



Enter and View Visit Report

Hatton Court Care Home

Visit date: 24th November 2019

Published date: 17th January 2020



Whitchurch Road, Cold Hatton, Telford, Shropshire TF6 6QB

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Terminology and Acronyms

HWE: Healthwatch England

HWT&W: Healthwatch Telford and Wrekin

TCCG: Telford Clinical Commissioning Group

About Healthwatch Telford & Wrekin (HWT&W)

HWT&W is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping, delivering/receiving and improving services. We address inequalities in health and social care to help make sure everyone in Telford and Wrekin (T&W) gets the services they need.

There are local Healthwatch across the country as well as a national body - Healthwatch England (HWE).

What is Enter & View?

HWT&W gathers people's experiences of health and social care services and there are times when it is appropriate for Healthwatch to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'partially announced' or 'unannounced'. 'Partially announced' visits mean the service provider is told we will visit but not the date or time of the visit.

The responsibility to carry out Enter and View visits was given to local Healthwatch in the **Health and Care Social Act 2012**.



Enter & View visits are carried out by a team of specially trained and DBS-checked staff and/or volunteers called Authorised Representatives. These volunteers are not experts in health or social care and report only on what they see and hear during the visit. They make observations and collect people's views and opinions anonymously and produce and publish a report.

Enter & View visits are not an inspection, and always have a 'purpose'.



Details of the Visit

Visit Details:	
Service	<i>Hatton Court Care Home</i>
Provider	<i>Springcare Ltd</i>
Date and Time of visit	24 th November 2019 - 2pm to 4pm
Visit Team	3 x HWT&W Enter & View Authorised Representatives (ARs) and x 1 'Trainee' Authorised Representative (T-AR)
Service contact details	Name: Alison Peake (Interim Manager) Phone: 01952 5411881 Address: Whitchurch Road, Cold Hatton, Telford, Shropshire TF6 6QB

Purpose of Visit

How dignity, respect, quality of life and independence is being respected and supported in the person's care, and how 'activity-based' care supports people to continue to be as active and independent as possible. We will also look at Environment, Staffing and Discharge to Assessment and Reablement in the home.

We want to hear about resident experiences and those of any relatives and visitors present, and we will observe the residents engaging with the staff and their surroundings. We want to identify examples of good practices and hear about any ideas the residents or staff may have for change.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all users of the service and staff, only an account of what was observed and contributed at the time.

Context of the Visit

In August 2017 Healthwatch England published a report: **‘What’s it like to live in a care home?’** Between January 2016 and April 2017, local Healthwatch staff and volunteers across England visited 197 care homes across 63 different local authority areas to find out what day to day life is really like for many of those living in care homes. These homes collectively provide care for almost 3,500 residents ranging from elderly people with dementia to those with severe learning disabilities.

During these visits local Healthwatch spoke with residents, their families and staff, compiling people’s experiences with their own observations to produce visit reports. These were shared with the providers, the public, CQC and Healthwatch England. Healthwatch England reviewed what people told local Healthwatch and identified the common issues that need to improve as well as eight quality indicators for a good care home. Healthwatch England identified that a good care home should:

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can see health professionals such as GPs and dentists regularly
7. Accommodate residents’ personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

As part of the engagement programme Healthwatch Telford & Wrekin will visit Care Homes in the borough, and those elsewhere in the county where funding support is provided by Telford & Wrekin Council Adult Social Care. Individual visit reports will be published on each home visited. Over-arching theme reports will be published focusing on person-centred care and the quality of life experienced by residents, relating to their dignity and respect and exploring topics such as activity-based care, access to health professionals, and living with dementia.

Hatton Court Care Home in Telford & Wrekin is currently rated ‘Good’ in all 5 key areas by the Care Quality Commission (CQC).

The visit was **‘announced’**, and we told the Manager the date and time of our visit so that we could talk to as many relatives and residents as possible.



