



## Enter & View Visit Report

### Details of Visit

Service Name and Address	Cloverfields Care Home Chester Road Whitchurch SY13 4QG
Service Provider	Cloverfields Care Limited / Safe Harbour Homecare Limited
Date and Time	10 a.m. on Thursday 16 <sup>th</sup> March 2017
Visit Team	Three Healthwatch Shropshire Enter and View Authorised Representatives

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### Purpose of the Visit

**Dignity, Choice and Respect:** to explore the quality of life experienced by residents in this setting.

### Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

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## Context of Visit

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are provided. These visits are called Enter and View and always have a purpose. They are not inspections.

The Care Quality Commission (CQC) rated Cloverfields Care Home as requiring improvement following their visit in May 2016. They found that it 'required improvement' in all five areas: safe, effective, caring, responsive and well-led. Healthwatch Shropshire decided that it would be appropriate to visit to find out about the residents' quality of life at the moment.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Enter and View visits can be announced, semi-announced or unannounced. This visit was announced.

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## What we were looking at

### How the home provides 'person-centred' / individualised care

We asked about:

- the choices residents have e.g.
  - the food they eat
  - activities available
  - personalising their bedrooms
- support for residents to maintain independence
- if residents are happy living in the home

## Whether residents are treated with dignity and respect

We looked at:

- how staff interact with residents
- how staff find out about a resident's previous life and their likes and dislikes

## Whether the home offers a safe environment for the residents

We asked about:

- healthcare
- cleanliness and infection control
- complaints procedure: opportunities to complain without fear
- staffing levels, staff recruitment, qualifications, training

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### What we did

When we arrived at Cloverfields we met with the manager. He told us he had been in post for four weeks. He explained his plans for the home and described the actions he has already taken. He showed us examples of the paperwork and systems he has introduced to record all aspects of the care provided at Cloverfields.

The manager then took us on a tour of the home, before leaving us to conduct the rest of our visit. We spoke to seven residents, three staff, and one visitor.

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## What we found out

### The home

Cloverfields is a large old country house with pleasant gardens and views of the countryside. It has 34 bedrooms on three floors. At the time of our visit there were 31 residents in the home. Fifteen of the residents have nursing needs and 16 are 'frail elderly'. The manager told us that the home does not cater for people diagnosed with Dementia. Two of the current residents have Deprivation of Liberty Safeguards in place.

We observed that the home appeared to be well-maintained. Some of the décor looked tired, but the overall impression was of a pleasant, comfortable and elegant home with a lot of natural light. The manager told us he would like to begin redecoration of the home to bring it more up to date.

The ground floor has two sitting areas, one with a television. The other, called the Library, is a quiet room. They are linked by a large reception area which doubles as a communal space. Several of the residents were sitting in this area; others were in the Library; most were in the television room and some were in their bedrooms.

In the television room all the chairs are against the walls. The manager commented on this as we were shown round. He said that the residents have been asked if they would like to re-arrange the chairs so that those who want to watch television can do so more comfortably, and those who do not can sit in chairs grouped for conversation. The residents said they preferred to keep their chairs as they were. However, the manager intends to keep working on the issue in the hope that gradually the residents will become happy with more flexible seating arrangements.

A wide corridor, which has folding patio doors forming a glass wall on one side, opens out onto a large paved area. This corridor also leads to the ground floor bedrooms. The kitchen and dining room are opposite each other, opening off the corridor near the reception area. Staff told us that in the summer some of the residents have their chairs moved to the corridor so they can sit with the patio doors open, and go into the garden when they choose. There is not an official fire exit here, which the manager said he found surprising as it makes an easy and accessible exit from the building. At the time of our visit there were wheelchairs

and hoists stored against the doors. The manager told us that storage is being built elsewhere for these.

The age of the building means that on the two upper floors some bedrooms have awkward access, for example some doors are in corners of corridors

Some of the bedrooms have windows on two walls, making them very light and bright, and bathroom facilities. Others are smaller, some without facilities. The manager told us that, when a bedroom is offered to a new resident, great care is taken to make sure that the bedroom meets the needs of both the resident and the care staff. For example, it is difficult to move hoists into and around some of the rooms.

