healthwatch
Telford and Wrekin

Enter and View
Lightmoor View Nursing Home
Announced visit
16th January 2026

Contents:

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: *Lightmoor View Care Home*
Nightingale Walk, Telford, TF7 5FN
Manager: *Charlie Bowen*
Service type: *Nursing Home*
Date and Time: *16/01/2026*

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 *16 January 2026*. 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 – Chief Executive Officer
Tracy Cresswell- Corporate Services Manager
Denice Morgan - Authorised Representative

5. Who we share the report with

This report and its findings will be shared with the Manager at Lightmoor View, 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 patience'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 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.Summary

Authorised Representatives (ARs) were welcomed by the manager and deputy manager on arrival. The ARs presented their identification, and informed staff about the purpose of the visit. One AR met with the manager while two ARs undertook a guided tour with the deputy manager, engaging with staff, residents and relatives. This allowed observation of the environment, daily routines and care delivery, alongside gathering feedback from those using and supporting the service.

The home was observed to be clean, tidy and welcoming, with a homely and nonclinical atmosphere. Staff interactions with residents were respectful, kind and person-centred, and continuity of care was evident as many staff work consistently on the same units. Residents and relatives spoke positively about the care provided, communication from the home and the approachability of staff.

The external areas offered adequate parking and a well-maintained garden that supports resident wellbeing. Internally, the home is organised across multiple floors with communal lounges, dining areas and kitchenettes on each unit, and information about activities and menus displayed. Some environmental observations were noted during the visit, including warmer temperatures on upper floors and variations in signage.

The home delivers a range of essential health and support services, including GP, pharmacy, vision care and re-enablement provision. Residents are supported to make choices around meals and activities, and relatives reported feeling informed and involved. The manager was said to be open and approachable, with clear processes in place for communication, feedback and complaints.

Overall, the visit identified a service where residents are treated with dignity and respect, supported by friendly and committed staff. Feedback from residents, relatives and staff contributed to a positive overall impression of the quality of care and support provided at the home.

10. What we did

Upon arrival, the ARs introduced themselves to the Manager, presented their Healthwatch identification badges, and explained the purpose of our visit. They met with the manager and deputy manager, were offered refreshments, explained how the visit would be conducted. One Authorised Representative (AR) met with the manager and two ARs were given a tour of the building by the deputy manager and engaged with staff, residents and relatives. 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.

11. Findings:

i) External

The home was well signed off the main road, however when you got near to the home, there was no signage as to show people where the home was situated, one road said it was for private residents only, on explaining this to the manager, they expressed that they have received complaints about people driving down the private road. There was adequate parking around the home including allocated disabled spaces in front of the home.

The garden area had been refurbished last summer with even pathways and seating areas, along with shade for the residents especially in the summer.

ii) Internal

When entering the home there is a large reception area with offices for the manager and administration staff.

The home is spread across 3 floors, each floor has 13 rooms on the left and 12 rooms on the right, this is the same on each floor

Ground Floor

Goldfinch – accommodates re-enablement residents – the average stay is 6 weeks, however we were informed that some residents have left after a week, but with others staying for a few months, also residents who have started off in reenablement have requested to stay as a permanent resident.

Skylark – is an all-male unit living with dementia.

First Floor

Kingfisher and Nightingale – accommodates mixed dementia residents. There is a balcony that links both units and in the warmer weather the residents use it to go into each unit.

Top Floor

Woodpecker and Redwing – accommodate general nursing which overrides their dementia and several of the residents are bed bound.

The AR's observed that the temperature increased on each floor and was really warm on the top floor, this was commented by relatives and staff.

There were no traditional nurse stations, there are desks at the entrance of the unit which created a less clinical environment.

Each unit have lounges, dining areas and kitchenettes. Pictorial activity rotas are displayed throughout the home and in residents' rooms.

The ARs observed 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, however they were decorated to look like front doors and had a door knocker and letterbox on the doors.

There was a mixture of signs on the doors, for example some had dementia friendly signage, however some had silver and black signage which was difficult to see or read.

