



Enter & View Visit Report

Details of Visit

Service Name and Address	Edgeley House, Edgeley Road, Whitchurch, SY13 4NH
Service Provider	Akari Care Ltd
Date and Time	Thursday 16 th February 2017, 2 - 4 pm
Visit Team	Three Healthwatch Shropshire Authorised Representatives

Purpose of the Visit

- **Dignity, choice and respect:** to explore the quality of care experienced by residents in this care setting.
- To find out what residents and their families think of any changes in the home in recent months

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 experience of all service users and staff, only an account of what was observed and contributed at the time.

Page Contents

3	Context of the visit
3-4	What we were looking at
5	What we did
5-14	What we found out
5-7	The home
7-11	Individualised care
7-10	• Choices
7-8	○ Menus and food
8-9	○ Activities
10	○ Personalising bedrooms
10	• Support for residents in personal care and hygiene
10-11	• What residents say about living in the home and whether they had noticed any changes in recent months
11-12	Dignity and Respect
11	• How staff interact with residents
12	• Finding out about a resident's previous life and their likes and dislikes
12	• If residents are dressed properly
12-14	A safe environment
12	• 'Dementia friendly' environment
12-13	• Liaison with GPs and other primary care services
13	• Complaints procedure
13-14	• Staffing levels, staff recruitment and training
15-16	Observation summary
17	Additional findings
17-18	Summary of findings
19	Recommendations
19-21	Service provider response
21	Acknowledgements
22	Who are Healthwatch Shropshire/What is Enter and View?

Context of Visit

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are provided. These visits are called Enter and View and always have a purpose.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Enter and View visits can be announced, semi-announced or unannounced.

Healthwatch Shropshire (HWS) visited Edgeley House in November 2015. The Care Quality Commission (CQC) inspected the home in December 2015. Their inspections are based on five key questions - Are they safe, effective, caring, responsive to people's needs and well-led? At this time Edgeley house was rated as inadequate overall; inadequate in the areas of caring and well-led and requiring improvement in the other three areas. Edgeley House set out an action plan and introduced a number of changes.

A further inspection by the CQC in July 2016 showed significant improvement and the home was rated as good overall, requiring improvement in being responsive to people's needs. This indicated that progress has been made since a new manager was appointed and HWS decided it might be an appropriate time for another visit. This was a semi-announced visit, with the home manager being given written notification that a visit would be made during January/February 2017.

What we were looking at

How the home provides individualised care

We asked about:

- the choices residents have e.g.
 - the food they eat
 - activities available
 - personalising their bedrooms

- support for residents in personal care and hygiene

- the residents' experience of living in the home and we asked residents and care staff what they thought about any recent changes they were aware of

Whether residents are treated with dignity and respect

We looked at:

- how staff interact with residents
- how staff find out about a resident's previous life and their likes and dislikes
- if residents are dressed properly
- if privacy is respected in providing personal care

Whether the home offers a safe environment for the residents

We looked at or asked about:

- whether the home meets standards for being 'dementia friendly'
- liaison with GPs and other primary care services
- complaints procedure: opportunities to complain without fear
- staffing levels, staff recruitment, qualifications, training

What we did

When we arrived, we were met by a member of staff who asked us to sign in and then introduced us to the Deputy Manager who was in charge on the day. We had a brief discussion in the Deputy Manager's office before they showed us around the home. We were then free to meet with residents and staff.

The home is divided into two units, the Court and the House. During the visit we spoke to four residents in the Court unit, but no visitors. There were several other residents in the unit who we greeted and observed but we were unable to have a conversation with them. We spoke to four members of staff, as well as the Deputy Manager.

One Authorised Representative (AR) carried out an observation in the communal area of the unit for people with advanced dementia (the House). This unit currently has nine residents. The AR saw seven residents during the observation. None of these residents were able to communicate their views in any detail to the AR, though the presence of a stranger was noticed by most of them. The AR observed the interactions amongst residents and their visitors, and between residents and staff. The AR also noted the condition of the communal environment.

