

# ENTER AND VIEW

REPORT



ALEXIA COURT – BLAKENALL  
30<sup>TH</sup> JULY 2025



Engaging  
Communities  
Solutions

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Name of Care service	Alexia Court
Service provider details	Harden Rd, Leamore, Bloxwich, Walsall, WS3 1BT Telephone: (01922) 409444
Opening hours	Variable
Date and time of visit	30 July 2025 10.00 a.m. – 12.00 noon
Authorised Representatives (ARs)	Tom Collins (HwW Staff) Richard Jolly (AR Volunteer Lead)

## 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 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 has recently changed ownership, and we had wanted to understand how any changes may have affected the service user experience.

### 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 schedule of refurbishment in place which will be carried out over the year with minimal disturbance to residents.
- There is a small car park with on road parking also available.

## 5 Methodology

1. This was an announced visit.
2. We spoke to the Manager and Deputy 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 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 has not yet been visited by the Care Quality Commission (CQC) nor rated since the transfer of ownership.

We were told by the Manager that the Home has 35 beds with 4 bed vacancies at the moment. The resident demographic is varied.

Two bedrooms are being used as temporary storage for refurbishment materials and equipment.

### 6.2 Premises

There are approximately 8 car parking spaces of which one is marked for disabled use.

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 corridor is via an internal glazed door.

There is a reception/office to the left. Staff greeted us and asked us to fill in the visitor's signing in book. 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 three communal areas plus a dining room. 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.

## 6.3 Services offered

The service has an entry on the 'Carehome' website, link: <https://tinyurl.com/3xma2azt>

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> <li>• Permanent Care</li> <li>• Respite Care</li> </ul> <p><b>Care Types Provided</b></p> <ul style="list-style-type: none"> <li>• Residential Care</li> <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> </ul> <p><b>Other Care Provided</b></p> <ul style="list-style-type: none"> <li>• Palliative/End of Life Care</li> </ul> <p><b>For a maximum of 35 Service Users</b></p>
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## 6.4 Staffing

Role/Title	Number of staff
Manager and Deputy Manager	2
Morning - Senior	1
Morning - Care staff	4
Afternoon - Senior	1
Afternoon - Care staff	3
Night - Senior	1
Night - Care staff	2
Activities co-ordinator	1
Maintenance	1 Part time
Cook	1 + 2 staff
Laundry	2
Domestic staff	1 Full time + 2 Part time

## 6.5 Staff interaction

- Daily meetings take place to handover.
- Staff meetings are held every 3 months (additional meetings for departments and as necessary).
- Residents meetings are held every 3 months.

## 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:

*'Only came yesterday'*  
*'No activities when co-ordinator off'*  
*'OK. More or less the same'*  
*'Not to bad. Like it here'*  
*'Enjoyable'*

One resident chose not to give an answer.

2 relative responses: 'Enjoys bingo. Not happy with music'. 'Very much a loner'.

### 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 some activities. Music can be too loud sometimes.

1 relative indicated that the resident has choice.

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

A. The responses were:

4 residents simply said Yes. A relative said: Yes – alarm bell, crash mat alarm"

*"Feel safe, call button in room"*  
*"Worried about people wandering around at night"*  
*"Do feel safe but man shouting not good"*

### 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:

6 or 7 weeks	2 years
3 said not sure/can't remember	18 months
2 were too confused to understand question	

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

A. The responses were:

I do feel looked after                      2 said carers alright                      3 said yes

Resident and relative comments:

*"Any problems, home phones to let us know"*  
*"Do feel cared for. Carers alright"*  
*"Yes, staff come round"*  
*"Yes, I'm looked after"*

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

A. The responses included:

3 said yes

2 said speak to staff member

Too confused to understand the question

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

**Positive:**

*"Very nice staff",*  
*"Well managed and staff know what they are doing",*  
*"Problem with falling out of bed solved by providing hospital bed",*  
*"I'm looked after"*

**Negative:**

*"Worried about people wandering about at night",*  
*"Man shouting for help isn't good"*

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

A. Two alternatives from menu and various drinks                      Alright. Always have drinks for me                      Generally good food and drinks brought round

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

A. Join in some activities.                      Yes, join in meetings                      Very involved  
Singer came in last week                                           Not really

**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.

*"Nothing, alright for me"*

*"Not fussy"*

*"Nothing really. Everything pretty much ok"*

## 6.7 Staff Interviews

We interviewed two staff members together, the manager and deputy manager using a set series of questions.