Throughout the home, the ARs observed that the home is clean, tidy and homely and did not have clinical feel.

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 registered for 75 residents; on the day of the visit, they had 65. The residents are aged between 65 and 95, the makeup is more female than male on the day of our visit.

The home is supported by Dawley GP Practice, who will visit if requested. The home uses Pharmacy Express, and Vision Care support with home, the home has a portal with all the residents on and can arrange regular visits when required. Some residents have their own dentists which family members take them to their appointments, for other residents the home will make a referral to the community dentist.

The home supports re-enablement for Telford and Wrekin and has 14 beds, and work with physiotherapists, mental health team and social workers.

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

- 1 Deputy Manager and 1 clinical lead
- 14 Housekeeping
- 2 Administrative Staff

- 2 Receptionists
- 1 Maintenance Worker
- 2 Nurses During the Day
- 2 Nurses during the Night
- 21 Care Staff During the day
- 9 Care Staff during the night
- 3 Activity Coordinators
- 5 Kitchen staff in total – 4 were on duty during our visit.
- 7 Senior staffs

All new starters spend a week at the head office before starting on regular shifts at the home. All staff receive mandatory training including Oliver McGowan.

Agency staff are used for 1:1 care and nursing staff, and it is variable staff.

Residents also benefit from having a hairdressing salon in the home, it is open every Wednesday and the residents book their appointment.

d) Safe, dignified and quality services

The ARs observed the staff interaction with the residents, they were polite, caring and respectful. The ARs observed the dignity being maintained with staff closing the resident's door who was being nursed in their own room. The ARs observed several residents receiving one to one support and the staff maintained their distance respecting the individuals but ensuring that the residents were safe. The ARs observed one resident within the garden who was receiving one to one care, staff ensuring that their safety was maintained.

The ARs observed that all the permanent staff wore name badges, however the agency staff were not.

The staff explained the process they follow if they identify or witness a safeguarding concern.

The staff expressed that they are happy and they mostly work on the same units, which is good for continuity for both the staff and residents.

The home has protected mealtimes.

Some relatives and staff noted that they have had difficulty in locating nurses, especially if they are covering multiple units.

The manager has an open-door policy.

ARs observed that crash mats and sensor mats may pose a trip hazard in some of the resident rooms.

e) Information

The ARs observed that there was a QR code in reception for relative's survey and the Coverage Care Annual Report.

The ARs did not observe any information displayed around the different staff roles and uniforms, however we were informed that these were in the welcome pack. The deputy manager updated the ARs with the roles of the staff:

- Deputy manager and Re-enablement lead/clinical lead – wear navy / red tunics
- Shift leaders – light blue / white strip tunics
- Nurses – navy and white tunics
- Care assistants – maroon tunics
- Activity staff – bright pink tunics
- Supervisor – light grey / red tunics
- Housekeeping assistants – light grey / white tunics
- Agency staff – wear blue tops / t-shirts.

There were boards outside each of the units to indicate who was on shift, however only one board had been completed during the visit.

There were pictorial menus displayed in each of the units.

Activity notices displayed in residents' rooms to inform relatives of planned activities.

Relatives expressed that they were kept informed of changes, if their family member had been taken into hospital, they phone the relatives and let them know, regardless of the time of day. Relatives and residents expressed that they were happy with the care, food and staff approachability.

f) Choice

Residents have choice off the menu which is changed on a 6-weekly basis. Night staff can provide toast / soup etc if residents want food, they have access to the kitchenettes.

Residents are involved in the planning of the menus; they take part in a survey around seasonal changes.

Residents have a varied choice of activities that take place within the home, they can get involved in breakfast clubs, afternoon teas, entertainment, calming/sensory experiences etc. Individuals can be taken out but no regular trips as the home doesn't have transport.

g) Being Listened to

Residents and their relatives are invited to attend quarterly meetings with the activity coordinators.

Staff meetings vary with shift leaders holding meetings between monthly and 2 monthly, and all staff meetings taking place every quarter.

