



**Enter and View
Barclay Gardens
Semi-announced visit
24 February 2026**

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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: *Barclay Garden*
Wellington Road , Donnington , Telford, TF2 8AB

Manager: Debbie Ellis Manager
Service type: Residential Care Home
Date and Time: 24/2/26

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 24 February 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 Officer
Hayley Mcpartland - Outreach Officer
Micheal Ryan- Observing

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 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 purpose of the Enter and View visit was to observe the environment and care provided at Barclay Gardens Care Home, to speak with residents, staff and relatives about their experiences, and to identify areas of good practice as well as any areas for improvement. The visit formed part of our wider role in gathering feedback and understanding how services are experienced by those who live there.

9. Summary

Overall, the home was found to be clean, bright and welcoming, with a generally positive atmosphere. Residents and relatives provided favourable feedback about staff, describing them as “lovely” and “amazing,” and told us they were happy with the care provided. Communication with families appears to be strong, with regular meetings, informal coffee mornings and visible feedback mechanisms such as the “You Said - We Did” board.

The home benefits from secure and accessible outdoor space, multiple lounge and dining areas, and a structured activity programme that includes fitness sessions, sensory support (Namaste), outings and social events. The recent purchase of a minibus demonstrates a commitment to increasing community engagement and opportunities for residents. However, feedback regarding activities was mixed, suggesting that engagement may not be consistent for all residents.

We observed effective systems in place for electronic care planning, multidisciplinary working with health professionals and staff training. Complaints procedures were described as responsive and confidential, with a clear intention to address concerns promptly.

Some areas for improvement were identified. Environmental considerations included the volume of call bells in communal areas, the absence of coloured toilet seats in some shared bathrooms to support residents living with dementia, and the placement of staff information boards in lounge areas which detracted from the homely environment. We observed a resident being assisted to stand using a standing aid in a communal space. The use of screens during such tasks may help preserve privacy and that dignity is maintained.

In conclusion, Barclay Gardens Care Home demonstrates a clear commitment to person-centred care, communication and resident wellbeing. Addressing the identified environmental and dignity-related considerations would further enhance the quality of experience for residents, particularly those living with dementia.

10. What we did

On arrival, we signed in using the electronic sign-in system and were welcomed by a member of staff before meeting with the Home Manager. We introduced ourselves, presented our identification badges and explained how the visit would be conducted. One Authorised Representative met with the Manager to

gather background information about the service, staffing, governance and challenges. The other representatives toured the home, observed communal areas and facilities, and spoke with residents and a visiting relative. We also reviewed information displayed around the home including notice boards and activity information.

10. Findings:

a) Environment

i) External

Barclay Gardens Care Home is integrated within a housing complex and benefits from a large car parking area at the front of the building. The external areas were tidy and accessible. The home has a secure garden designed for residents' enjoyment, with even pathways suitable for mobility aids. We were informed that residents particularly enjoy using the garden during warmer months. The recent purchase of a minibus is expected to further enhance opportunities for outings and community engagement.

ii) Internal

The home was observed to be bright, clean and well decorated throughout. There are four separate living areas within the home, each with its own lounge, kitchenette, dining space and bathing facilities. Corridors were decorated with pictures contributing to a homely and welcoming atmosphere. Lounge areas contained ornaments and seasonal flowers, and pictorial menus were displayed on dining tables.

Some areas were noted for consideration. Communal toilets did not have coloured toilet seats which can support people living with dementia. In two lounge areas, call bells sounded frequently and were loud and shrill. One resident reported that the noise was upsetting. Decorative front-door style stickers were observed on some bedroom doors, which is no longer considered best practice. Staff information boards were located within lounge areas which slightly reduced the homely feel of the environment. A slight odour was noted in a small number of areas.

b) Essential Services

The home works closely with Donnington Medical Practice and participates in weekly multidisciplinary team meetings. A paramedic practitioner usually attends when required and a GP will visit if necessary. Pharmacy services are provided locally and a positive working relationship was reported. Residents access their own dentist or are referred via community nursing services. Optician services are

provided by Eyecare on Call. The home currently provides two respite beds. Electronic care planning is in place using Care Vision handsets.

c) Access

The entrance to the home is bright and welcoming with an electronic sign-in system for visitors. The building layout appeared accessible. Wi-Fi is available throughout the home. The garden area is secure and accessible, and the restaurant-style dining area allows relatives to share meals with residents. The home has protected dining times in the main units.

d) Safe, dignified and quality services

Residents spoken with were generally positive about living at the home. Comments included 'I am happy here', 'Staff are lovely', and 'Food is good'. A relative commented that they would not want their family member to live anywhere else.