We also saw separate bathrooms and toilets for the residents on each floor. Wherever we went in the home the air was fresh, with no unpleasant smells.

We saw the ground-floor entrance to the lift linking the floors.

As we walked around the home we saw that most of the signs on doors, including bedrooms and toilets, were in small print and difficult to see from a distance. The manager said that as the home is not registered for residents who have dementia, there is not an official requirement for the signs to be 'dementia friendly'. However, we saw that some bedrooms had large frames enclosing the residents' names and photos of personal significance to each resident. The manager told us that he is waiting for the next batch of frames to come.

### **'Person-centred' care**

The manager told us that there is a strong emphasis at Cloverfields on 'person-centred' or individualised care. The personalised labelling of bedrooms is just one example of this. Staff allocation means that staff work on one floor for two weeks at a time. They are responsible for providing personal care for the residents on that floor, keeping charts up-to-date and making sure these residents have enough to drink.

As we walked around the home the manager was able to give us examples of the needs of particular residents and how they are met and what is being done by the home to improve their well-being. We were shown the folders in which individual care notes are kept. They are kept in the manager's office, which is always open to staff during office hours.

## Choices

- **Daily routine**

We saw that residents are able to choose when they get up. One resident was finishing breakfast in their room quite late in the morning, and another was just making their way downstairs. A resident told us they could get up when they liked, and another said they could choose when to go to bed, which in their case was usually about 8 p.m.

The manager told us that most residents come into the communal areas at some point during the day but if someone is feeling unwell, or wants a lie-in, there is no pressure to leave their rooms. One resident told us that they rarely chose to go downstairs as they had all they needed in their own room. We saw staff talking with this resident during our visit.

- **Food**

There is a four-week menu posted in the dining room. There are two choices of main meals and two of desserts. The manager told us that at a meeting with residents, which he called very soon after his arrival, the residents had been asked to comment on the menus and to make suggestions. One thing that became clear was that no-one currently in the home enjoys curries, so those were immediately taken off the menu. Another issue raised was that sometimes the residents do not recognise a dish from its name e.g. Hunters' Chicken. When the new four-week menu comes into use it will be based on what the residents have said they want. The manager explained that resident involvement in these decisions is part of the homes approach to providing 'person-centred' care.

We were told by a staff member that one resident always said 'Yes' to the last option offered, as they have problems with short-term memory. This meant that sometimes they were given a meal that they did not like. Now their relatives are given the four-week menu, and they help them to choose their meals in advance.

All the residents we asked about the food said that it was good. When we arrived we were offered teacakes fresh from the oven. Cinnamon buns were being baked for afternoon tea. As lunchtime approached, the residents were offered a pre-dinner drink; a small glass of sherry, a tot of whisky.

The manager told us that hot and cold drinks are available on demand. We saw mid-morning drinks being offered and taken round. A resident we spoke to in their own room had a drink by their chair. This resident said that the food was 'fine'.

- **Activities**

Cloverfields has an activities co-ordinator who has been there for a number of years. All the comments we heard suggested that this person is popular with the residents. The visitor we spoke to was very positive about the activities co-ordinator who, they said, is also happy to do shopping for residents. Their relative enjoys the activities, such as bingo, on offer.

One resident said that there were sometimes visits from musicians and singers. We saw a large notice on a communal notice board showing the activities and events planned for each day of the week. A newsletter available to both residents and visitors featured a Pancake Day competition, and events and activities planned for Red Nose Day and the lead-up to Easter. There was a notice of four entertainment events for March, and Mothers' Day was given prominence.

A table by the entrance held a number of prizes for an Easter raffle, and the activities co-ordinator was due to hold a sponsored five-hour silence, both in aid of the residents' fund.

While we were there two care staff led a chair exercise session in the sitting room, followed by a quiz. There was active involvement by most of the residents in the room.



