

# ENTER AND VIEW

REPORT



THE WATERMILL  
24TH MARCH 2026

<b>1 Contents</b>	<b>Page</b>
<b>2 Introduction</b>	
2.1 Details of visit	3
2.2 Acknowledgements	3
2.3 How we collected the data	3
<b>3 What is Enter and View?</b>	
3.1 Purpose of visit	4
3.2 Strategic Drivers	4
<b>4 Overall summary</b>	5
<b>5 Methodology</b>	5
<b>6 Summary of findings</b>	
6.1 Overview	5
6.2 Premises	5 - 6
6.3 Services Offered	6
6.4 Staffing	6 - 7
6.5 Staff interaction	7
6.6 Resident / relative interviews	7 - 8
6.7 Staff interviews	9 - 10
<b>7 Recommendations</b>	10
7.1 Examples of best practice	11
<b>8 Service provider response</b>	11

Legend - Authorised Representative (AR)  
Healthwatch Walsall (HwW)

## 2 Introduction

Name of Care service	The Water Mill
Service provider details	Goscote Lane, Goscote, Walsall, WS3 1SJ Telephone: 03701 924220
Opening hours	24 hours
Date and time of visit	24 March 2026 from 10.00 - 1200
Authorised Representatives (ARs)	Tom Collins (HwW Staff) 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 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 noted and the paperwork was later collated to establish what people told us. Any 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 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 'Outstanding' 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.
- Residents seemed very well cared for.
- Residents and the 1 relative we spoke to were very content with the care they received.
- The staff were well organised and appeared to be engaging and caring towards residents.

## 5 Methodology

1. This was an announced visit.
2. We spoke to the Manager.
3. We spoke to 7 Residents and 1 Relative.
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 a relative 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

Care Quality Commission (CQC) status: Outstanding

Latest inspection: 18 January 2019 Report published: 1 March 2019

Latest review: 6 July 2023

Link to report: <https://www.cqc.org.uk/location/1-212241323>

### 6.2 Premises

There are 31 car parking spaces with an additional plus 5 disabled car parking spaces nearer the front of the building.

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.

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

Communal areas and bedrooms are separated into 4 “houses” accessed by corridors protected by security card access doors to each area.

There are communal and dining areas in each of the houses, with centrally located seating for approximately 10 residents. There are exits to the internal court garden areas from each.

The interiors appeared to be tidy, and décor appeared to be well maintained. There was some electrical and plumbing refurbishment taking place with safety measures in place.

We noted that there was pictorial direction signage which was clear.

The external gardens were well maintained and noted the provision of benches and bird feeders. There were internal court type gardens which were paved and planted with an external lawned and tree lined perimeter garden which also could be accessed.

## 6.3 Services offered

The service has its own website, link: <https://tinyurl.com/253t5jv4>

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

<p><b>Primary Care Categories</b></p> <ul style="list-style-type: none"> <li>• Older Person Care</li> <li>• Dementia</li> </ul> <p><b>Care Types Provided</b></p> <ul style="list-style-type: none"> <li>• Dementia Residential Care</li> </ul>	<p><b>Dementia Care Types</b></p> <ul style="list-style-type: none"> <li>• Mild Dementia</li> <li>• Moderate Dementia</li> <li>• Advanced Dementia</li> </ul> <p>Other Care Provided <b>For a maximum of 40 Service Users</b></p>
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## 6.4 Staffing

Role/Title	Number of staff
Manager and Assistant Manager	1 + 1
Morning – Supervisors	4
Morning – Care Staff	8
Afternoon – Supervisors	4
Afternoon – Care Staff	8
Night – Lead	1
Night – Care staff	4
Night – Occasional Care staff float	1
Maintenance Contracted services	0

Cook and Catering Staff	5 (2 to 3 each day)
Domestic/ Laundry staff	6 (Staffing varies each day)
Admin	1 (9–5 pm)
Office care Co-ordinator	1 (9–5 pm)

Vacancies at the time of the visit:

Staff - 1 day care assistant part time and 1 care assistant, night post.

