



Enter and View
Birkdale
Semi-announced visit
31st 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: *Birkdale*

Station Hill, Oakengates, Telford TF2 9AA

Manager: *Francis Louise*

Service type: *Residential Care Home*

Date and Time: *31/7/2025*

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 31st 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

Denice Morgan - Authorised Representative

David Brown - Shadowing

5. Who we share the report with

This report and its findings will be shared with the Manager at Birkdale, 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 following the CQC's "Requires Improvement" rating from its last assessment in March 2024 and formed part of Healthwatch Telford and Wrekin work plan.

9. What we did

We introduced ourselves to the Manager, showed our ID badges, and explained the purpose of our visit. Two Authorised Representatives (ARs) remained with the Manager to gain an overview of the home, while the other two ARs toured the premises, speaking with residents, staff, and any visitors who were present at the time. We were asked to sign in the visitor's book on entry and when leaving.

10. Findings:

a) Environment

i) External

At the front of the home there is a small car park. Spaces are limited and the surface is uneven in places. The outside of the building is monitored by CCTV and access is controlled through a secure entry system. To the rear of the property, Birkdale has a small garden area which is maintained with support from both staff and residents.

ii) Internal

Residents within the home are living with a range of needs, including dementia (from mild to complex), physical disabilities, visual impairments and hearing loss. The home supports both permanent and respite residents and is set over two floors. There are 10 single rooms with en-suite facilities and most residents with mobility issues are accommodated downstairs. The Daisy unit is used for hairdressing, breakfast and some activities.

In the main building, the top floor has 10 rooms and the ground floor has 6. In the Aston Rose section, there are 7 rooms upstairs and 5 downstairs. Residents are encouraged to personalise their rooms, with many choosing photos for outside their doors. There is good use of contrasting colours on toilet seats, doors and shower doors to assist those with visual or cognitive impairments.

We noted a sign in one of the communal areas indicating that CCTV was in use. However, when we asked staff about this, they explained that CCTV was no longer in place within the home. We suggested that the signs were taken down.

The ARs observed that a fire exit sign was above a door that was kept locked, this was reported to the manager who expressed that it was not a fire exit and would be removed.

Decoration within the home is ongoing, with work continuing improving and refreshing different areas. The replacement of furnishings is also taking place gradually to maintain a comfortable and homely environment for residents.

b) Essential Services

The home is supported by Oakengates GP Surgery. Home visits are usually carried out by paramedics rather than GPs. In addition, a multidisciplinary team meeting is held every Thursday via Zoom to discuss and address any issues relating to residents' care.

The home uses the Oakengates Pharmacy, which is attached to and run by the GP practice; staff told us this works well and that they have no difficulties accessing medication. Dental care is supported through the *Care to Smile* programme, and residents also have the option of using their own dentist. The home is currently the eighth in Shropshire to meet the criteria for a Care to Smile Award. Optician and hearing services are provided by external specialists who also offer staff training to support residents' needs.

c) Access

The home can accommodate up to 29 residents. On the day of our visit, there were 23 residents living at the home. Most of the residents are permanent placements, and the home does not provide any reablement beds currently.

d) Safe, dignified and quality services

Staff involve residents in everyday activities as much as possible and make sure that those with limited mobility can still be in communal areas where things are going on, even if they can't always join in fully. Complaints are acknowledged within three days, and the aim is to resolve them within 28 days. During our visit, staff demonstrated that they knew the residents and their needs well. However, we did observe that several staff were not wearing name badges, which could make it harder for visitors to identify them and their role.

e) Information

Care plans are currently paper based, with updates communicated through daily handovers and a staff WhatsApp group. While effective for most changes, this method of conveying updates could risk missing vital information. Staff expressed interest in reconsidering a digital care planning system now that internet connection has improved.

Two of the downstairs bedrooms have fire exits located within them. The keys for these exits are kept in coded key boxes beside each room door. We raised concerns about staff needing to access the key boxes in the event of a fire, as this could cause delays in an emergency. However, we were told that the fire officer had reviewed the system and was satisfied with the current arrangements.

We have fed this back to CQC and contacted Shropshire Fire service and received this reply

“This is a slightly unusual circumstance so not what you would normally expect to see but yes, the keys are a solution to a building design problem.

Ideally, each compartment should have two escape routes to ensure occupants can evacuate safely if one route is blocked. In this building compartments are in dead-end, so an internal alternative is not available. Therefore, external access is required to provide the second means of escape. This allows nominated staff to reach the compartment from outside to assist occupants and manage evacuation safely should the only internal route be unavailable.

We must have the external access for staff because residents cannot independently escape”.

f) Choice

Residents are encouraged to personalise their spaces, and many have chosen the photographs to display outside their doors. In addition, there is use of contrasting colours on toilet seats, doors, and shower doors, which helps those with visual and cognitive impairments.

Residents are offered at least two main meal options, with alternatives available if requested. Night staff have access to the kitchen to prepare simple meals for residents if needed. Residents are occasionally involved in menu planning, and management is open to more structured consultation on this.

g) Being Listened to

Residents and relatives are invited to regular meetings – monthly for residents and quarterly for relatives. Relatives also receive a weekly newsletter via email. Feedback is welcomed and acted upon where possible.

h) Being involved

We spoke with several residents during our visit, and the feedback was very positive. A group of residents also told us about their knitting project, where they have been making small squares together.

“We love this place.”

“The food is lovely.”

“I can go to bed when I want.”

“I am given a choice of activities.”

“I can go in the garden.”

“I like music and dancing.”

“The staff are nice.”

“I enjoy the puzzles.”

“I enjoy having my nails done.”

Residents are encouraged to participate in daily living activities, such as helping in the garden or small domestic tasks. The home provides a two-week rolling activities programme and caters for individual needs and preferences.

11. Recommendations

Recommendations made from findings	
1	Ensure that fire exit signage is removed when exits are no longer in use
2	Ensure all staff wear their name badges
3	Consider removing CCTV signage in areas that no longer have CCTV coverage.

12. Provider feedback

1. All fire exit signage has been removed where exits are no longer in use.
2. New name badges have been purchased, staff have been instructed to wear them at all times. New staff will have a badge within first week of starting.
3. CCTV signage has been removed where CCTV is no longer used.

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

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