



**Enter and View**  
**Hatton Court Care Home**  
**Semi-announced visit**  
**29 April 2025**

## Contents:

Section	Theme	Page
	<b>What is Enter and View</b>	<b>2</b>
1	Provider details	3
2	Acknowledgments	3
3	Disclaimer	3
4	Authorised Representatives	3
5	Who we share the report with	3
6	Healthwatch Telford and Wrekin details	3
7	Healthwatch principles	4
8	Purpose of the visit	4
9	What we did	5
10	Findings	
	a) Environment	5
	b) Essential services	6
	c) Access	7
	d) Safe, dignified and quality services	7
	e) Information	8
	f) Choice	8
	g) Being listened to	8
	h) Being involved	8
11	Recommendations	9
12	Provider feedback	10

## What is Enter and View

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

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Telford and Wrekin's Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Telford and Wrekin's Safeguarding Policy, the Service Manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

## 1. Provider details

Name and Address of Service: *Hatton Court Care Home, Whitchurch Road, Cold Halton, Telford, TF6 6QB*

Manager: Lisa Bradley

Service type: Residential and Nursing Care Home

Date and Time: 29/04/2025 2.00pm

## 2. Acknowledgments

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

## 3. Disclaimer

Please note that this report is related to findings and observations made during our visit made on 29<sup>th</sup> April 2025. The report does not claim to represent the views of all service users, only those who contributed during the visit.

## 4. Authorised Representatives

Jan Suckling - Lead Engagement Officer

Tracy Cresswell - Corporate, Partnership and Volunteering Manager

Denice Morgan - Authorised Representative

## 5. Who we share the report with

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

## 6. Healthwatch Telford and Wrekin details

Meeting Point House, Southwater Square, Telford TF4 3HS

Tel: 01952 739540

Email: [info@healthwatchtelfordandwrekin.co.uk](mailto:info@healthwatchtelfordandwrekin.co.uk)

Twitter: @HealthwatchT\_W

Facebook: HealthwatchTW

Instagram: healthwatchTandW

Web: [www.healthwatchtelfordandwrekin.co.uk](http://www.healthwatchtelfordandwrekin.co.uk)

LinkedIn: HealthwatchTelfordandWrekin

## 7. Healthwatch principles

Healthwatch Telford and Wrekin Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high-quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

## 8. Purpose of the visit

The visit was semi-announced and was Part of the Healthwatch work plan.

The Hatton Court is a Residential Care home set in Telford, it is a 60 bedded home with 58 single rooms and 2 shared rooms.

## 9. What we did

Upon arrival at the Hatton Care we introduced ourselves to the Manager. We clearly explained who we were, the organisation we represented, and the purpose of our visit. We also showed our ID badges and signed into the home.

We outlined our approach for the visit: One Authorised Representatives (AR) would speak with the Manager to gain an overview of the home and its current operations. The other two ARs were given a tour of the home and would engage directly with residents, staff, and any visiting relatives to gather feedback and insights into the service.

## 10. Findings:

### a) Environment

#### i) External

We started our visit by looking around the outside of the building. There was plenty of parking. The main entrance was secure, here is a large carpark at the front of the building. Signage to the home is good.

#### ii) Internal

There were CCTV situated in all of the communal areas, this is linked to a screen in the managers office.

During our visit several residents were situated in the main dining area, the AR's observed staff supplying the residents with drinks etc. The layout of the dining area could be repositioned to a horseshoe, so residents are not sitting with their backs to other residents and would be able to see the television. The ARs observed that there were several residents sitting in front of the TV, however it was not switched on.

Not all of the toilets had contrasting colours, it is suggested that the toilet seat and lid should be in a contrasting colour to the rest of the toilet, so they are easier to see. For further information can be found below:

<http://www.worcester.ac.uk/dementia>

The main dining area where the residents were sitting was quite warm, there are no windows that can be opened for ventilation.

## b) Essential Services

On the day of our visit, all 56 places in the home were occupied. The home uses agency staff on a regular basis, they use Paramount an internal agency who will cover vacant shifts, however they use external providers that have been approved by the provider, these are often pre-booked regular shifts for continuity, however it is more expensive.

At the time of our visit they had several vacancies, for senior nurse (40 hours), Health care assistant vacancies and house keeping.

