



**Enter and View
Myford House
Semi-announced visit
23 May 2025**

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What is Enter and View

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

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

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

1. Provider details

Name and Address of Service: *Myford House*
Woodlands Lane, Horsehay, Telford, TF4 3QF
Manager: *Jane Watson - deputy Manager*
Service type: *Nursing and Residential Care Home*
Date and Time: *23/5/2025*

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 *23 May 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

5. Who we share the report with

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

6. Healthwatch Telford and Wrekin details

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7. Healthwatch principles

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

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patient's 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 as Part of Healthwatch Telford and Wrekin work plan.

The purpose was to speak with residents, staff, and management, observe the environment, and gather feedback on the quality of care and daily life at the home.

9. What we did

Upon arrival, we introduced ourselves to the Manager, presented our Healthwatch identification badges, and explained the purpose of our visit. We were then welcomed by the Deputy Manager, who provided an overview of the service and accompanied us on a guided tour of the building. During the visit, we observed the general environment, facilities, and daily routines, and we had the opportunity to engage in conversations with several residents. These interactions helped us gain insight into their experiences of living at the service and the support they receive.

10. Findings:

a) Environment

i) External

Accessing the home proved challenging. The sat-nav directions led us to the opposite side of the road from where the building is actually located, which could easily cause confusion for visitors. Roadside signage was limited and not clearly visible from a distance. The narrow lane leading from the main road to the home was in poor condition, with several large potholes that made driving difficult and potentially hazardous.

On arrival, we found the on-site car park completely full. We also noted that one vehicle was parked in a way that obstructed a designated fire exit, which raises safety concerns. Locating alternative off-street parking nearby was difficult because the main road is narrow, and parking outside surrounding residential homes would restrict access for emergency vehicles. There is some parking further along the main road, but reaching the home requires a short walk from those bays.

Despite these access issues, the front garden of the home was well maintained, creating a positive first impression of the environment once on foot.

ii) Internal

The interior of the building is arranged across two floors. Residents living with dementia are primarily accommodated on the first floor. Due to the age and layout of the property, bedroom facilities vary: some rooms include en-suite bathrooms, while others do not.

The Manager's office is positioned with visibility over the main drawing room, allowing oversight of daily activities. During our visit, residents were participating in an interactive session with an "animal man" who had brought a selection of reptiles. We observed that even residents who do not typically engage in group activities appeared interested and were actively taking part by handling the animals.

Throughout the home, the Authorised Representatives (ARs) observed clear and helpful signage, supporting orientation for residents. However, they noted that toilet seats were the same colour as the pedestals, which could make it harder for residents—particularly those with visual or cognitive impairments—to distinguish fixtures easily. In contrast, bedroom doors were painted in different colours, a choice made by residents themselves to support recognition.

During the walkthrough, the ARs also observed that the flooring near the hairdressing room was uneven. Staff informed us that this issue had already been identified and reported for repair.

b) Essential Services

The home is supported by Dawley GP Practice, and the Deputy Manager expressed that the relationship with the surgery is excellent. The home attends regular meetings with the pharmacy team and is currently working with Boots to support medication management. Medication reviews for residents are carried out by the pharmacist based at the GP practice, ensuring clinical oversight and continuity of care.

Family members are able to request a GP home visit for their relative when needed, and staff reported that the GP practice is responsive and does attend the home when required.

In addition to long-term residential care, the home also provides reablement services. At the time of our visit, there were 13 beds allocated specifically for reablement, offering short-term support to individuals as they regain independence.

c) Access

The staffing team is made up of a range of roles that support both the clinical and day-to-day needs of residents:

- 1 Home Manager
- 2 Deputy Managers - one a registered general nurse (RGN) and one a registered mental health nurse (RMN). Both deputies actively alternate their time between office duties and working directly on the floor with residents
- 5 Housekeeping and Laundry Staff
- 2 Part-time Administrative Staff
- 1 Maintenance Worker
- 2 Medication Technicians (Med Techs) - responsible for supporting medication management during the day
- 10 Care Staff During the Day
- 1 Senior Staff Member on Duty at Night
- 6 Care Staff During the Night
- 1 Activity Coordinator
- 1 Chef supported by kitchen staff.

Agency staff are used occasionally to maintain staffing levels, but the home makes a deliberate effort to use the same agency workers consistently. This approach helps support continuity of care for residents. At the time of our visit, the home had three regular agency nurses who were covering some night shifts.

Residents also benefit from access to hairdressing services. The home has a visiting hairdresser, and one of the care staff is also a qualified hairdresser who provides additional support for residents wishing to have their hair done.

d) Safe, dignified and quality services

The activity coordinator explained that they actively engage with all residents. While the home does not have many bed-bound residents, those who are unable to participate independently are still invited and supported to take part in suitable activities. During our visit, the main lounge was full of residents attending a session with the “animal man,” which encouraged interaction and engagement from a wide range of residents.

Complaints are addressed promptly following a clear process overseen by the manager. Staff noted that most concerns raised tend to be minor issues rather than formal complaints and occasionally relate to family members’ difficulties in accepting changes in their loved one’s behaviour.

Residents’ weight is monitored regularly by staff. Any significant weight loss or other concerns are promptly flagged to the GP to ensure timely intervention and appropriate care.

e) Information

The deputy manager explained that there have been some challenges regarding the information received from hospitals for residents staying at the home as part of reablement. In particular, there have been issues with medication, including prescriptions that are intended for hospital use only. This has created difficulties in obtaining the necessary medication promptly for residents once they return to the home.

Family members of residents on reablement placements reported concerns about the standard six-week timeframe. Many expressed a desire for their relative to continue staying at the home beyond this period, reflecting both satisfaction with the care provided and concern about the transition process.

Regarding care plans, it was noted that the home maintains comprehensive records for all residents.

f) Choice

Residents are encouraged to personalise their own rooms, allowing them to create a familiar and comfortable environment that reflects their preferences. While contrasting colours are used on some toilet seats to support residents with visual and cognitive impairments, this practice is not consistent throughout the home. Extending this approach across all bathrooms could further support resident independence and safety.

The home provides residents with home-cooked meals. Staff always have access to the kitchen. Alternative food options are readily available for residents who do not wish to have the items on the menu, ensuring that individual dietary preferences and needs are accommodated.

g) Being Listened to

Residents and their relatives are invited to attend regular meetings with the activity coordinator, although attendance can be inconsistent. The activity coordinator takes the time to understand the background and interests of each resident, enabling activities to be personalised and meaningful. For example, during the VE Day celebrations, residents were supported to write letters to their loved ones, providing a creative and engaging way to connect with family while commemorating the occasion.

h) Being involved

Several residents were in the lounge during our visit, having recently participated in a session with the “animal man.” Many of them spent time engaging with us, sharing their experiences and demonstrating interest in the activities.

The deputy manager explained that all residents on reablement are provided with an information pack on arrival. During our discussions, it was highlighted that the home actively listens to residents’ feedback and takes action where possible, ensuring that residents’ views and preferences are respected and incorporated into their care and daily routines.

11. Recommendations

Recommendations made from findings	
1	Ensure that fire exit is kept free at all times.
2	Consider changing the toilet Seats to a contrasting colour different to the pedestal.
3	Ensure that the floor is repaired by the hairdresser, even though it had been reported prior to our visit.
4	Consider producing a “You said, We did” board and ensure it is dated appropriately.

12. Provider feedback

We will look at the budget and implement the toilet seat has and when they need replacing.

The floor by the hairdressers in on the rolling action plan.

We have the newsletter sent out monthly, this replaces you said we did board feedback for this is very positive.



**Committed
to quality**

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