



*Enter and View
Sambrook Residential Care Home
Semi-announced visit
20th February 2025*

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What is Enter and View

Part of Healthwatch Telford and Wrekin's remit is to carry out Enter and View visits. Healthwatch Telford and Wrekin's Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. Revisits will also take place.

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 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 Telford and Wrekin's 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 Telford and Wrekin's Safeguarding Policy, the Service Manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

1. Provider details

Name and Address of Service: *Sambrook House Residential Care Home*
Sambrook, Newport TF10 8AL

Manager: Gill Gannon

Service type: Residential Care Home

Date and Time: 20/02/2025 2pm

2. Acknowledgments

Healthwatch Telford and Wrekin would like to thank the manager and all the staff, residents, relatives for their co-operation during our visit.

3. Disclaimer

Please note that this report is related to findings and observations made during our visit made on 20th February 2025. The report does not claim to represent the views of all service users, only those who contributed during the visit.

4. Authorised Representatives

Jan Suckling Lead Engagement Officer

Denice Morgan

Promise Ewuzie (observing)

5. Who we share the report with

This report and its findings will be shared with the Manager at Sambrook House, Local Authority Quality Team (depending on the visit), Shropshire Telford and Wrekin ICB, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Telford and Wrekin website.

6. Healthwatch Telford and Wrekin details

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7. Healthwatch principles

Healthwatch Telford and Wrekin 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. **A 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.

8. Purpose of the visit

The visit semi-announced and was Part of the Healthwatch work plan. Established in 1985, the home is built around what was once the village house. It has been extensively refurbished and extended. It is privately owned and is registered for 28 elderly residents. The facility has 3 double bedrooms, 9 single bedrooms and 13 single bedrooms with en-suite facilities. It also has a large conservatory, 2 lounges, a dining room and gardens.

9. What we did

On arrival we entered the care home, the front doors were not locked to the care home. We waited in the entrance hall and were greeted by a member of staff. We explained who we were and showed our ID badges we were then asked to sign in the visitor's book while the member staff went to get the manager.

We explained to the manager the purpose of our visit and how the visit would be carried out. One Authorised Representative (ARs) and the shadowing AR would look round the home speak to residents' staff and any visitors, the other a AR would speak with the Manager and a Senior member of staff.

While we sat with the Manager we also had a discussion about the home and how it was run, any issues impacting operational delivery and so on. Refreshments were offered throughout the visit.

10. Findings:

a) Environment

i) External

On arrival at the home, the gardens were well maintained and there was a car park situated at the side of the building. The home has security cameras around the outside and over the car park. There was a covered outside seating area for residents to use.

Signage was good and clear from the road. The home is situated in a small village opposite the local church.

The outside of the building looked well maintained. The front door is not locked, the Manager's office looks out at the entrance. The entrance was easy to find from the car park. We were told that the front door is kept locked at night.

ii) Internal

The ARs were introduced to the activity's coordinator, who had just finished doing activities with the residents. They showed the ARs around the home.

The home is not purpose built and has been converted leading to lots of different areas. The conservatory area is used for residents' activities mainly.

We observed that the dining tables were set ready for tea, which was clean and spacious.

The home was spread across 2 floors that can be accessed via a lift or stairs.

b) Essential Services

The Manager explained that they are well supported by the Family who own the home. The home has a core of long-term staff, staff told us that the home has a family atmosphere and supportive culture. The Manager stated that she feels very well supported by the provider.

The home staffing levels are during the day:

- The manager and senior care on duty
- A senior and two carers on the floor
- Domestic
- Admin
- Handyman when required
- The kitchen it's covered by a senior Cook and a second cook.

Nights are covered by two care staff

The home very rarely uses agency staff, if they do they use the same agency and staff that know the home.

The home has a vacancy for night care staff at the time of the visit. The home has a Facebook page, and they use this for recruiting staff.

New staff complete the care certificate if they do not already have it. Staff complete an induction and are supernumerary for two days. They also have a skill sheet that must be completed under supervision. Staff have also completed the Alistair McGowan training.

The home has now gone over to electronic care records. We were told this system is much better than the written records. Management is able to track care much better using this system.

While the AR was in the office, the emergency call bell sounded management, and all staff answered the bell immediately. The management can access data on how long it takes staff to answer call bells, and this is regularly monitored.

c) Access

Residents are registered with the two medical practices in Newport, staff fill in the triage form for the residents to request a home visit. Most home visits are carried out by the surgery's paramedic.

The home has had problems getting residents medication reviews done, the Manager and medication had to go to the surgery to do medication reviews.

The home uses Dawley dentist. They are in the process of changing the optician that visits the home. The home has access to a chiropodist and a physiotherapist.

d) Safe, dignified and quality services

All the residents that we spoke with expressed that they felt safe. We were told by residents that:

“it is a peaceful place”

“I have no issues here”

All bedrooms have a call bell system, residents said the bells are answered quickly and they are not kept waiting. Staff are very quick.

We asked some residents if they felt cared for:

“I am supported to see my GP and dentist”

We asked if residents felt involved in the home:

“I am always asked what activities I would like to do, I feel I am involved”

The home has resident meetings, we were told there was one planned for the Tuesday after our visit.

The manager has an open door policy and relatives can access them at any time with concerns. Relatives told us:

“Staff are well trained and professional when handling concerns.”

“The management is sensitive and more than capable of handling and resolving concerns.”

“The home also supports with appointments”

“We have very nice people in the home amongst the staff and residents.”

Residents and relatives described the home as peaceful, safe and they felt respected. Also, they felt there was good communication from the home around their relatives.

e) Information

The Manager explained that they have an open-door policy, staff did not wear name badges. The Manager explained that a resident had a skin tear from a badge, so they had now taken the decision not to wear them. We did suggest they had some information in the entrance that showed who different members of staff were.

f) Choice

Residents and relatives told us that residents have choice. They went onto to say that they enjoy healthy fresh meals and there was a wide choice of options. There is also a wide choice of drinks available for residents and visitors.

Residents are also asked regularly about their preference for activities and feel involved in their daily life. They feel they are given choices.

g) Being Listened to

All residents and relatives we spoke to said they felt involved in the home, and that the home communicated with them about any changes.

h) Being involved

Throughout the home the ARs observed staff engaging with residents and relatives.

11. Recommendations

Recommendations made from findings	
1	Consider having something in the entrance that identifies the different staff members, photos and names.

12. Provider feedback

The provider says the board they have in the entrance identifies different staff.

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The contract to provide the Healthwatch Telford and Wrekin service is held by Engaging Communities Solutions C.I.C.

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