



Enter and View

The Priory Nursing and Residential Home
Semi-announced visit

04th July 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: *The Priory Nursing and Residential Home
Spring Hill, Wellington, Telford, TF1 3NA*

Manager: Molly Easterbrook

Service type: Residential Care Home

Date and Time: 07/07/2025 1.30pm

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 04th July 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

Promise Ewuizie - Authorised Representative

David Brown (observing)

5. Who we share the report with

This report and its findings will be shared with the Manager at Priory 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 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 Priory is a Residential and Nursing Home set in Wellington it is a 49 bedded home. The home expanded in March 2023 with a new 9 bedded complex care unit. These rooms all have a track hoist system with doors leading out to a courtyard area.

9. What we did

Upon arrival at the Priory 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: Two 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, including a dedicated ambulance bay right at the entrance. The main entrance was secure, operated by a coded lock. We did notice that the signage was clear and easy to spot if you were approaching from the left, off the main road but much harder to see from the right. This might make it a bit confusing for first-time visitors.

ii) Internal

The reception area and manager's office were small and felt quite tight for space. During our visit, the fire alarm panel was being upgraded. A noticeboard in reception provided some information, but it was cluttered and hard to read due to the limited space, and many of the thank-you cards were overlapping. We also saw a staff photo board in the main corridor, which was a good idea, though not all staff were wearing name badges, and there was no colour guide to explain different staff roles.

Radiators and thermostat dials were safely covered throughout the home. While we were in reception, we heard an emergency buzzer going off, and it continued when we entered the main corridor. We let a staff member know, and they responded straight away, ensuring the resident was attended to.

Resident rooms were decorated in neutral colours, but staff told us that people are welcome to personalise their rooms and even request a preferred paint colour. We noticed each door had a personal photo or object related to the resident, which added a warm and individual touch. Storage inside the home was a bit limited. Equipment like hoists and even a Hoover were seen stored in corridors, likely due to ongoing refurbishment. One door, which had a "Keep Locked At All Times" sign,

was left open. Staff said it was being cleaned, but we advised that it still posed a potential risk.

We also saw a lot of staff notices in communal areas, such as reminders not to place crockery on windowsills. These served their purpose but made the space feel clinical. We suggested placing decorative items like plants or artwork in these spots to help soften the environment. The lounge was busy and well used during our visit. Residents were enjoying tea and doughnuts as part of a July 4th celebration, and the atmosphere was lively and social.

The building's layout was described as a "rabbit run," with lots of corridors and sections. A new unit had recently opened with nine rooms, each fitted with ceiling hoists and wet rooms, and looking out onto either a courtyard or balcony.

However, the rooms in one unit only had sinks. This raised concerns about toilet access for bedbound residents. Staff explained that two carers are allocated per unit, with one floating member of staff providing support as needed.

We also noticed that all the toilet seats in the home were white. Management might want to consider switching to coloured seats, which can be easier for residents with dementia to see and use comfortably. The dining room was not used much by residents; most preferred to eat in the lounge. Staff used the dining area for their own breaks. There was a small kitchenette on the first floor, which both staff and visitors could use. A stairlift was available as a backup in case the lift ever went out of service.

b) Essential Services

On the day of our visit, all 49 places in the home were occupied, with 42 nursing residents and 7 residential. The home does not use agency staff, which the management said helps maintain consistency and better care for the residents. At the time of our visit, there were no staff vacancies, and three new roles had recently been filled.

Staffing levels were as follows:

- Day staff:
 - 2 nurses
 - 2 nurse support workers
 - 11 care staff
- Night staff:
 - 1 nurse
 - 1 nurse support worker
 - 6 care staff
 - 2 twilight staff (start at 6am)

- Additional staff:
 - 2 admin staff
 - 4 housekeeping staff
 - 1 maintenance worker
 - 1 chef and 1 kitchen assistant
 - 2 activity staff (at least 1 on duty daily)

Staff training includes an online induction, shadowing, yearly updates, and some in-house training. Safeguarding training had just taken place in person on the day we visited.

GP services are mainly provided by Wellington Surgery, and while there are no routine GP visits, the home does receive visits from paramedics and nurse practitioners.

Medication is provided by Boots pharmacy.

Vision Care at Home handles optician visits, and dental care is accessed through community-based services. Staff have received training in oral health, and a foot care practitioner visits every six weeks.

