

healthwatch

Sandwell

Enter & View

Report

Bartholemew Lodge
Nursing Home

February 2026



Enter & View visit to Bartholomew Lodge Nursing Home

Introduction

Healthwatch Sandwell (HWS) is the independent voice of the public in health and social care in Sandwell. We collect feedback from the public in Sandwell about their experiences of using health and social care services and use that feedback to work with service providers and commissioners to find ways to improve services.

What is Enter & View

Part of HWS remit is to carry out Enter and View visits. HWS Authorised Representatives (AR) will conduct 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.

The Health and Social Care Act (2012) allow 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, opticians, optometrist, 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 Sandwell Enter and View visits are not specifically intended to identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Sandwell Safeguarding Policy, the service manager will be informed, and the visit will end. The Local Authority Safeguarding Team will also be informed.

Background

HWS Enter and View Programme 2025/26

Taking into consideration the rationale and criteria for visits, the Enter and View programme for 2025/26 will visit:

- **Care homes that support people with dementia**
- **Hospital wards who care for people with dementia when staying in hospital**

We will engage with people with dementia, family/friends and staff who provide care. We will seek to find out about:

- **Healthy Environment** – The right to live in surroundings that support health and wellbeing.

- **Essential Services** – Access to high-quality preventative, treatment, and care services to avoid crisis.
- **Access** – Equal access to services without discrimination, tailored to individual and family needs.
- **Safe, Dignified, Quality Services** – Services that are safe, confidential, and delivered with dignity and respect.
- **Information and Education** – Clear, accurate information and education to support informed decisions and self-care.
- **Choice** – The right to choose from a range of high-quality services and providers.
- **Being Listened To** – The right to have concerns and views heard and acted upon.
- **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.



The programme will provide a report of the visits. The report will be shared with providers, regulators, the local authority, and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners based on what was found during the visits. They will be published on all our social media platforms.

This programme will explore the impact of dementia within care home and hospital settings.

Sandwell’s Dementia Strategy (2019–2025) outlines a comprehensive approach to supporting individuals with dementia and their carers.

The borough is working toward becoming a Dementia Friendly Community, with a focus on personalised care, better-trained staff, and clearer service pathways.

On this occasion, we conducted an Enter and View visit to explore the experiences of elderly residents living with dementia at Bartholomew Nursing Home in Wednesbury, West Midlands.

Bartholomew Lodge Nursing Home

Bartholomew Lodge Nursing Home is a 30-bed care home located at 1 Trowse Lane, Wednesbury, West Midlands, WS10 7HR. It provides a range of care services including nursing, dementia, palliative, respite and physical disability care.

There are currently 17 female residents and 7 male residents, all over the age of 65, living with dementia and other health related conditions requiring general nursing care.

The home features:

- **30 single bedrooms**, 22 of which include **ensuite bathrooms**; the remaining rooms have washbasins and access to communal bathrooms.
- **Electric profiling beds** and **nurse call systems** in all rooms.
- **Two lounges, dining room, hair salon**, and an **accessible enclosed garden** suitable for family visits.
- Located **close to Wednesbury town centre** with good transport links and nearby shops.
- Part of the **RDCP Care** group. [Bartholamew Lodge | RDCP Care](#)

CQC inspection (latest published June 2019) rates the home as **Good** across all domains: Safe, Effective, Caring, Responsive, and Well-Led. <https://www.cqc.org.uk/>

Our report

This report presents the observations and insights obtained during the Enter and View visit conducted on 26th January 2026. The findings represent the perspectives of those who shared their views with us during the visit and should not be considered reflective of all individuals within the service. We anticipate that the recommendations provided will contribute to strengthening service delivery and improving outcomes for the people who use the service.

The visit was undertaken by HWS Authorised Representatives (AR):
Helen Bennett and Amritpal Randhawa

Methodology

During the visit ARs engaged in conversations with residents, their relatives and staff members using a structured set of questions, these focused on two key areas.



Service User Experience

Including feedback on care provided by staff, accessibility of the building, availability of information, and suggestions for service improvement.



Staff Responsiveness to Individual Needs

Exploring how staff address communication needs of service users with impairments, manage anti-social behaviour from service users or relatives, support individuals wishing to raise concerns or complaints, and gather suggestions for enhancing service delivery.

In addition to these discussions, representatives carried out environmental observations both internally and externally. These included assessments of:

- Signage
- Accessibility
- Lighting
- Refreshments
- Cleanliness

Participation was entirely voluntary, and the team respected the wishes of those who chose not to engage.