What we were looking at

The focus of this visit was to find out if the residents of Hatton Court Care Home were happy living in the home. We wanted to learn about:

- the environment - supporting dementia, accessibility, activity
- respect and dignity,
- quality of life
- the experiences of people living with dementia
- supporting people to continue to be as active and independent as possible
- choices available to people
- staffing levels and staff training



What we did

We arranged a meeting with the Operations Manager on a day prior to our actual visit, which provided useful background information and guidance. At the time of the Manager's meeting, we were informed that the home did not have a permanent Registered Manager and the recruitment process for this post has been ongoing for several months. The Operations Manager was presently providing management support, pending the instatement of an Interim Manager who was currently employed in another care home within the same organisation. The Manager's meeting allowed our team more time for talking with people about their experiences, and to observe staff and resident interactions on the day of our visit.

When we arrived at the home, after signing-in, we spoke to the Interim Manager/Senior on-duty. Our questions about the home were answered and we took advice on whether any residents should not be approached due to safety or medical reasons, or any issues regarding their ability to give informed consent. On the day of our visit we were advised that 21 residents had special considerations.

The Manager then showed us around and introduced us to the residents and staff.

We spoke with residents present in the home who were willing to talk to us and any visitors and relatives. We conversed with residents in the lounge and were invited to speak to other residents in their rooms. The Manager/a staff member knocked on the resident's bedroom door and asked if they would be happy to speak to us.

We spoke to five (5) residents in total, eight (8) relatives, and two (2) staff.

We received one feedback form from a relative on the day, with other relatives taking a form home to complete. These will be added to our website when received: www.healthwatchtelfordandwrekin.co.uk

What we found out

About the Home (*brief summary providing context about the home*)

Hatton Court is a partly purpose-built single storey property; built in 1992 in a rural setting near the village of Cold Hatton, Shropshire. The home has accommodation for fifty-eight residents and is registered to accommodate sixty. During our last Enter and View visit back in 2017, the home had a designated Dementia Unit (Ellerdine) but since that visit it has been reassigned as the Discharge to Assessment/Reablement Unit. At the time of this visit the home had 54 residents, with its (13 bed capacity) Discharge to Assessment/Reablement Unit fully occupied.

The home has 52 bedrooms with en-suite facilities and 6 without. There are 2 communal lounge areas (Peplow Unit and Hatton Unit), a Discharge Assessment and Reablement unit (Ellerdine Unit) and 7 communal bathrooms. All residents are over 65 and require nursing or personal care.



The home has a large car park at the front of the home and front facing gardens that appeared well kept.

On entering the home, the reception area was bright and welcoming. We were welcomed by a member of staff and the acting Manager of the home.

We found during our visit that there were comparative differences in the experiences of residents accommodated in the residential part of the home (Peplow Unit and Hatton Unit), with those domiciled in the Discharge Assessment and Reablement unit (Ellerdine Unit). While certain parameters may vary by nature of the service provided, we did find anomalies around:

- furniture provided
- home décor
- food offered to residents
- lack of information about the home for residents on the Discharge to Assessment/Reablement Unit compared with the residential part
- access to equipment

Views of the residents - Peplow Unit and Hatton Unit

Topic 1 (*dignity and quality of life respected in person-centred care*)

Residents we spoke to, said staff were friendly, talkative and chatty. A relative said that “care feels personal” and spoke highly of the staff.

Residents were offered choices, but it did vary between the residents we spoke to and the unit our team visited.



We were told that staff were very accommodating and gave residents choices. One relative told us that “staff encouraged their relative to do their physio”.

Residents we spoke with felt they had been treated with respect and dignity from staff.

Topic 2 (choices and preferences, including meals, personal care, activities, & meals)

We were told that the food was presented well, even when pureed food was required. We did receive mixed feedback on whether food choices were offered in the home. One resident said, “there is not much option for food, but food quality is good” while others commented, “staff are helpful and we can ask for other food”, “I have plenty to eat and drink”, “food and drink is plenty”. We were told that water was always available for residents in their room.



One resident told us that they were diabetic but last to have breakfast. After speaking to the staff, they now have their breakfast first.

During the Manager’s meeting, the Operations Manager told us that people’s dietary and cultural needs could be catered for in the home. Residents confirmed that their dietary needs were met - including vegetarian food.

Residents were happy with activities on offer and have plenty of options. One resident said, “there are plenty of times and chances to go on outings” and another resident said; “they play bingo, dominoes and bowls”. A relative said, “my relative gets taken out by the activity staff, lots of singing and there are set activities that I have observed taking place”. We were also told by residents that they can socialise with each other.