Staff were observed wearing name badges and management photographs are displayed in reception. Complaints are dealt with promptly and confidentially. A You Said - We Did board is displayed in reception.

During the visit, a resident was observed being supported to stand using a mobility aid in a communal lounge. The support was provided in a communal area where it could be observed by other residents. Privacy and dignity may be better supported through the use of privacy screens. One resident commented that they found the situation upsetting.

e) Information

Resident and relative meetings are held quarterly and are advertised around the home. Monthly coffee mornings provides opportunities for informal communication with management. Staff meetings are held regularly, and information is cascaded through electronic systems.

f) Choice

Residents are involved in menu planning and activity preferences. Meals are provided three times daily with snacks and drinks available throughout the day. Activities include fitness sessions, Namaste sensory sessions, baking, therapy dog visits, outings and religious services. Feedback regarding activities was mixed.

Some residents saying there was none and others saying that there was. We spoke with a relative who told us there were activities taking place.

g) Being Listened to

Complaints are addressed quickly to ensure people feel heard. The You Said - We Did board demonstrates improvements made following feedback. Relatives reported being kept informed of care changes.

h) Being involved

Residents are encouraged to contribute to menu planning and activity selection. The Activities Coordinator attends LINK meetings with other homes. Outings, fundraising activities and community engagement are supported by relatives. Relatives are invited to three monthly meetings with management and staff.

11. Recommendations

Recommendations made from findings	
1	Review the volume of call bell in the lounges and length of time
2	. Consider the use of coloured toilet seats
3	Consider relocating staff information from the lounge areas to maintain the homely feel
4	Consider privacy screens when carrying out transfers in the lounge areas
5	Consider having uniform colours and roles displayed in entrance hall

12. Provider feedback

Thank you for sharing the report following your recent visit, and for providing us with the opportunity to comment on your findings. We appreciate external observations of our service and value constructive recommendations that support continuous improvement. While several of your comments were helpful, a few appeared subjective, and I would like to provide additional context to support a clearer understanding.

We agree that the volume of posters in some communal areas detracted from the homely environment we aim to maintain. These have now been removed. We will also develop a single, easy-to-read poster outlining staff uniforms, as we recognise how useful this will be for residents and visitors.

With regard to the comment about an odour in the building, we were surprised by this feedback. The home is located within a shared building comprising the care home we manage and 24 flats managed by a housing association, where there is sometimes a noticeable smell of cigarette smoke in the communal entrance areas outside our direct control. Immediately after receiving your comment, the Manager carried out a full walk-through of the home and detected no odour, aside from the temporary smell associated with contractors installing new hard flooring. Maintaining a fresh, pleasant environment is an area we prioritise, and visitors routinely commend us on the absence of odours. We will, of course, continue to monitor this closely.

The door wraps have been extremely well received by residents and their families. They have contributed positively to orientation and independence for residents living with dementia, who are now better able to identify their bedrooms through colour recognition. The consistent appearance of bathroom doors also supports autonomy and ease of navigation.

Although the call bells may seem loud, they must remain audible to staff to ensure timely responses to resident needs. I reviewed the call bell log for the period of your visit, and all calls were answered within 15–60 seconds, which reflects our commitment to prompt and safe care. Regarding the incident referenced in your report relating to privacy and dignity, I would welcome further discussion to understand your concern more clearly. The resident in question was being safely transferred with a stand aid from a wheelchair to a lounge chair. She was fully dressed in trousers and a top, and although she does vocalise during transfers—which I recognise can be distressing to others—there was no indication that her dignity was compromised.

We appreciate the positive comments made about the home and value your visit. We remain open to future visits and ongoing dialogue to support the continued enhancement of our service.

Kind regards
Debbie Ellis

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