Findings

External environment

The external environment of Bartholomew Nursing Home appeared well maintained and presentable, it is situated on a corner of a busy main road. Clear signage was visible from the roadside; however, it was slightly misleading as the main entrance is situated at the rear of the building. A small, gated car park is located at the rear, with additional on-street parking available nearby. Refuse bins were neatly organised. There was a builder's skip present due to ongoing refurbishment work.

No external CCTV cameras were observed. Both entrance doors were fitted with secure entry systems to ensure controlled and safe access to the premises.

Upon our arrival at the home, paramedics were also present to collect a resident for their scheduled kidney dialysis appointment.



It was noted that the paramedics were able to manoeuvre their trolley through the main front doors with ease.

The reception area of the home was small but welcoming. It was observed to be clean, tidy, and well-maintained. Comfortable chairs were positioned in the corner, and we were prompted to sign the visitors' book upon entry by a member of staff. A range of informational posters were displayed on the walls.

Internal Environment

We were warmly welcomed by the Registered Manager, Petty, who offered to give us a tour of the premises. She told us that areas of the home are currently undergoing refurbishment.

The corridors were narrow but well lit, and the temperature was comfortable throughout. They were free from clutter or obstructions, ensuring residents could move around safely and with ease. Handrails were wall-mounted and felt secure.

There was a small lift, which we were informed is used regularly. It is only large enough to accommodate a wheelchair. The lift appeared to be clean and well maintained. The manager explained that the lift company provides an excellent service and responds promptly whenever the lift is not working.

The home contains 30 bedrooms in total, with 11 located downstairs and 19 upstairs.

The ground floor also accommodates the kitchen, communal lounges, laundry room, bathroom/toilets, several storerooms, a treatment room, and the office areas.

The ground floor bathroom was very clean and tidy. A new walk-in bath has recently been installed, providing improved support for residents with mobility needs.



The toilet seats observed were the same colour as the pedestals; the manager acknowledged this and explained they are in the process of replacing the seats with a contrasting colour.

The communal lounges were spacious and had suitable flooring. The décor was pleasant, with artwork displayed on the walls. The lighting was good, and a large picture window allowed plenty of natural light into the room.

The chairs were in good condition, and the scatter cushions were clean. A large wall-mounted TV was on, playing background music.

One of the residents told us "I like to listen to music, it's nice and it makes me happy"

From the dining area, we were able to view the rear outdoor space. Although small, it was clean and well maintained. Staff informed us that during warmer weather they set out tables, chairs, and shade so that residents can sit outside comfortably.

The tables and chairs in the dining room were clean. Each table displayed residents' names to support familiarity with seating arrangements. Bowls of fruit and light snacks were available on every table. The room was bright and airy, with background music playing from a radio. Decorations in various colours, along with fairy lights, were displayed across the ceiling.

A large, colourful menu board was displayed on the wall showing the meal options available at different times of the day,

The kitchen area was observed to be clean, tidy, and free from clutter. Hand sanitiser, aprons, and gloves were readily available and visible. A staff rota for mealtimes was also visible on the wall.

Hot and cold drinks are available throughout the day along with light snacks and fruit.

Residents' bedrooms are equipped with either a toilet and wash basin or full en-suite facilities. The room we observed included an en-suite. It was spacious and well decorated, reflecting the resident's personal colour choices. The furniture was sturdy and well made, and the flooring was clean and appropriate for the setting.

We were told that TVs are provided but some residents prefer to use their own.

Observations

On the resident's door, we observed that only their name was displayed.

The manager informed us that both names and pictorial identifiers will be added as part of the ongoing refurbishment process.

We were shown the treatment room, which the manager unlocked for us. We were informed that the only other member of staff with access to this room is the RGN on duty.

We observed that a former bathroom was currently being used to store wheelchairs. The manager explained that this room is scheduled to be converted into a dedicated space for adaptation equipment as part of the refurbishment plan.



At the end of the corridor, we noticed a cleaning trolley positioned in the corner, which posed a health and safety risk due to the COSHH items stored on it.

We informed the manager, who acted promptly to have it removed and secured in the appropriate storage room.

Access to the stairs was secured by a door fitted with a digital keypad.

Essential Services

Referrals are received from neighbouring councils, and the Black Country ISB has two rooms allocated within the home. We were also informed that there are currently two self-funded rooms.

The manager informed us that all care plan notes are recorded on PCS (Person Centred System), the system was visible on the screen in her office. Additionally, **all staff carry mobile devices, which they use to record daily actions/updates for each resident.** The manager also uses a dependency tool to audit staffing levels and resources.