The Hairdresser comes in twice a week at a cost to the resident. The local church visits and hold services.

Certain activities are free and funded by the Home.

Topic 3 (experience of care meeting the needs of those living with dementia)

We found very little dementia friendly signage to support a person with dementia (word and picture based for room or facility i.e. toilet/bathroom etc...) despite having several residents with Dementia. Signs, directing residents to certain areas in order to help them find their way around the home, would be useful.

Views of the residents - Discharge to Assessment/Reablement unit

Topic 1 (dignity and quality of life respected in person-centred care)

We spoke to some residents about their experiences on arrival at this unit and were informed that there was a lack of welcoming and information from staff.



Residents were not given a welcome pack and the only information immediately evident was a laminated A4 poster on the wall. However, this was not easily accessible to someone with mobility issues and we also noticed it was displayed in unnecessarily small print. One resident said, “they didn’t tell me anything, they just took a list of my items” and another resident remarked that “they didn’t know the first night there was 24-hour care”.

A number of the residents had been admitted to this unit without any personal items, e.g. clothing, toiletries etc. Additionally, for some residents in the unit who did not have family or had family who lived a considerable distance from the home, this was particularly worrying.



We were also informed by a resident that some staff would, “fling “open bedroom door and abruptly shout morning wake up”. Another resident told us that night staff were noisy and talked loudly into the early hours. We informed the interim Manager so that further action could be taken to explore residents’ experiences.

Topic 2 (choices and preferences, including meals, personal care, activities, & meals)

We observed a resident being asked what they wanted for lunch on the next day; they were given two choices. When the resident stated they did not want either choice offered, they were not asked by the staff member what they would like instead. Our team enquired if they could have anything else and in response a member of the home’s staff went to the kitchen to check if this was possible. A resident told us that “staff are fine, no other food but the two choices given”. One resident told us that they would eat only what they wanted to eat and then throw the rest away.

Residents in this unit had a glass of water on the table next to them, however, a jug of water was placed some distance away; on a chest of drawers in every room visited. Most residents in this unit had mobility issues and people told us that drinks were offered throughout the day or alternatively they could make their own drinks where possible.

We asked residents about their experiences at mealtimes. One resident said, “I went to the dining room for lunch but waited a long time to be served”.

Another resident told us that they felt “isolated in the Reablement Unit”.



Topic 3 (experience of care meeting the needs of those living with dementia)

We were informed by the management team, that the home does not have a Dementia Unit (Ellerdine) now and that this unit was in fact the “Discharge to Assessment/Reablement unit”. However, we were aware that there were 13 residents living in the home with Dementia/Alzheimers, this information had been received as the outcome of a preliminary meeting with the Hatton Court Home



Manager; when a special consideration form had been given to the Manager for their early completion.

Staffing levels and training for staff

At the Manager's meeting, we were told that the home has recently seen several staff leave to take up other opportunities within other Care Homes. The Registered Manager position was also vacant at the time of our visit, consequently an interim Manager on a 3-month secondment was in post. The home had been trying to recruit a Registered Manager, but no appointable person had been identified to-date. Residents and relatives noted that they would like to see more staff around.

The home should have:

- 1 x Registered Manager
- 1 x Deputy Manager
- 2 x Registered Nurses
- 5 x Senior Healthcare Assistants
- 22 x Healthcare Assistants
- 1 x Cook
- 2 x kitchen Assistants
- 1 x Laundry person
- 3 x Housekeepers
- 1 x Handyperson
- 2 x Admin staff
- 2 x Activity Co-ordinators

During our managers meeting, the Operational Manager informed us that there should be 10 x Health Care Assistants (HCA's) on duty between 8am and 2pm, with 8 x HCA's on duty between 2pm and 8pm, supported by Nurses and a Senior Care Assistant (SCA) or someone acting as Senior on-duty. Between 8pm and 8am, there should be 4 x HCA's supported by a Registered Nurse. At the time of our visit there were three (3) seniors, five (5) permanent care staff and five (5) agency staff on duty.

All prospective staff complete an application form, attend interview and, if successful, are required to: undertake a Disclosure and Barring Service (DBS) check and be the subject of two satisfactory references.