The manager explained that complaints are acknowledged via letter, the complaints are investigated according to the company's policy and procedures, including speaking with staff and checking with the residents. They write out to the complainant and discuss any concerns with the family. It normally takes 28 days.

The manager expressed that they have a "You said, we did" board.

Staff Quotes

- "I have worked here a long time."
- "I know all the residents on my unit."
- "We mostly work on the same unit."
- "Management make adaptations to accommodate different staff needs."
- "Management is approachable with an open-door policy."
- "I feel supported."
- "Staff training is good."
- "We know the safeguarding procedures."
- "Staff levels are adequate, but we need more nurses so there is one on every unit."

Relative Quotes

- "Happy with staff."
- "I am informed of any changes."
- "Staff are approachable."
- "Need more staff; sometimes you cannot find a nurse as they are covering another unit."
- "Sometimes you don't see anybody."
- "My relative sometimes does not get up but is given meals when they do."
- "Happy with the room."
- "I am kept up to date with any changes to my relative."

h) Being involved

The home uses electronic care planning, hand over notes on care vision, shift leaders share the information with the staff, they provide care to care between themselves.

Current challenges

The manager expressed that due to them being a dementia home, they sometimes have difficulty in getting advice from the mental health team. Families don't always understand the pressure of communal living in a care home by having unrealistic high expectations.

Overall impression of the home

The manager home is clean, tidy, homely with a non-clinical feel. Staff are friendly and welcoming, and attentive to the resident's needs. Residents and relatives reported high levels of satisfaction with care, communication and support.

The temperature on higher floors may need attention.

12. Recommendations

Recommendations made from findings

1	Ensure all agency staff are wearing badges. We will reenforce the requirement of all agency staff to wear visible identification badges while on duty at the home
2	Consider changing the toilet seats to a contrasting colour different to the pedestal. We will review the current bathroom fixtures and explore options to introduce contrasting toilet seats where appropriate to support residents with visual or cognitive impairments.
3	Consider putting air conditioning on first and second floor. We are reviewing the temperature levels across the home and will explore solutions to improve the comfort of the upper floors, particularly during the warmer periods.
4	Consider displaying the different staff roles and uniforms. We will consider displaying information about staff roles and uniform colours in communal areas to help residents and visitors to easily identify staff members.
5	Consider looking at the position of the mats in some of resident's rooms, especially where some have extra matting on the crash mats. We will review the positioning of crash mats and additional floor mats to ensure they minimise any potential trip hazards while still maintaining residents safety.
6	Consider inviting Healthwatch to the relatives' meetings to support with the challenges you have around the communal areas and expectations of family members.

	We welcome the suggestion to involve Healthwatch in future relative meetings where appropriate and will consider this as part of ongoing engagement with families.
7	Consider contacting Healthwatch if you are having difficulty getting advice from Mental Health teams. We will continue to seek appropriate support from mental health services when required and will consider contacting Healthwatch if further difficulties arise.
8	Ensure that staffing boards are kept updated on each unit We will remind staff of the importance of ensuring staffing boards are updated consistently across all units.
9	Consider working with the council around getting a sign situated when you enter the housing estate. We will explore the possibility with the local authority regarding signage within the surrounding estate to improve directions to the home.

3. Provider Feedback

We welcome the feedback provided by the Authorised Representatives and appreciate the positive comments regarding the welcoming environment, the kindness and professionalism of our staff, and the positive feedback received from residents and their relatives.

It is encouraging to hear that the home was observed to be clean, homely and respectful of residents' dignity, and that staff interactions with residents were seen as caring and person-centred. We are also pleased that residents and relatives expressed satisfaction with the communication and support provided by the team.

We remain committed to providing high-quality, compassionate care and continuously improving our service. Feedback from residents, relatives, staff and visiting organisations such as Healthwatch is

valuable in helping us identify areas where we can further enhance the environment and experience for those living in the home.

We would like to thank the Healthwatch representatives again for their visit and for their constructive feedback.

healthwatch Telford and Wrekin

Committed to quality

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