Some residents choose to remain with their own GP. Others are registered with Dr Ahmed at The Village Medical Centre in Wednesbury, which offers video consultations. Oakswell Health Centre is also used, as this practice provides home visits. <https://www.oakeswellhealthcentre.nhs.uk>

We were informed that Mediland Pharmacy in Edgbaston is used for medication supplies and provides a delivery service. On occasions when urgent medication is required, Mediland will arrange a priority delivery.

<https://medilandpharmacy.co.uk>

We were informed that Allied Health professionals are arranged based on referral needs.

- **A chiropodist visits every 5–6 weeks. Dental and optical services are chosen by the residents, with some opting to pay for private treatment.**
- The manager also explained that she can **arrange optician appointments through the 'Vision Care at Home' portal, which allows her to book suitable visit times for the home.**

Accessibility and Inclusion

People with dementia or memory loss often recognise and process information in diverse ways. Some can read written text, while others rely more on visual prompts such as symbols, pictures, or colour coding.

- Clear signage that combines words with images and uses contrasting colours for visibility.
- Consistent use of colour to help identify different areas (e.g. bathrooms).
- Landmarks and memory cues in hallways and communal spaces to support orientation.
- Good lighting and reduced glare to improve clarity and reduce confusion.
- Simple, uncluttered layouts that make it easier for patients to navigate independently.

Physical Accessibility

During the visit, we observed that residents using wheelchairs and walking frames were able to move around the home with ease, supported by care staff when needed. Accessibility features included handrails throughout the corridors, ramps leading to outdoor areas, and a lift providing access to the first floor. Evacuation mats were clean, visible, and appropriately positioned, and fire extinguishers were also correctly placed. Both the stairs and the lift were clean. All fire exits were clearly marked, contributing to a safe and inclusive environment.

The manager informed us that fire alarm testing takes place every Thursday.

Support for Learning Disabilities

We were informed that all staff supporting residents with learning disabilities had completed the required training. The manager confirmed that the Oliver McGowan Mandatory Training on Learning Disability and Autism, as required under the Health and Care Act 2022, has been delivered to all staff currently working at the home.

Ethnic Diversity and Language Support

For residents who speak English as a second language, translation support is provided by care staff who are fluent in the relevant languages. Pictorial aids are also used to support communication.

Manager informed us that:

“Relatives have been very supportive in assisting with communication needs”.

On the day of our visit, we were informed that the home currently had two Asian residents.

Information and Education

Throughout our guided tour of the home, we noted several noticeboards and information posters displayed on the walls. These included the CQC certificate, food hygiene rating, fire safety regulations, daily activities information, and, in the dining area, a colourful menu board.

One poster that was particularly noted stated: All Staff: No mobile phones to be used whilst on duty.

Choice

Residents are given the choice to eat their meals in the dining room or, if they prefer solitude, to have their meals in their rooms. However, care staff encourage residents to join others in the dining room to promote social interaction.

During our visit, we observed staff assisting residents at lunchtime to reach their places at the dining table. Support was provided in various ways, including the use of a hoist, a wheelchair, or by allowing residents to hold onto a carer’s arm and be gently guided to their seat.

A resident told us that:

***“We are given a menu planner every day to choose our food,
I like the Fish and chips”***

A relative informed us that:

“The meals are good; he has a choice”

We were informed that currently there were no residents on a purified diet.

The manager informed us that relatives are free to choose when they would like to visit. They are politely asked to avoid visiting during mealtimes to help maintain a calm dining environment.

However, if a resident is receiving palliative care, family members are welcome to visit at any time, day or night.

The manager also explained that residents can choose to have their clothes laundered and labelled by the care staff, while some residents prefer for their family members to manage their laundry instead.

In the bedrooms we observed that, all residents can choose their preferred colour scheme for their room. Residents then place their personal belongings and familiar items around the space to create a comfortable and homely environment.

A resident told us that:

“I’m allowed to go to bed to sleep when I want to”

Safe, dignified quality care

The residential unit was observed to be safe, with windows and doors fitted with appropriate secure locking systems. It was also noted that residents’ bedroom doors were equipped with a heavy, foot-controlled door mechanism designed to automatically close in the event of a fire.

The manager informed us that if a resident smokes, their cigarettes and lighters are securely stored in the treatment room for safety reasons. A designated outdoor area is available for smoking.



From our observations, residents were consistently spoken to with respect and warmth. Staff interacted with individuals in a caring and supportive manner, and at no point were raised voices or derogatory language observed.

Staff showed empathy throughout their interactions and appeared genuinely committed to their caring roles.

One staff member told us:

“They enjoy the ongoing connection they have with residents, which they feel is different from the hospital environment”.