A hairdresser also visits weekly, though we didn't see a dedicated salon space.

c) Access

Residents told us they felt they were treated kindly. One resident with a gluten-free diet said their needs were always met. Staff made efforts to show visual food choices for residents with limited capacity, and families were included in decisions about preferences. Residents who spent most of their time in their rooms were still supported with one-to-one care. Nobody reported any issues.

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. Staff interactions with residents were warm and friendly throughout our visit. Staff members we spoke to also said they enjoyed their work and felt supported by their managers.

Residents were happy to share how well they were treated. One said that staff always kept them updated and respected their choices. Another, who preferred to stay in their room, appreciated having activities brought to them. Others mentioned that they had chosen this home with their partner and were very satisfied with the decision.

A relative approached the ARs during the visit to share feedback about the care their family member had received. They explained that their relative preferred to stay in their room, but was still included in activities within the home. They said they were very happy with the care provided and spoke positively about the staff, who always kept them informed of any changes. The relative felt included and involved in their loved one's care.

e) Information

There were noticeboards in various areas of the home, although some were cluttered or placed in tight spaces that made them hard to read. The home shares information with families and residents through newsletters, Facebook posts, and in-home signs. Complaints are addressed within 21 days, and resident and relative meetings offer opportunities for updates and discussion.

f) Choice

Residents told us they were given choices in their daily lives. They could choose their meals, and alternatives were always available. Menu planning was discussed in meetings, and staff could access the kitchen at any time. Residents were also free to personalise their rooms and choose paint colours. Activities were optional, and residents felt comfortable declining if they didn't want to take part.

g) Being Listened to

Residents said they felt listened to by staff. Their views were taken seriously, and they felt able to express their opinions. Monthly meetings gave residents and families a space to share feedback, and staff followed up on concerns when raised. Most feedback was gathered informally, through chats and day-to-day conversations.

h) Being involved

There were two activity coordinators at the home, and at least one was always present. Activities included bingo, crafts, cooking sessions, exercise (both seated and one-to-one), movie nights, singalongs, and games. Residents were also treated to visiting entertainers, zoo and llama visits, and could take part in trips out with the right support. Families were encouraged to visit, and even pets were welcome. Residents were actively involved in a 4th of July celebration on the day we visited, which helped create a cheerful environment.

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	Ensure corridors are clear and avoid storing equipment in them, even during refurbishment or cleaning, to maintain safety.
5	Consider removing staff instruction posters in communal areas to create a more homely feel.
6	Consider using coloured toilet seats, which are easier to see and can help residents living with dementia.
7	Set up a “You Said, We Did” board to show how resident and family feedback is used to make improvements.

12. Provider feedback

While I fully agree with most of the points raised and findings on the day, I would like to offer the following clarifications and context to support a fuller understanding of our service provision:

- The dining room is well utilised by residents, particularly at lunchtime. Following meals, residents are supported to either return to their rooms or move to the lounge area, depending on their individual preferences and needs. This practice supports choice and comfort for each resident.
- Not all bedrooms within the home have en-suite toilet facilities, due to the age and original layout of the building. However, all residents are carefully assessed prior to admission, and those rooms without en-suites are only allocated where there is no identified need for direct toileting access - for example, where personal care is delivered in bed. This ensures that each placement remains appropriate and safe for the individual.

12. Provider feedback *...continued*

- We acknowledge the limitations posed by the size and structure of the home, and we strive to make best possible use of all available space. Although a new office area was included in the plans for the 9-bed unit, we made the decision to prioritise this space for the nursing team. This central location improves access to care plans and enables greater privacy for liaison with families and external professionals. The space is also used for private meetings when required. While the management office is compact, its position allows high visibility and accessibility for residents, families, and visitors, which we feel is of great value.

In response to the feedback and recommendations received:

- We have updated the staff board to clearly show the uniform color coding for each staff team, helping residents and visitors to better identify team members. All staff are reminded of the importance of wearing name badges.
- A daily walk around checklist is in place to support maintaining health and safety daily.
- We are in the process of updating our information boards throughout the home. As part of this, all unnecessary or outdated signage has been removed.
- As part of our business continuity plan, there is a plan in place to upgrade existing bathroom facilities, including en-suite bathrooms. As part of this, we will also consider the installation of coloured toilet seats to enhance visibility and accessibility. We will use our upcoming resident and relative meeting to discuss this and gather feedback.

Finally, I would like to add that we are very pleased to read the positive comments regarding staff interactions and the feedback provided by residents, relatives, and staff. We appreciate the recognition of the team's commitment and the quality of care provided.

Priory provider response

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