What we found out

The home

The home is in a 19th century building managed as two units. Residential care for frail elderly people is provided in the Court, where the accommodation for residents is on the ground floor. Residents with dementia and nursing needs are cared for in the House, with bedrooms on the first floor. These two parts of the building are linked by corridors and there are two lifts. However, one lift is becoming unreliable and the Manager told us it is due for replacement. It was out of order when we visited. Staircases are secured by gates and there is keypad controlled entry/exit between the two units. These security features, as well as the heavy fire doors, would make it very difficult for residents to move around their home without assistance, e.g. to open the heavy doors so they can access the corridor.

There are 48 bedrooms in the home. Following the 2015 CQC report the home was not allowed to admit new residents. After the August 2016 inspection report this suspension was lifted. There were 26 residents on the day of our visit: 17 in the residential unit and 9 in the dementia nursing unit.

Since HWS's previous visit in November 2015 the whole property has been extensively refurbished to a high standard. We were told all the residents' bedrooms have been furnished and decorated in a similar way.

The whole home was bright and well-lit with natural daylight. The only darker area we saw was in the Court unit, which made the Activities board on the wall there hard to read. All the communal rooms are well decorated, light and bright. There is a main lounge and dining room and a second lounge in both the Court side and the House. There is an additional lounge on the first floor of the House which will be used when the number of residents increases.

The main lounge and dining room in the House have large, full height windows which look out over the nearby rugby pitch and over the garden.

There are a number of bedrooms that open into the main lounge in the Court. This part is a single storey extension and both the lounge and dining room next door are internal rooms. They receive daylight from skylights. The wall-mounted television is the main focus of the room.

The home was comfortably furnished. For example when we looked into unoccupied bedrooms the beds were of hospital design and could be raised and lowered, but were domestic in style, made in woods to match other furniture in the bedrooms. We were told that all but six bedrooms have an en suite toilet and hand basin. There were frames on each bedroom door with a photo of the resident and their name. Each bedroom door was painted in a different distinctive colour, which matched the colour on one wall and the curtains inside the room. We were told this is particularly helpful to people with dementia, to help them identify their own bedroom.

A variety of armchairs of different styles and heights were in all of the lounges, and some residents had personalised chairs for their comfort. In the dining rooms we saw that the dining chair legs were fixed on narrow runners, allowing the staff to slide the residents in their chairs to the tables. All communal areas that we saw were well decorated with bright pictures, often of familiar, traditional household advertisements such as Oxo cubes.

The local school is currently creating a colourful wall mural of a beach and deckchairs in one of the corridors in the dementia unit. The mural is also tactile with the 'sand' being textured. The Deputy Manager told us that some residents walk up and down the corridor, feeling the textures.

In the House unit the flooring throughout the communal area is laminate. This is practical, although some staff footsteps were quite noisy.

We saw some toilets and walk-in shower rooms. These were clean and uncluttered. Toilets all had yellow-painted doors with pictures and large text notices. We were told there is a bathroom with a specialist assisted bath as well.

We looked into the kitchen and laundry which were clean and well equipped. We also saw the Activities room where all the activities equipment is stored. We were told that there are plans to build a kitchenette in one of the less frequently used communal rooms. The Activities Co-ordinator said she hoped this new facility will mean she can include baking and other cooking in the activities programme.

The building is set in its own grounds. We did not go into the garden and were not aware of an easy access to the garden for the residents, although we were told there is a patio door to the garden for residents in the Court.

Individualised care

Choices

- **Menus and food**

Residents and staff told us that residents can choose where to eat their breakfast. Breakfast is served at 8.30am, lunch at 12.45pm and tea at 4.30pm with snacks and drinks in between. It seemed that most residents went to the dining rooms for lunch and stayed in the lounge all afternoon. We saw staff serving hot drinks from a trolley in the lounges in both the House and Court. We saw one person in the Court lounge with their own jug of squash on a side table that they helped themselves to when they wanted a drink.

We saw a full week's menus on the wall outside the Court lounge. There were three main course choices and three for dessert at lunch, with a choice of light meals, such as sandwiches, for tea. The Deputy Manager said that people can always change their minds and that specific requests are met. Care staff ask every resident each morning what they would like for lunch.

One resident told us there is a good choice of food and "the meals are really nice". Another said the "food is okay".