Several residents we spoke to said that they went out into the garden when the weather was good. Staff told us that one resident regularly sits on the patio, where there are chairs and benches. The garden is easily accessible and the patio is large, level and suitable for users of walking aids and wheelchairs. There are flat, extensive lawned grounds around the building.

The visitor told us that there is a minibus, shared with another home nearby, which is used for outings, for example to garden centres. There have also been boat trips on the canal.

During our visit a hairdresser, one of two who visit the home, was doing the hair of both male and female residents. One resident said they really enjoyed their weekly appointment. At the same time a member of staff was going round the communal areas offering residents hand cream and nail care.

Cloverfields has Wi-Fi and, although most of the current residents do not use computers or mobile phones, one person does use Skype. The manager pointed out that new residents were more and more likely to be computer literate. We were shown a new computer waiting to be set up for the use of residents.

- **Personalising bedrooms**

The manager told us that residents are welcome to bring their own furniture and other personal items when they move to Cloverfields. One bedroom we saw had a display unit covered in photographs and ornaments, and was furnished and decorated in a very personal style. Another had very different but equally personal decor. The manager told us that he has plans for redecoration of the bedrooms to include a feature wall if the resident wants it.

### **Maintaining independence**

We were told by some residents, the visitor, and the manager that many of the residents continue to be as independent as possible. One person said, "I look after myself and I have a shower once a week." The visitor we spoke to said that their relative kept their own routine and did everything for themselves.

Everyone we saw in the communal areas was appropriately dressed. Male residents were clean-shaven.

During our visit a staff member took a resident's hearing aid to change the battery and clean it as the resident was having difficulty hearing.

While we were there a community physiotherapy team arrived to work with some of the residents. We saw a resident being helped to move better with a walking frame.

### **What residents say about living in Cloverfields**

One resident said, "The only thing wrong with living here is that they give me too much to eat!" Another said, "I have everything I need." A third told us that "we need another toilet", but did not say where they thought it should be.

The visitor told us they came to the home most days, at different times of the day, and had never found anything to worry about. Their relative had lived at Cloverfields for some years and was very comfortable. Other residents we spoke to told us that they felt comfortable and well looked after. One resident said that how happy they felt living there depended on the other residents, some of whom had changed. However they did like the home.

The manager told us that during the meeting he held with the residents soon after his arrival, they told him that what they wanted above all from a manager was continuity and stability. They had found the frequent changes of manager unsettling. He told us he had reassured the residents that he was there to stay.

### **Dignity and respect**

The manager told us that he has won a Great British Care Award as a Dignity Champion and said that all practices in the home are based on the '6 Cs' (*Compassion in Practice*: care, compassion, competence, communication, courage and commitment). He has started to introduce protected mealtimes. While visitors are always welcome, at any time, they are asked to respect the residents' rights to privacy and dignity, and to maintain their routines. For example, the manager explained that mealtimes are important social occasions and the presence of a visitor can prevent the resident from having their meal with the other residents. Visitors are welcome to join in mealtimes, and to help their relative to eat.

## **Staff interaction with residents**

We saw that the relationship between the residents and the care staff was relaxed. Staff were friendly and kind and spoke to residents in a respectful way. They addressed residents by their first names. Staff and residents smiled at each other. Residents seemed to be comfortable asking for what they needed. Staff were constantly interacting with residents in the communal areas, and on an upper floor members of staff were chatting to a resident through their open bedroom door while working. As lunch approached care staff efficiently prepared the residents and helped them move through into the dining room.

We asked a member of staff about how male and female residents reacted to being cared for by members of the opposite sex. They told us that the male residents do not object to being cared for by a woman, but that some female residents were hesitant about being cared for by a man. The staff check with the resident that they are happy for them to carry out care tasks. We were told of one female resident who objected to personal care from a new male member of staff but after a few weeks of getting to know him changed her mind.