All staff undertake a comprehensive induction process, which involves completing all Care Certificate units and having their competencies assessed. The Operations Manager informed our representatives that all staff, whether or not they held an NVQ/Care Certificate with another organisation, were required to undertake the Care Certificate again. We were told that this helped to refresh staff knowledge.

Relatives told us that the care offered at Hatton Court was very good. One relative said, "it feels very personal and staff are very pleasant" and "the home is



wonderful, and I would recommend it” they also said, “they have every confidence in the staff”. While another relative said that “the activities staff are very good”. A further relative commented “(staff) always helpful and caring, with attention to detail. Communication excellent” and “carers always have time, but the home appears a little short staffed at times”.

Relatives and visitors told us that staff had good knowledge and were well trained. One relative said, “staff are nice, I can always ask if they I have an enquiry”. However, staff told the team that some agency staff were not trained in moving & handling and were not doing it correctly; therefore, putting extra pressure on permanent staff.

Residents and relatives were aware that the home used agency staff. We were informed by one relative, that one agency staff “was very good and patient with their relative”.

If relatives did have any concerns or problems, then all would know what to do if they had any complaints.

During our visit we spoke to staff about their experiences at the home and one person felt that residents don’t get the care they need. We heard that staff employed at the home had no support, especially when they were under pressure and people were leaving. When staff brought up any concerns with management, we were told that “nothing gets sorted” and management speak to staff with no respect; which does not help.

We spoke to another member of staff who felt unsupported by management. Agency staff were being used due to shortage of permanent staff. Staff who made a complaint about agency staff were told by management “that the agency worker would not come back to the home, only to find them working in the home again”. Staff training was another issue, while mandatory training was provided, there was a delay in further competency-based training.

Staff, we spoke to feel the residents were safe and protected and aware of their responsibilities to report incidents.

Observations - Peplow Unit and Hatton Unit

We noticed that some of the information and comments on the boards were dated 2018. The latest rating by Care Quality Commission (CQC) were on display in the reception area for people to see.

During our visit we noticed most areas of the home would benefit from a freshening up, due to scuff marks on the walls and doors. We also noticed a strong unpleasant smell in a couple of places in the home which indicated some carpets or furnishings might need particular attention.



Observations - Discharge to Assessment/Reablement unit

Whilst visiting this unit, we noticed an alcove which appeared to be where staff wrote residents notes up. At the time of our visit we noticed a cupboard, where what appeared to be files were stored, was open and unlocked.

Staff interactions with the residents

Residents we spoke to were happy with carers but if they were not happy, they felt able to speak to staff. Residents felt staff listened and things did get done.

During the visit the ARs observed good interactions between staff, residents and relatives across all areas of the Home.

Residents and relatives felt staff listened well and offered appropriate support. Carers were helpful and went the extra mile. Communication had improved, compared to 2 months ago, when it had not been so good.

The environment - Peplow Unit and Hatton Unit

Access to the home was controlled through a security door. We did notice the doorbell was not easily accessible to someone in a wheelchair or mobility with needs, due to a post box being in the way.

One relative raised an issue over car parking, that it could be difficult to park at weekends and there were not enough disabled spaces.

We noticed areas that looked cluttered with various items or equipment, accordingly residents with mobility issues or impaired eyesight might find it difficult to navigate around them.

We did notice a quiet lounge with a comfortable chair, where residents could go to if they felt anxious, confused or just wanted some quiet time. It was away from the main thoroughfare.



A family member informed us that the heating had broken down for three (3) days and a mobile heater was put in their relative's bedroom.

The environment - Discharge to Assessment/Reablement unit

During our visit we noticed that corridors and doors were again quite marked and scuffed. This unit needed some cosmetic improvements to make it look more homely for residents during the time they are there.

Ongoing around this unit, we noticed a lot of rooms appeared to be on the small side and not suited for wheelchair users. Also for residents relying on other walking aids, space appeared limited.

We noticed that some furniture needed updating/replacing to make the area look more homely.

We were invited into a couple of residents' rooms and we noted they were bare and not very welcoming at all. There was just basic furniture in the rooms and some furniture was very scratched and worn. Access to a television/radio in their room, and some pictures on the wall could enhance their environment and potentially improve their stay.



