings.
- Annual appraisals.
- Resident meetings are held every 2 months.

6.6 Resident and Relative interviews

We interviewed 5 residents and 2 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:

'Mainly happy. Very happy with care'
'Not happy with locked room at night but everything else is very good'
'So far so good. Days are busy'

2 relative responses: 'Well looked after'. 'Mainly happy' and very happy with care'.

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

A. The responses included: can choose bedtime, getting up time, clothes to wear. Join in with activities like knitting, tiddledywinks and bingo.

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

A. The responses were:

4 residents simply said Yes. Another resident added 'More or less but there is everyone to see to'. A relative said: Yes – 'Everyone sociable, always something going on'.

*'I take part in activities. Good variety'
'Everyone sociable, always something going on'*

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 were:

1 or 2 months

9 months

2 or 3 years

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

A. The responses were:

6 said yes.

Resident and relative comments:

*'Hairdresser visits regularly'
'Hairdresser comes weekly'
'Go out to opticians appointments'
'Some concerns about healthcare'*

One resident mentioned that they only see a Nurse for healthcare and not a GP.

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

A. The responses included:

6 said yes

1 said speak to Manager but need an appointment.

Q. Positive and one negative comments about the home?

Positive:

*'Food excellent. Snacks available all the time'
'Staff always on site''*

Negative:

*'An initial meeting would have been good'
'Television is on a lot and noise does cause confusion'*

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

A. Everyone said yes.

'Food is lovely'

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.

'Enjoy songs from the shows'
'Not aware of Relatives meetings'

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.

'Freedom. I'd like to get out more but prone to falls'
'Not always hot enough everywhere'
'Nothing I can think of'

6.7 Staff Interviews

We interviewed one staff member and the Activities Manager using a set series of questions.

Staff Member

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

A. I've been here for 10 years. Training is good and now being offered Diploma 3 Senior Management.

Q. Describe your care planning and risk assessment process?

A. Care plan online. New Residents come with risk assessment which is reviewed after an initial meeting. This meeting helps identify likes / dislikes.

Q. How much time are you able to spend with your residents and do you feel this is adequate?

A. Never enough time. We're very busy with 36 Residents. There are 6 other staff plus Senior and Management.

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

A. Yes. We use an app for records.

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

A. We note concerns, record and forward to Management.

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

A. Yes. I can always speak to Management. They don't want us carrying stress waiting for regularly scheduled meetings.

Q. Would you feel confident in raising any concerns that you have. If not, why?

A. Yes.

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

A. I'd like more staff.

Activities Manager

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

A. I've been here for over 8 years.

Q. Describe your care planning and risk assessment process?

A. We use on-line care plans – Person Centred Care Plan. We use an initial meeting agenda – All About Me. Risk Assessments are based on this and other information.

Q. How interactive are you with your residents?

A. Most of the time.

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

A. Resident meetings are held every 3 to 4 months. We give out surveys and review the feedback every month. We have a board in Reception summarising "You said, we did".

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

A. Yes. On-line training uses Medex. Covers allergies, dementia awareness and similar. We are encouraged to develop our training.

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

A. We note concerns, record and review.

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

A. Yes. I can always speak to the Manager.

Q. What are your current challenges?

A. Our main challenge is the demand for nursing beds. It can be awkward to balance care with happiness. Dementia access control is difficult.

Q. Any additional comments?

A. We've had a lot of external activities including Birmingham Art Gallery, a trip on a canal boat, a visit to a garden centre and others including a Black Sabbath tribute band in the garden. We're looking at going swimming and a trip to a safari park next along with an activity for the garden in wintertime.

7 Recommendations

1. Should residents roam at night from their room, consider what measures is or can be put in place to stop/reduce entering other residents rooms.
2. Monitor staff numbers at night.
3. If only Nurse attending residents and no GP, provider may wish to consider discussing with the Black Country Integrated Care Board (Commissioner of Primary care services).

7.1 Examples of Best Practice

1. Appears to be a well laid out and staffed care home.
2. Staff care appears to be appreciated by residents.
3. Activities are appreciated by everyone.
4. Food has been highlighted as good to excellent.
5. Good activities noticeboard.
6. Excellent activities survey.
7. Varied range of external visits mentioned.

8 Service provider response

Response from provider below.

We do appreciate the time taken by Healthwatch Walsall representatives to visit the service and speak with residents, relatives and staff. It is encouraging to read the positive feedback regarding the cleanliness and maintenance of the home, the quality of food, and the range of activities available to residents. We are pleased that residents and relatives reported feeling happy with the care provided and that the activity programme and staff engagement were highlighted positively.

We also welcome the constructive observations within the report and will consider these as part of our ongoing quality improvement processes. In particular:

We will continue to review night-time safety arrangements for residents who may wander, ensuring that measures are both supportive and proportionate while maintaining residents' dignity and independence.

Staffing levels are regularly reviewed in line with resident dependency and clinical needs, and we will continue to monitor night staffing to ensure appropriate support is maintained.

Residents at Rushall Care Home do have access to GP services when required, and we will continue to work closely with local primary care partners to ensure residents receive timely medical support where needed.

Overall, we are grateful for the opportunity to receive feedback from Healthwatch Walsall and remain committed to providing safe, person-centred and high-quality care for all residents.

General Manager/ RGN
Rushall Care Home

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X (Twitter): @HWWalsall

Instagram: healthwatchwsl

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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.



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