Both dining rooms had notices on the door drawing reminding staff to check for allergies and food intolerances. We saw a notice in the kitchen detailing the dietary and nutritional needs of individuals.

- **Activities**

The Activities Co-ordinator told us they had worked in the home as a carer for several years before taking up the role in December 2016. As well as a weekly programme of different activities that she organises, care assistants are encouraged to do various activities with residents throughout the day. There is a list of three things each day that all staff are asked to encourage residents to do. We saw these on the staff notice boards in both units. These activities vary from day to day. We were also told that if a scheduled activity was not proving popular on the day staff would encourage other activities instead. Also games and word puzzles are left out for residents to use whenever they want. The Co-ordinator records all activities organised each day, and which residents get involved, to check that each resident gets a fair share of attention and stimulation. She also spends time with individual residents encouraging them to do activities. We saw her with a resident during our visit but were not able to see what they were doing.

One resident told us they like to get involved in anything going on, and that the appointment of the Activities Co-ordinator has been "a big improvement".

The Activities Co-ordinator can take residents out locally and on the day we visited they had just been on a trip to the local shops.

One member of staff has fostered small dog which originally came to the home with her owner. The resident can no longer take care of the dog but she is brought into the home to spend time with her owner and visit the other residents.

We asked a Care Assistant whether residents have their own phones and whether they use computers. We were told a few do use their mobile phones. The home has two tablet computers for residents' use though none of the current residents are interested in using them.

One resident told us they had made several friends in the home and that they enjoyed their company. Another resident had only arrived very recently and so had not had a chance to settle in properly. They commented that they did not have a television in their room and that the one in the lounge did not always show the programmes they would choose. When we mentioned this to staff they said that relatives were arranging for a television to be brought in.

There were nine residents sitting in the lounge in the Court unit during our visit. This room has no windows to the outside. One resident was sitting in a corner doing a word puzzle before we spoke to them. Almost all the other residents were sitting in chairs in the middle of the room and were not involved in any conversation or activity. Several seemed to be dozing after their lunch. We observed that the TV was on throughout our visit but none of the residents seemed to be watching it. The volume of the TV made it difficult for us to talk to individuals, and would make it difficult for residents to talk to one another. The Deputy Manager said the volume was adjusted by residents, not staff.

The Deputy Manager showed us a second lounge with windows which she called a 'quiet room'. The door was closed and the lights were off. There were some boxes on the floor in this room awaiting collection by the pharmacy. It did not seem to be used unless there were visitors.

The volume of the TV in the House lounge was more moderate. When we first arrived we noticed that one resident on this unit had gone to a quieter room next door to the lounge to talk with their visitor.

The AR observed that one resident in this lounge had books and other personal items on a chair-side table.

- **Personalising bedrooms**

We did not have the opportunity to visit residents in their own rooms. The manager told us that several residents did bring small pieces of furniture (often a favourite chair or a small cabinet for their ornaments with them and some had photos and other personal mementoes. Several have their own TVs in their bedrooms.

Support for residents in personal care and hygiene

We did not observe any personal care during our visit. Care Assistants attending to a resident in their bedroom off a lounge area were discreet and ensured privacy by keeping the door closed.

We spoke to one resident who said they had needed a lot of personal care when they first arrived, but are now much more independent. They said the staff are very supportive and caring and have always treated them as an individual, e.g. respecting their choices about times of getting up, eating in their own room etc.

We spoke to a Care Assistant who started working at the home about six months ago. They were able to explain what respecting a person's dignity meant to them. They said they had had very good support while learning to provide personal care, which included working alongside a more experienced care assistant for the first few weeks.

When we spoke to the Deputy Manager we were told that the CCG (Shropshire Clinical Commissioning Group) had arranged for a specialist to train care staff in oral care and nutrition in 10 days' time.

What residents say about living in the home and whether they had noticed any changes in the home in recent months

One resident said there were more activities to get involved in recently, which they enjoyed, but they had "not noticed any other changes in the last few months". This resident said they were very happy living in the home.

Another resident said that they were an early riser and that this was fine with staff. They also said that they could choose their own clothes to wear.

Another resident said that they were “looked after well” and that any discomfort they felt was to do with them and not with the care the home provided.