Activities

Daily activities are provided by the full-time activity co-ordinator employed by the home.

“I really enjoy working here.”

Parties are arranged for residents celebrating a birthday, and relatives are encouraged to attend. A local singer visits weekly to lead a sing-along session, and additional activities offered include bingo, arts and crafts, and quizzes.

At the time of our visit, we observed the activity coordinator providing a hand massage and painting a resident’s nails.

We were also informed that for residents who choose to remain in their rooms, the activity co-ordinator delivers one-to-one sensory sessions to ensure they remain engaged and included.

We were advised that the home has begun organising weekly visits to a nearby pub, allowing residents to go out for lunch as part of their activity programme.

As the home does not have access to a minibus, adapted taxis are arranged for all planned excursions.

Listened to and being involved

The residents we spoke to reported that they feel heard and that staff consistently offer help when required.



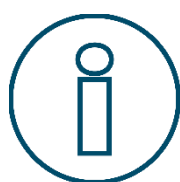
A resident proudly showed us their room, which was neat, clean, and filled with boxing memorabilia, highlighting their past involvement in the sport. They shared their desire to have their punch bag put up outside. Staff explained that this can be arranged when the weather improves.

The manager informed us that, bi-monthly relatives' meetings are arranged, but these are often poorly attended. Staff continue to promote attendance, and meeting times have been adjusted on several occasions to better support relatives' availability.

Complaints

We were informed by the manager that complaints are taken very seriously, and the correct procedures are followed.

Complaints made in person are dealt with promptly, while email complaints are acknowledged and recorded on the system prior to any investigation.



We were informed by a relative that: If they were not happy about anything, they knew what to do

However, we did not observe any information on how to complain on noticeboards

Staffing

Petty Mhlanga RGN, has served as the registered manager for around five years. The staffing team includes one RGN, four HCAs working across morning and afternoon shifts, waking night staff, two domestic staff, a cook, a laundry worker, activity co-ordinator, and a maintenance operative.

We were informed that if agency staff are needed to cover shifts, the manager uses the same agency company to help maintain consistency.

The manager explained that her team has strong staff retention.

One staff member told us that they have been with the home for 10 years and continues to enjoy their role.

Training and Development

- **Quality Standards:** All care staff are up to date with current quality care standards, ensuring consistent and safe practices across the service.
- **Induction Programme:** New staff undergo a 3–4-week induction programme alongside work-based learning and e-modules. Essential topics covered – Dignity in Care, Distress Management, Understanding Dementia.
- **In house** training with RGN include Wound Dressing, Managing Continence

All staff have completed **Oliver McGowan Mandatory Training** in learning disability and autism, reflecting the home's commitment to inclusive and informed care.

British Sign Language (BSL) training is not currently held by any staff members. The manager told us that BSL would be considered for future in house training.

Team Communication

- **Daily Briefings:** The registered manager meets with her deputy managers each day @11.00am to discuss any updates, concerns, or operational matters. This ensures consistent oversight and prompt response to emerging issues.
- **Regular Meetings:** Staff/team meetings are held monthly, with additional sessions arranged as needed to address specific topics or concerns. These meetings provide valuable opportunities for open dialogue and shared decision-making.
- **Staff** have annual appraisals

- **Support from Head Office**

Manager told us that:

“I do feel supported by Head Office, they are at the end of the phone, if needed”

Equally, the staff who we spoke with echoed the same sentiment regarding support from the RM at Bartholomew Lodge.

A member of staff shared with us that:

“They feel supported with their career development, and they have opportunities to do courses relevant to their work.”

Summary

During our visit to Bartholomew Lodge, we found the atmosphere to be warm, welcoming, and genuinely homely. Although parts of the internal environment are currently undergoing refurbishment, the work did not detract from the positive feel of the service. The areas we were able to access appeared clean, comfortable, and thoughtfully arranged to support residents’ day-to-day living.

From our observations, staff interactions were consistently friendly, respectful, and attentive. Team members demonstrated a clear understanding of individual residents’ needs and responded promptly and compassionately whenever support was required. There was a noticeable sense of rapport between staff and residents, contributing to an overall environment of care, dignity, and reassurance.

Recommendations

The Registered Manager and Head office of Bartholomew Lodge to consider:

- Updating the current toilet seats to a contrasting colour, rather than white, to improve visibility and accessibility for residents.
- British Sign Language (BSL) to be explored as a potential in-house training option for staff.
- Residents' preferred names or pictorial identifiers to be displayed on bedroom doors, to support personalisation and recognition.
- How to complain information for residents and relatives should be clear, visual, and easily accessible.

Provider Feedback

Action plan is in progress.

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