Additional Findings - Peplow Unit and Hatton Unit

Residents informed us that the home did need a permanent Manager and that the home had a high turnover of staff. This was highlighted by the Operations Manager during the Manager's meeting, who was of the opinion that this was due to other homes paying more to their staff.

We heard several call bells sounding during our visit and if they were not immediately answered the calls were escalated up to an emergency call. Residents and relatives told us that staff responded quickly.

Residents told us that they felt safe at Hatton Court with family members saying their relatives received good care.

We heard that relatives could visit at any time and one did say that they "do visit at different times throughout the day". Relatives we spoke to felt involved in their relative's care and were kept informed.

Relatives said the food was "excellent" and people said they could book to have a meal and eat with their relative. We heard how the home had a separate dining room for residents who required assistance with meals. Residents were also monitored for eating and drinking.

We did hear from a relative that they thought the laundry took a while to get back to the their relative, so they had done it themselves.

Relatives we spoke to did not have any complaints about the home or service offered, but if they did have any issues then they knew who to complain too to. Two relatives thought their family member had improved since being at Hatton Court.



A relative spoke highly of the visiting Doctor from the local Medical Practice. The Doctor seems to understand their parent well. There was good communication during the discharge process.

Additional Findings - Discharge to Assessment/Reablement unit



We were informed by the management team, that the home did not have a Dementia Unit (Ellerdine) now and this unit was in fact the “Discharge to Assessment/Reablement Unit”. On arrival we received a completed copy of the “special considerations form”. Our Enter & View visits involve talking to patients or residents, their family members and carers. We appreciate that patients/residents may have special instructions in place and wish to ensure that we take these into account when carrying out our visit. This form is used to advise us of any residents whose capacity may limit their ability to engage with us, or those for whom such special instructions are in place. We noticed a high number of entries (21) on the completed version by the home, with 13 identified as living with Dementia/Alzheimers. Upon checking the registration information, held on the Care Quality Commission (CQC) website, we noticed that home specialism and services was listed under the following categories; Caring for Adults under 65, Caring for Adults over 65 and Dementia.

We noticed on the wall that visiting times to this unit were different to the main home, visiting times were listed as 2pm to 7pm.

A resident who wanted to bring in their laptop did not know if the home had Wi-Fi or not. The interim Manager did confirm the home had Wi-Fi in all rooms. This would be useful information to put in the welcome pack.

We also observed there was a lack of some aids that would have assisted the residents. One resident ~~who~~ had no walking aid, but we were unsure if the person had ~~not~~ been assessed or not. However, one relative did tell us “we asked for an aid five days ago and still have not got it”. Another resident and their family members commented on their length of stay in the unit, and they still had not received any physiotherapy or had the opportunity to talk to someone. People said it appeared that no plans were in place to enable residents to return home.

All residents and relatives we spoke to said there were no issues with the discharge from hospital to Hatton Court. People said they had a positive experience.

Summary of Findings - Peplow Unit, Hatton unit & Home in general

- The home does not have a permanent, Registered Manager and the home recently appointed a new Deputy Manager.



- Residents and relatives had good experiences in the main residential part of the home compared with the Discharge to Assessment/Reablement Unit.
- Areas of the home decor needed freshening up.
- High turnover of staff in the home had impacted on permanent staff, concerns raised by staff over staffing levels.
- One person felt that residents don't get the care they need.
- Staff with limited or broken English was an issue for some residents and staff.
- Some agency staff were not trained on moving and handling which placed pressure on permanent staff.
- Staff told us that they would like to be more involved and supported, and for management to listen to what they have to say.
- Residents felt safe at the home.
- There needed to be a good agency skill mix within the home, using the same agency workers to provide better continuity of care whenever possible.
- Whilst there was no Dementia Unit, we did find a high number of residents with Dementia/Alzheimers. We also noted the limited appropriate signage around most areas of the home.

Upon checking the registration information, held on the Care Quality Commission (CQC) website, we noticed that home specialism and services was listed under the following categories; Caring for Adults under 65, Caring for Adults over 65 and Dementia.