Dignity and Respect

How staff interact with residents

We saw one physically disabled resident being brought from their bedroom to join others in the lounge. The Care Assistant made sure they were comfortable and chatted in a friendly way.

A member of staff told us that they understood the need to “keep things behind closed doors” and that it was necessary to respect privacy in order to gain the resident’s confidence.

In both lounge areas staff were always present, interacting with residents. In the House lounge, one or two of the residents tried to engage with staff and each other. The staff always responded.

The period of observation in the House lounge coincided with the arrival of the afternoon tea trolley. The AR saw that the staff were familiar with the likes and dislikes of each of the seven residents. Each resident was addressed by name and a drink prepared for them according to their wishes. A member of staff carried round a large tub of assorted biscuits and asked residents which biscuit they would like. The biscuits were offered at intervals over the next half hour. Residents were asked several times whether they needed or wanted something.

During the period of observation a family was visiting a relative in the main sitting area. Two children, one very young, played with toys provided by the home. One family member visited a relative in their bedroom. Both residents and staff seemed very relaxed about the visitors, including the children playing quite actively at times.

Finding out about a resident's previous life and their likes and dislikes

We were told that records are kept of the likes and dislikes of each resident and that staff spend time finding out what each resident likes to do with their time. Activities are then set up to match these interests. From brief conversations with Care Assistants, it was not clear how this information was obtained and recorded, or how much of the information was available to care staff.

The Deputy Manager told us that the new Manager has introduced meetings with relatives every two months and different sessions for residents in alternate months.

If residents are dressed properly

All residents we saw were comfortably dressed. Four of the five residents in the House lounge were wearing thick socks rather than shoes or slippers. We thought this might make walking on the hard floor rather difficult. In the Court lounge most residents had socks or slippers too and some had blankets over their legs. It was a very mild day and we found the room temperature in the lounges was uncomfortably warm. One resident we talked to said they found it too hot. During the course of the visit, staff did turn the heating down.

A safe environment

'Dementia friendly' environment

The decoration and furnishings of the whole home, but particularly the dementia unit, demonstrate good practice in creating a 'dementia friendly environment'. For example, toilet doors are clearly indicated by text and pictures and the walls are decorated with bright colours and familiar themes. Bedroom doors are clearly identifiable through the use of distinctive coloured paints.

Liaison with GPs and other primary care services

The Deputy Manager told us that most residents are registered at a GP surgery in Whitchurch and the surgery are very responsive and supportive of the home. The home also has a good working relationship with a local pharmacist. We were told

there are regular visits from a member of the community mental health team (CMHT) who advises on the care of residents with dementia. When a resident exhibits more challenging symptoms of dementia the CMHT is asked for help in managing these symptoms.

One Care Assistant told us they sometimes accompany residents to dental appointments in Shrewsbury, and commented that the Manager always made sure there were enough staff to allow for this to happen.

We saw a notice saying that a commercial optometrist would visit the home in two weeks' time to do eye tests.

Complaints procedure

One resident told us that if they had a concern about a Care Assistant or another worry, they would go to the Manager, but they had never needed to.

We did not notice a complaints procedure on display during our visit.

Staffing levels, staff recruitment and training

The reception area has a board with photographs of all staff. The new Manager has been actively recruiting new members of staff. The most recent started in December. There were enough staff on duty on the day we visited to give unhurried and attentive care to residents in the communal areas. The Deputy Manager told us plans are in hand to increase recruitment as the number of residents increases.

We were told that staff generally work on either the House or the Court unit and do not change over. This allows staff strengths and preferences to be accommodated, as some prefer working on one side more than the other. Night staff are employed in addition to day staff. When necessary, there is some flexibility about when and where staff work.

Most residents were in the lounges, but we heard two call bells sound from bedrooms during our visit. Both were responded to quite quickly.

There are some care staff who have worked at the home for many years as well as some newly recruited staff who have started in the last year. We were told there are plans for celebration events for two members of staff who have worked at the home for 15 years and 20 years.