## **Finding out about a resident's previous life and their likes and dislikes**

The manager showed us care folders for each resident which include their personal details. These are kept up to date by the care staff allocated to each floor. The manager told us he was in the process of going through all the care folders to learn more about residents' backgrounds and histories.

The activities co-ordinator is working on a 'This is Me' project. This is designed by Dignity in Care and *"is intended to provide professionals with information about the person as an individual"*.

## **Safe environment**

### **Healthcare and wellbeing**

The manager told us that GPs from all the Whitchurch practices attend the care home, and other services such as opticians, dentists, hearing specialists, community physiotherapists and podiatrists all come to the home.

We were told that staff are trained to maintain hearing aids.

The manager told us that since arriving he has done spot-checks on staff care competencies, including issuing medication, and has done a medication round himself to check the procedures. All medical records have been brought up to date and procedures are fully recorded. He also said that care plans are regularly updated (at least on a monthly basis) and he selects three at random each week to check that they are complete and accurate.

Call bell screens are placed strategically around the home. They give the location of the call, and the time taken to respond. A member of staff told us that all call bells should be responded to within five minutes. During our visit we noted a call being answered within three minutes.

The manager told us that in the previous year there had been more recorded falls and accidents than he thought acceptable. He said that he has set up new safety guidelines and procedures, and since his arrival there have been no falls or accidents.

A relatively new member of staff told us that they were impressed by the standard of nursing care in the home. They gave an example of someone who came in with a Grade 3 pressure sore and was successfully treated in a much faster time than they would have expected.

The manager told us that at staff handovers a topic is raised for discussion and learning, for example they talk about mental capacity and Deprivation of Liberty Safeguards.

### **Cleanliness and infection control**

The manager told us that before he came to the home there had been one cleaner and a laundry worker. The Infection Control audit in 2016 was 58%, which was not satisfactory. There are now three cleaners and the laundry worker, and the home has had a deep clean in all areas. A deep clean rota is in place. On the day of our visit there were three staff in the kitchen rather than the usual two, as the kitchen was due its regular deep clean.

## Complaints procedure

Information about the complaints procedure is on the notice board in the reception area near the entrance. There are also other public documents such as the emergency procedures. The manager told us that any complaints are brought straight to his office by residents and resolved on the spot.

## Advocacy

We were told that all the current residents at Cloverfields have relatives who are involved in their care. The manager is aware of advocacy services and has used Shropshire PCAS (Peer Counselling and Advocacy Service) in the past.

## Staffing levels, recruitment and training

There are currently 42 staff working with the 31 residents at Cloverfields, 34 of whom are nurses or care assistants.

Staffing levels are:

- In the morning - six carers and a nurse
- In the afternoon - five carers and a nurse
- At night, four carers and a nurse

The manager told us that the home is almost fully staffed; there is only one agency worker who has worked at the home in the past and is well known to residents. On the day before our visit the manager interviewed and appointed a new member of staff with both nursing and training skills. This person will work with other staff on updating their care skills.

The manager told us that he was impressed with the care team when he started working at the home. Despite being short-staffed during 2016 they had maintained a high standard of care. However, the staff shortages together with several rapid changes of manager had affected staff morale. "The biggest issue was things being done but not valued." This was confirmed to us by two members of staff. One told us, "We like, we need, leadership. We have an excellent care team providing good quality care, but evidencing it was the problem. Now we feel safer and more motivated and morale has improved. Everyone is kept in the loop."

There are regular staff meetings and every Friday the manager meets with the activities co-ordinator and senior staff. We saw a poster on the staff notice board advertising an upcoming staff meeting for night staff and asking for 100% attendance.

The manager and a member of staff told us that staff supervision and appraisals had been seen in a negative light, but the manager encourages staff to see them as a positive, two-way process. The emphasis is on personal and professional development. He has drawn up forms for both processes which focus on key areas of performance and development. Disciplinary procedures have been formalised: "If a problem comes up, we talk about it. If I see or hear about it again, it is documented." The manager carries out spot checks to ensure all care procedures are carried out correctly, and has recently done an inspection of the night shift.