Summary of Findings - Discharge to Assessment/ Reablement Unit

- There were differences between the main residential part of the home and the Discharge to Assessment/Reablement part (décor, rooms, lack of TVs in bedrooms, food choices).
- We found some furnishings needed attention or replacing.
- Some rooms were found to be small and difficult for wheelchair users to navigate around.
- Residents lacked information about the home upon arrival from hospital. A new welcome pack in large print would help residents settle in.
- Relatives told us that more Occupational therapists and/or Physiotherapists were needed in timely fashion.
- We were told that residents' and relatives' experiences needed to improve.
- Residents had access to drinks, but water jugs were located on remote chests of drawers.
- While a choice of foods was offered to residents, no alternatives were sought if residents didn't like any of the choices.
- Staff were sometimes not responding to residents who needed equipment to meet their individual needs.
- Staff could be noisy at night and allowed doors to bang.
- We were told that some staff could be abrupt with residents.



Recommendations - Peplow Unit and Hatton Unit

- To recruit a permanent Registered Manager.
- To engage and support staff in the Home so they felt listened to.
- Ensure good staff skills mix throughout the Home.
- Freshen up areas of the home décor.
- Address any unpleasant odours in the home.
- Ensure all agency staff are appropriately trained.
- Explore and implement appropriate signage for people living with Dementia or Alzheimers.
- Hold regular residents' and relatives' meetings and distribute minutes in a timely manner.
- Maintain good lines of communication with people and ensure people feel involved.
- Ensure information on notice boards is up to date.

Recommendations - Discharge to Assessment/Reablement Unit

- Residents, relatives and visitors to the home should receive a welcome pack and be provided with relevant information and appropriate service support.
- More information to residents/families on plan, targeting outcomes and timeframes for physiotherapy to be communicated and delivered.
- Ensure residents are offered food choices and alternatives found if the resident does not want any of the choices on offer.
- Ensure residents have equipment to meet their needs.
- Ensure that Care Plans and any other sensitive documents are kept locked securely away when staff are not around.
- Make all bedrooms, corridors and lounges look more homely. This includes décor, displaying pictures and the provision of soft furnishings.
- Provide a reserve of TVs and radios for any residents who require to use them in their bedroom.

Service Provider Response

Healthwatch Telford & Wrekin received the following response to this Enter & View visit and report from the manager of Hatton Court Care Home.

Please find attached my response to the Healthwatch report dated 24/11/2019.

Recommendations to Peplow and Hatton units.

It has always been our intention to recruit a manager for the home and this information was shared at the premeeting prior to your visit that took place in November 2019.

The home is continuing to recruit staff and continue with our robust staff induction programme along with staff training and regular staff meetings.

Notice boards are kept up to date by our activity teams and although some of the “You said We did” responses were dated the previous year along with some new quotes, they were still relevant to the home.

Resident meetings are planned quarterly throughout the year, unfortunately the last one was overlooked due to the manager leaving.

The maintenance team decorate bedrooms as they become vacant, communal areas are decorated in planned works throughout the company.

Recommendations Discharge to Assessment/Enablement Unit.

Welcome packs are available in each bedroom on Ellerdine unit, these have been updated to include more information from January 2020.

As a home we are not able to plan discharges or external therapies for the residents using the enablement unit. This remains the responsibility of the Telford & Wrekin contracts team.

Menus are available daily offering two choices at each meal with an alternative sought from the kitchen if needed. Staff have been reminded of this since your visit.

The bedrooms on the unit do not have TV available in them, residents are asked to bring in their own if they wish to otherwise, they are encouraged to use the communal areas and socialise.



We will endeavour to make bedrooms more homely by adding pictures into each room, soft furnishings are available and evident throughout the home.

We strive to ensure that all documentation is kept secure, staff have been reminded of the importance of GDPR.

Mary Langdown

Operations Manager.

Acknowledgements

Healthwatch Telford & Wrekin would like to thank the residents and staff of (*name of Home*) for their contribution to the visit and our Enter & View programme.

Get in Touch

Please contact Healthwatch Telford & Wrekin to share your views and experiences of this service or any other health and social care service in Telford & Wrekin or received elsewhere by people living in Telford & Wrekin.

We gather comments anonymously and share them with the public, service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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