We were told by a Care Assistant that there have been changes to the way new staff are introduced to the job and that it has improved a lot since they joined three years ago. One newer staff member told us they had been offered basic training prior to joining the team and since starting had done Manual Handling, Fire, and Feeding training. They had also 'shadowed' staff prior to working independently and they found all the staff very helpful and supportive.

The members of staff we spoke to told us that all staff undertake on-line learning provided by Social Care TV. These are sessions of an hour, or an hour and a half, and a Care Assistant we spoke to told us they do these in their own time or at lunch times. An established member of staff told us that they have regular refresher courses and that they were about to attend a three-day college course on Dementia. They said most staff are working towards recognised qualifications.

We were told by a member of staff that the new Manager is 'very experienced and has a structured approach' and is very willing to share her knowledge. Another member of staff had changed their plans to leave the home after the new Manager joined because they were encouraged by the improvements.

Some members of staff told us they welcomed the supportive supervision they receive from the new Manager. One Care Assistant said they had had a very constructive appraisal interview a week ago.

We were told by staff that a Fire drill was planned for the day after our visit, so all staff can practise evacuation procedures. Equipment needed for evacuation was clearly visible at the top of the stairs.

Observation Summary

One of the members of the visit team conducted an observation in the communal lounge in the House unit, for the residents with advanced dementia. The observation lasted 45 minutes. The residents and staff seemed comfortable with each other but no-one smiled much. The AR observed that all the staff were very patient and gentle with the residents. There was constant interaction between staff and residents, but very little sustained one-to-one attention. For example one resident started shouting repetitively. No member of staff tried to interact with this resident.

Observation ratings for staff-resident interactions

The AR rated each observation as:

- Positive, showing a high level of compassionate care; or
- Passive, showing good care but little empathy or positive engagement with the residents or their visitors; or
- Poor, showing a lack of care and compassion.

Specific observations of interactions between staff and residents

Positive 22

Passive 3

Poor 1

Some examples of positive care

- A very restless resident was quietly and gently guided around obstacles and people walking through the rooms, and otherwise was able to move freely.
- This person, who seemed unable to settle, was followed for some time by a member of staff who calmly offered them a sip of tea or a bite of biscuit whenever they paused.

- A seated resident asked repeatedly when they would be going to bed. Members of staff engaged each time, reassuring the resident and stressing that it was the wishes of the resident and not the convenience of the staff that mattered when making the decision.
- A seated resident became agitated when a restless resident came too close to their chair. Staff gently moved the restless person away, and distracted the agitated person with the offer of a biscuit.
- A member of staff engaged one resident in conversation about a special interest.

Passive care

- A resident was asked if they wanted to go for a rest and said “yes”, but it was not followed up.
- A resident who was not drinking their tea was asked by a staff member if they wanted it, but the staff member did not sit down and try to encourage the person to drink. The AR had earlier observed the resident being persuaded successfully by a visitor to drink a few mouthfuls.
- A staff member noticed in passing that the handle of a mug of tea was turned away from a resident’s hand, and turned it back so they could reach it.
- A resident who was calling out loudly and repetitively was asked by a staff member if there was anything they could do to make them more comfortable, but there was no eye contact and no attempt to help the resident to a more comfortable position.

Poor care

- Staff did not appear to notice that a resident had slipped down in their chair and was looking uncomfortably slumped. This resident did not seem able to ask for help and was noticeably uncomfortable for about 15 minutes. Their position meant they had difficulty reaching their tea and biscuits.

Additional Findings

- The Deputy Manager told us the home is trying to reach out into the local community more and raise awareness of the improvements being made in the home. They are receiving increasing support from a local Councillor and the Mayor.

Summary of Findings

- The building is old and the layout means residents cannot move about freely. However it was welcoming, with fresh bright decor and furnishings of a high standard.
- The communal rooms in the Court unit, although well-lit by skylights, had no view of the outdoors.
- The communal rooms were uncomfortably warm at the time of our visit.
- In one lounge the television volume was turned up too high for most residents and staff to be able to have a conversation, if they wanted to.
- The decoration and furnishings of the whole home, but particularly the dementia unit, demonstrate good practice in creating a ‘dementia friendly environment’.
- One resident told us there was a good choice of food and meals were really nice. The menus on display showed a good range of different meals.
- Two residents told us they made their own decisions about time of getting up, clothes to wear etc. They said staff were flexible and supportive in providing personal care.
- We were told that records are kept of the likes and dislikes of each resident and that staff spend time finding out what each resident likes to do with their time. However it was not clear how this information was obtained and recorded, or how easy it was for staff to get this information.