Training opportunities are available for all staff. Shropshire Partners in Care (SPIC) is used to provide training, and staff are encouraged to take up QCF (NVQ) courses at South Staffordshire College. A nurse on the staff team is going to Severn Hospice for training in End of Life Care. One member of staff said they had been gradually upgrading their skills over the last few years and intended to add to their competencies.

The manager told us that since starting work at the home he has been given good support by Safe Harbour, the parent company of Cloverfields Care.

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## Observation summary

During the visit one member of the team carried out an observation in the communal areas.

### Observation ratings for staff-resident interactions

The AR rated each observation as:

- Positive, showing a high level of compassionate care; or
- Passive, showing good care but little empathy or positive engagement with the residents or their visitors; or
- Poor, showing a lack of care and compassion. During our visit there were no Poor ratings.

The AR also noted the staff's attention to the home environment, covering issues such as cleanliness and tidiness, noise levels, and the steps taken to maintain high standards.

### Observation findings

At the time of our visit we observed that residents in the main lounge were sitting round the edge of the room. The TV was on but only one of the residents appeared to be watching it. Despite the constant background noise from the TV, residents did not seem to be troubled by the sound.

Members of staff provided hand massages and hand cream to those who wanted them. Before lunch, staff organised chair exercises and asked some quiz questions. They encouraged all residents to join in. Residents became livelier and more alert, many completing the exercises and attempting to answer the questions. There were many smiles.

At least two members of staff were on hand most of the time and, if they had to leave the room, they kept coming back to check that all was well.

#### 1) General care

A total of 31 observations were made. All except one were positive.

- *Resident-centredness*: 15 observations were made of staff being actively focused on the wellbeing of a resident.
- *Food and fluids*: eight observations were made of staff providing drinks and making sure that they could be reached.
- *Managing pain and distress*: one observation was made of a resident suffering a coughing fit and being gently reassured.
- *Supporting the small extras a resident may need*: six observations were made of staff ensuring a resident's comfort.

*Some examples of positive general care:*

- A staff member helped a resident to eat, slowly and carefully, holding a tissue under their chin, and asked “Is it nice? Shall we try again later?”
- A staff member moved a cushion behind a resident’s head to make them more comfortable.
- A staff member asked a resident if they wanted a drink, and noticing how tired they were said: “You’re very sleepy. I’ll let you sleep.”
- A staff member asked a resident if they were cold, offering them a blanket, and settling them into a comfortable position.
- A staff member asked how well a resident could hear and offered to change their hearing-aid battery.
- A staff member asked a resident if they would like help to drink and put a plastic feeder of tea to their lips.
- A staff member helped a resident to get their arms moving during an exercise session.
- Staff members explained to a resident, who was being helped to move, what was going to happen and encouraged them to relax.

*An example of passive general care:*

- A staff member handed a drink to a resident without speaking to them.

## 2) Resident engagement

A total of 36 observations were made. 35 were positive and one was passive.

- *Communication:* 27 positive observations and one passive observation were made of staff engaging in communication with residents.
- *Anticipating care needs:* Four positive observations were made of staff recognising what a resident was about to need and supplying it in good time.
- *Resident empowerment:* Three examples of positive empowerment were observed.



*Some examples of positive engagement:*

- Staff members knelt down to talk to residents, holding eye contact.
- Staff members held and stroked residents' hands, touched their knees and kissed them affectionately.
- Staff members used residents' first names and spoke slowly and clearly.
- Staff members frequently engaged the residents in banter.
- A staff member offered residents a choice of magazines to look at.
- A staff member chatted to a resident about their family.
- Staff members offered a choice of activities before lunch: bingo, quiz, exercises.
- Staff members praised residents for carrying out the exercises and moved a small table so that a resident would not hit it.
- A staff member asked if a resident wanted to listen to the radio, and asked if they minded them turning off the TV ready for the quiz.
- A staff member told a resident who had just had their hair done that they looked beautiful.
- A resident came downstairs angry and confused about a missing wallet. Two staff members calmed them down very effectively. They reassured them that the wallet and its contents were securely in the home's safe, and reminded the resident why this had been done. The manager told us that the wallet was very old and no longer secure. Buying a replacement was on his list of things to do that afternoon.