Staffing levels were as follows:

- Day staff:
  - 1 nurses
  - 2 health care assistants
  - 8 care staff
- Night staff:
  - 1 nurse
  - 1 senior carer
  - 4 care staff
- Additional staff:
  - 1 manager
  - 1 Clinical lead
  - 2 admin staff - cover 7 days a week
  - 3 housekeeping staff and 1 laundry
  - 2 maintenance workers (cover 5 days and emergency out of hours)
  - 1 chef and 1 kitchen assistant - can we ask Denice to clarify cannot remember
  - 1 activity co-ordinator - 7 day a week including weekends
  - Complimentary therapist “Spring Lane” for painful support as well as physical therapies.

Staff training is blended approach with e-learning and face to face, mandatory and statutory models. As part of the staff inductions, they have a 2 day induction that includes DOLS, end of life, manual handling (face to face), they shadow other staff members for policy and procedures. All staff received the Oliver McGowan training, dementia training, there is a large packet of training that the staff complete.

GP services are mainly provided by Hodnet Medical Practice who visit 2 to 3 times a week, it is mainly Dr Johnson and a care practitioner that carry out the visits at the home.

Medication is provided either by the pharmacy that is connected to the GP practice or Shawburch.

Vision in Care at Home handles optician visits, and dental care is delivered as part of domiciliary care to the home, however residents and their families are encouraged to stay with their own dentist (if they have one).

Hairdressing takes place during the first 2 Tuesdays of the month (this is part of their activity schedule).

### **c) Access**

Residents told us they “liked living here”. The activity co-ordinator encourages the residents to participate in the activities that are planned throughout the month. Each day, they have a resident of the day (this is included on the activity schedule). They do whatever the resident wants to do, they look at the resident wellbeing, update the “About Me” information. The activity co-ordinator explained that they struggle to get some of the residents to engage, however they continue to include them in all of the activities that is planned. Another resident explained that they “have a variation of things to do”. Another resident expressed that they “like going out in the garden”. They hold a birthday party every month for all the residents that celebrate their birthday during the month.

The home supports re-enablement, which is led by social worker, occupational health, the crisis team, mental health team, physio etc are included.

### **d) Safe, dignified and quality services**

Residents shared that they felt safe and well cared for. We observed staff helping residents move around safely and respectfully. Rooms were private and personalised, and residents were treated with dignity, especially those with mobility needs. During our visit we observed the staff engaging with the staff within the lounge providing them with drinks and snacks.

One resident expressed “like it here, have been here for over 14 years and don’t want to move”

Another resident said that the staff “have worked how to look after everybody”, the staff provide the residents with what they want.

One resident expressed that “the staff are very good, and the night staff are the same as the day staff”.

One resident expressed that the call bell is answered between 5-10 minutes, and they were ok with this.



### e) Information

There was guidance near the resident's room on how to complain if they are not happy, this goes either to the nurse in charge or manager. Any investigations are responded within 28 days, the manager explained that they adopt the learning outcomes from the complaints for future reference.

The ARs observed that not all of the staff were wearing name badges, the activity co-ordinator explained the colours of the uniforms.

- Sister - dark navy
- Senior nursing assistant - white and navy
- Health care assistant - White and burgundy
- Care assistant - Dark navy
- Activity co-ordinator - Lime Green

### f) Choice

Residents told us they were given choices in their daily lives. There was a menu on the table during our visit, they could choose their meals, and alternatives were always available. One resident explained that "the food is ok", however residents can choose something else that is not on the menu. The residents are included in the menu planning, and this is fed back to the catering staff. They buy different foods for individual tastes. Residents were also free to personalise their rooms, the ARs were invited into one of the residents' rooms to talk to the residents, and it was decorated to what the resident had chosen. The resident expressed that they "like to stay in their own room, as they love it" but will go to the lounge for dinner. The resident looked after "their own personal care to keep their independence". However, the ARs observed that there were lots of loose wires, even though it was the resident's choice to have the wires as they were, the ARs expressed that this could be a trip hazard and as the resident had expressed that they have fallen. Activities were optional, and residents felt comfortable declining if they didn't want to take part.

### g) Being Listened to

The residents meeting takes place every first Friday of every month, the time varies and is led by the manager. The manager also holds a relatives meeting, however the manager explained they have an open-door policy, they also have a feedback / suggestion box for relatives / residents to leave feedback.