- The Activities Co-ordinator has introduced more structure to the social activities available to residents, and encourages care staff to think about incorporating physical activity and social stimulation into their daily work.
- Interactions between staff and residents were patient and gentle.
- We saw one example where persistent calling out by a resident with advanced dementia was not responded to by staff.
- Visitors were welcomed by staff and residents seemed at ease with strangers.
- We noticed that many residents had thick socks rather than shoes on their feet. These would seem to make it more difficult to walk independently, and increase the risk of slips and falls.
- We were told that relationships with a local GP practice are good, and community nursing staff, district nurses and staff from the CMHT, visit the home regularly.
- New members of staff said they received a practical introduction in how to provide personal care when they first started work and a lot of support from experienced care assistants in the first few weeks.
- We were told that all care staff are expected to refresh their mandatory training and are encouraged to develop new skills and study for vocational qualifications.
- Staff told us they welcomed the supportive supervision they receive from the new Manager. They said both the care provided and the management of the home have improved since she came into post.

Recommendations

- Share residents' life histories and 'likes and dislikes' with all care staff to help stimulate social interaction.
- Consider whether replacing socks with slippers or shoes would enable residents to increase their physical activity during the day.
- Consider the effects of constant television background noise on residents' opportunities for social interaction. We suggest keeping the door to the second lounge in the Court open so that residents can sit there or do quieter activities if the noise from the television disturbs them.
- During our visit one resident repeatedly called out and there was no immediate response from staff. Consider whether staff would benefit from training / specialist advice on how to work with the resident in a person-centred way to reduce these behaviours.

Service Provider Response

The Manager of Edgeley House has responded to the report saying 'thank you it was a fair report' and provided the following information and action plan in response to our recommendations:

Share residents' life histories and 'likes and dislikes' with all care staff to help stimulate social interaction.

The care plans in section 9 hold all the information regarding resident social likes and dislikes and a copy on the inside of each wardrobe door, however a grab file will be implemented on each unit for staff to access.

This action was overseen by the Team Leader and has been completed.

Consider whether replacing socks with slippers or shoes would enable residents to increase their physical activity during the day.

For the residents currently on the unit it is already care planned about their preferences and dislikes towards footwear and the preference of slippers. However we will purchase some slipper socks to trial with the residents as they have the tread at the bottom.

The will be overseen by the Manager and completed by 31st March 2017.

Consider the effects of constant television background noise on residents' opportunities for social interaction. We suggest keeping the door to the second lounge in the Court open so that residents can sit there or do quieter activities if the noise from the television disturbs them.

The door to the lounge already has a door guard fitted but unfortunately the batteries went and the maintenance man had left site on the day of the visit. We cannot prop doors open as it is a fire door.

Residents are offered the use of the lounge both mornings and afternoons and some activities take place in there also. Residents are able to ask and/or move away from the noise into the lounge if they choose too. The TV is changed and turned up and down by the residents however if residents or families/visitors ask staff we would always turn it down or over etc.

Families and loved ones use the room and we have a man and wife in the home who use it as they reside on separate units.

No action required.

During our visit one resident repeatedly called out and there was no immediate response from staff. Consider whether staff would benefit from training / specialist advice on how to work with the resident in a person-centred way to reduce these behaviours.

The resident in question has already had Community Mental Health Team (CMHT) support, there is a detailed care plan supported by CMHT, which is available for inspection and Healthwatch were made aware by the Deputy on that visit. The

CMHT visit infrequently now but initially they were supporting the home on a daily basis.

Staff are all aware of what triggers the resident's behaviour and how to respond, but also too much fussing around them exacerbates their anxiety and they can become very angry and upset. My Deputy did discuss this with the Healthwatch team during the visit. We will however seek further advice from the CMHT for clarity.

This will be done by the staff team and be ongoing as part of the resident's care plan.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

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