Resident beds – 2 vacant

## 6.5 Staff interaction

We were told that:

- Daily meetings take place to handover.
- Manager(s) conducts monthly walk round. Also, using the C.Q.C. tracker to monitor compliance.
- There are quarterly staff meetings held.
- Residents' meetings are held quarterly.

## 6.6 Resident and Relative interviews

We interviewed 7 residents and 1 relative 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:

*'Good'*  
*'Enjoy life here. Nice place. Feel safe'*  
*'Lovely. Too much food'*  
*Had fall, so recovering'*  
*'OK'*  
*'Too strict on somethings, not strict on others'*

1 relative response: *'Mum is happy'*.

**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 singing and cinema.

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

*'Yes, buzzer in room'*  
*'Feel safe, press and staff come'*  
*'Safe because I can't get out'*

**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 under a year, 2 to 3 years & up to 10 years

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

A. The responses were:

6 said yes.

2 said somewhat,

Adding that they were given too much food.

Resident and relative comments:

*'Staff do their best to help'*

*'Staff are lovely'*

*'Can be a delay when asking for water or hearing aids'*

*Definitely, very much so'*

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

A. The responses included:

7 said yes.

1 said somewhat.

**Q. Positive and one negative comments about the home?**

Positive:

*'Food good, looked after'*

*'Everyone is lovely'*

*'Good to have access outside'*

Negative:

*'Not sure everyone listens'*

*'More staff would help. Have to work very hard at times'*

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

A. 6 said yes.

2 said somewhat.

*'Put on weight since being in home. Fish & Chips favourite'*

*Can have alternatives if want'*

*'Generally good'*

*'Food OK'*

**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.

*'Like hearing others sing'*

*'Enjoy seeing animals'*

**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.

*'Can't think of anything'*

*'More staff as do have to work hard at times'*

*'Nothing really'*

*'Nothing to change'*

## 6.7 Staff Interviews

We interviewed the Manager using a set series of questions.

### Manager Interview

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

A. I've been Manager here for 6 years but working here for over 15 years. With a cumulative total of 36 years' service in Social Care

**Q. Describe your care planning and risk assessment process?**

A. All Residents are referred and have a support plan from the Local Authority. We then carry out our own assessment using relative(s) input and person comments, a 'life history'. Assessments can include equipment that may be required and may range from respite to supporting people who require full bed care.

**Q. How interactive are you with your residents?**

A. I go around each house most days and as much as I can including walking around with visitors. I walk round monthly as part of our 'Quality Audit' checks and this is then shared with staff'.

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

A. 'Yes. I can always speak to my Managers and I have Quarterly Check ins and we have monthly Managers Meetings'.

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

A. Resident meetings are held quarterly. We also use survey results and produce action plans based on survey results which is published in the monthly newsletter.

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

A. I have an open-door policy and meet residents/relatives as asked. The complaints process is displayed on noticeboards and included in our information packs.

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

A. Yes. I can always speak to my Managers and the Group organise monthly checks with quarterly reviews.

**Q. What are your current challenges?**

A. 'Our main challenge is changing from paper records to a digital system. However we have now started trialling a new digital system and we are very excited about this'.

**Q. Any additional comments?**

A. 'We have a yearly mock inspection from an external provider and we are audited by the QICT team on a regular basis, - we receive reports and this helps us identify best practice, compliance, lessons learnt, and where improvements can be made'.

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

During our visit we became aware that one resident had gone out of the care home previously but were found safe shortly after in the nearby grounds. We were advised it was due to a fault on the existing doors which had dropped due to the doorframe cracking, this in turn made the door drop intermittently and when this happened meant the fire door closure did not lock (causing again intermittent faults which made it difficult to identify at the time.) The doors and door frame have now been completely replaced with new ones and new fire door closure mechanisms also replaced

It was actioned promptly and there have been no unauthorised exits since. Regular checks are continued to be made.

## 7 Recommendations

1. Continue to adopt digital record system.
2. Continue to monitor security infrastructure/equipment.

## 7.1 Examples of Best Practice

1. Residents appreciate the care given by the staff.
2. Well, laid out and staffed care home with sense of community improved by 4 separate “houses” and rooms for Memories, Cinema and Shop.
3. Adjoined Day Care Centre gives opportunities for better contact.

## 8 Service provider response

A lovely report and very well received.

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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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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