### h) Being involved

The activity coordinator at the home explained there are various activities for the residents to get involved in, such as music, armchair boxing, singers, they had a sweep on the grand national, they are currently involved in taking part in a



sponsored walk raising money for Cash for kids, they are walking to their sister home in Shawburch, some of the residents join the staff in walking, they are planning a sponsored bike ride during dementia week.

The residents enjoy going out to the garden centre; however this only happens when there is a driver available for the mini bus, they are limited on how many they can take out. One of the residents explained that they had taught one of the staff members how to knit, they have knit and natter group, cookery club.

All the residents are encouraged to take part in activities, and the residents that choose not to come out of their room, staff will go and play cards, connect 4 etc with them.

During our visit one of the residents and their family were painting the fence.

There are posters around the home displaying the monthly activities.

## 11. Recommendations

Recommendations made from findings	
1	Consider Improving the visibility of signage at both approaches to the home to help first-time visitors.
2	Ensure all staff wear name badges to help residents and visitors identify them easily.
3	Consider a colour-coded guide to the staff photo board so that everyone can understand staff roles.
4	Consider using coloured toilet seats, which are easier to see and can help residents living with dementia.
5	Set up a “You Said, We Did” board to show how resident and family feedback is used to make improvements.

## 12. Provider feedback

We would like to take this opportunity to share our appreciation for the approach of the Engagement Lead Officer, Volunteer Manager, and Authorised Representative during their recent visit.

Their manner was approachable, friendly, and supportive, which created a positive atmosphere throughout the feedback process. They took the time to listen carefully, share observations in a constructive way, and provided valuable on-site feedback that we found encouraging and helpful.

This approach supports our ongoing commitment to continuous improvement and helps strengthen the relationship between our team, residents, and external representatives.

Clarification and corrections regarding the report.

### **Hairdressing Services**

Hairdressing services take place each week on a **Tuesday**.

### **Environment and Resident Preferences**

We aim to create an environment that is open and welcoming to all. We are aware that many residents do not like the horseshoe sitting arrangement of lounge furniture, where seating makes everyone face one another, this is the Feedback from residents which has been noted, and we continue to review furniture layouts as per residents' preferences.

It was observed that the TV was off during the visit. However, residents have expressed that they enjoy a period of quiet time after lunch. The television is often switched on later in the afternoon, with residents favouring programmes such as *Place in the Country* and *Tipping Point*.

### **Air Conditioning and Ventilation Improvements**

All three communal lounge/dining rooms are scheduled to be fitted with ceiling air conditioning units, which will vent directly to the outside to improve temperature control and airflow. This work is due to be completed by **March 2026**.

Additionally, corridor extractor units will also be installed, with completion planned by **March 2025**.

### **Resident and Family Feedback**

A "You Said, We Did" display has been created and is highly visible. This clearly shows the feedback received from residents and families and the actions taken in response.

### **Staff Uniform and Identification**

Staff uniform dress codes are now made available for all residents & visitors and staff. A notice is displayed showing the nurse in charge of the shift and the designated first aiders, to help families and visitors direct their queries appropriately.

Daily monitoring of ID badges takes place, and temporary name badges are created where badges have been forgotten.

### **Refurbishments**

Refurbishment works are due to commence on **6th October 2025**. All communal areas of the home will be redecorated, with vinyl flooring replacing existing flooring (carpet). Replacement armchairs, occasional tables, dining tables and chairs which are suitable for the current category of care we provide.

**Bedroom doors** will be painted in contrasting colours (rotating every five doors), while bathrooms and toilet doors will remain in a consistent colour throughout the home. Dementia-friendly wayfinding signage with pictures/words has also been designed to support orientation. **Toilet seats** will be of a contrasting colour when requiring replacement

**Healthwatch Telford and Wrekin**

**Meeting Point House**

**Southwater Square**

**Southwater**

**TF3 4HS**

**[www.healthwatchtelfordandwrekin.co.uk](http://www.healthwatchtelfordandwrekin.co.uk)**

**t: 01952 739540**

**e: [telford.admin@healthwatchtelfordandwrekin.co.uk](mailto:telford.admin@healthwatchtelfordandwrekin.co.uk)**

 **HealthwatchT\_W**

 **HealthwatchTW**

 **HealthwatchTelfordandWrekin**

 **HealthwatchT&W**



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

[www.weareecs.co.uk](http://www.weareecs.co.uk)

t: 0800 470 1518

e: [contactus@weareecs.co.uk](mailto:contactus@weareecs.co.uk)

 **@EcsEngaging**