### Manager and Deputy Manager

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

A. I've been manager here for 12 months but in health care for over 25 years.

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

A. We use PCS care planning system. A person-centred system shared across group homes. We've seen positive changes to care planning but some Local Authority support plans are lacking, discharges without paperwork, tablets not issued so have to go to hospital pharmacy to collect, no walking aids are sent from hospital.

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

A. We walk round at least daily and try to have lunch together with residents.

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

A. Bridge Training – online. They're incorporating the training from our previous provider. There is some hands-on training including manual handling and fire extinguishers.

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

A. We receive comments from on-line reviews and postcards in reception. The complaints policy is displayed in reception. We invite everyone with an issue to meet us and record results on the PCS system.

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

A. I feel comfortable and can always ask director and fellow manager from neighbouring group home.

**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. Difficult to answer now as Home is going through a series of changes and improvements which are the result of identified needs. The Home is being refurbished and altered part by part to improve flooring, doors, service improvements and providing themed corridors plus room for hairdresser, pub and café.

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

A. We have a lot of activities including bingo, quizzes, ball games, external singers and church communion. Non-DOLS can go out on their own. We have organised a visit to Lighthouse Cinema.

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

A. Resident meetings are held quarterly, and we did have a special relative meeting to discuss the sale/change of owner.

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

A. The work on changing the facilities. We aren't getting enough referrals. There is 1 privately funded resident with everyone else referred from LA.

One resident's dementia has deteriorated beyond our capability to provide adequate care, and the social care team are not helping with a transfer very quickly.

Another resident was admitted with incorrect information from the family re tendency to bite other people and this has required a revised risk assessment and precautions.

Additional comment from provider:

A local GP service is meant to visit here every 2 weeks regardless of need, but last visit was 8 or 9 weeks ago. However, Case Managers, Paramedics and Medication reviews are taking place.

#### **NOTE**

During our visit, one resident with dementia kept calling out for a Nurse. A care assistant was present and engaged with the resident and asked about their need to reassure the resident. This happened several times.

Many residents expressed concerns about the consistent shouting out and it was clear that it affected their mental health. We were advised that the Manager had requested to move the resident to a dedicated dementia provider as the residents dementia had accelerated and their needs had changed.

Healthwatch Walsall contacted the Walsall Adult Social Care Services around the concerns of the morale and wellbeing of residents and the changed needs of that particularly resident.

Healthwatch Walsall also raised with the Black Country Integrated Care Board (BICB) the provider issue of a GP not visiting the residents regularly.

## 7 Recommendations

1. As discussed, training for prognosis of life.
2. Decision re level of dementia care and any subsequent effect on current building refurbishment scope of works.

### 7.1 Examples of Best Practice

1. Staff care appreciated by residents.
2. Support from colleagues from other group homes.

## 8 Service provider response

Thank you for sharing the draft *Enter and View* report for Alexia Court following your visit on 30th July 2025. We appreciate the time taken by your representatives, and we welcome both the positive feedback and the constructive recommendations.

We are pleased that residents, relatives, and staff recognised the caring approach, good communication, and the improvements underway through our refurbishment programme.

In response to the points raised, please find our update and planned actions:

1. **Resident Behavioural Concerns**
  - o The resident whose advanced dementia was impacting the wellbeing of others has now been transferred to a more suitable specialist setting. This has immediately improved the morale of both residents and staff.

## 2. **GP Service Attendance**

- We share your concern that GP visits have not been taking place at the agreed frequency. We will formally raise this with the Black Country Integrated Care Board (ICB) and are seeking assurance of a reliable visiting schedule. In the meantime, our senior team continues to liaise with case managers, paramedics, and pharmacists to ensure residents' medical needs are met.

## 3. **Hospital Discharge Issues**

- We continue to experience incomplete hospital discharges (e.g. missing paperwork, medications, and equipment). We are logging every incident and escalating directly to the hospital discharge team and local authority. We will share evidence with commissioners and CQC where systemic risks to resident safety are identified.

## 4. **Activities Programme**

- We acknowledge feedback that activities lapse when our co-ordinator is absent. We are promoting care staff to lead alternative engagement sessions during these periods.
- To strengthen our provision further, we have also invested in a *Tiny Tablet* from Inspired Inspirations, which will support digital engagement, group sessions, and personalised activities for residents.

## 5. **Referrals and Occupancy**

- While the majority of placements remain local authority funded, we are actively reviewing how we promote our services to private individuals. This includes updating online profiles, showcasing refurbishment improvements, and maintaining regular contact with brokerage teams and community partners.

We are committed to continuous improvement and value the opportunity to respond to this report. Thank you again for your observations, which will support us in further enhancing the quality of care at Alexia Court.

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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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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