*An example of passive engagement:*

- When residents gave wrong answers to the quiz questions, a member of staff said “No” (rather than “close” or “good try”).

### **3) Attention to residents’ safety**

There were no observations of personal care being given, so no observations of hand hygiene and infection control could be made.

The communal areas were kept clean and tidy. Members of staff cleaned up any spilled drinks and removed used tissues immediately. There were no trip hazards.

Residents were dressed appropriately with suitable footwear.

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## **Summary of findings**

- All the residents we spoke with said they were happy living at Cloverfields. This was supported by the visitor.
- There is evidence that the new manager is providing positive leadership to the staff team.
- The manager told us that in the four weeks since his arrival he has set up comprehensive documentation and record-keeping for all aspects of resident care and staffing. Care charts are audited monthly, medical records have been updated, and all care is documented.
- We saw the care team working well together to provide good quality, compassionate care.
- The number of staff has increased, with only one agency worker at the time of our visit.
- Supervision and appraisal have been redesigned with an emphasis on professional and personal development.
- Training opportunities are available for staff.
- New staffing rotas have been introduced which allocate staff to each floor with responsibility for the residents on that floor. Spot checks are carried out by the manager.

- Meetings have been held with residents, relatives and staff and will be held regularly in the future. The manager meets with the activities co-ordinator and senior staff every week.
- The residents we spoke to said the food is good. Residents have been given more say in food choices.
- There is an activities co-ordinator and a programme of daily activities and events. Care staff play a role in providing the activities.
- Residents are encouraged to retain their independence in their daily routine and personal care where possible. Community physiotherapists visit regularly to help residents with mobility issues.
- Healthcare professionals visit Cloverfields and residents have access to GPs from all the local practices.
- The manager explained how issues such as cleanliness, infection control and accidents are being actively addressed.
- The home's interior decor is tired and rather dated.
- The labelling of most rooms is small and difficult to read from a distance, though we saw that the bedroom signage is in the process of being upgraded.
- The layout of chairs in the sitting rooms is not ideal though we understand the residents are happy with where they sit.

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## Recommendations

We suggest that:

- Progress is made as soon as possible in redecorating the home and the residents are involved in planning this.
- All labelling on doors in communal areas is made larger and brighter, with suitable pictures.
- The manager and staff continue to work as best they can towards a more flexible layout of seating in the sitting rooms to encourage residents to interact and speak to each other.

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## Service Provider Response

Healthwatch Shropshire has received the following response to the report from the manager of Cloverfields:

Thank you for your visit on 16<sup>th</sup> March 2017. The overall response was positive, honest, respected and beneficial, the information is current and useful, and it was shared with all residents, staff groups and families.

Thank you for your positive feedback this has uplifted and shone through the home greatly received. The team are passionate for the work and involvement we all do with our residents past, present and future.

The manager has also provided the following information and action plan in response to our recommendations:

**We suggest that progress is made as soon as possible in redecorating the home and the residents are involved in planning this.**

- Communicate with central office regarding planned budget and work force - Priority to be the Reception and Hall. This will be overseen by the Director and the manager of Cloverfields and completed by December 2017.
- Residents' rooms being made person centred, either occupied or vacant all under review. This is on-going and being overseen by the manager.

**We suggest that all labelling on doors in communal areas is made larger and brighter, with suitable pictures.**

- The manager is meeting the Director on 11<sup>th</sup> April 2017 to discuss this.
- The home is not registered for residents with Dementia; we will look at signage but have the integrity of the home in mind. Keeping the homely feel is important to us all. This piece of work will be completed by June 2017.

We suggest that the manager and staff continue to work as best they can towards a more flexible layout of seating in the sitting rooms to encourage residents to interact and speak to each other.

- Residents “get together”. To be led by the Activities Co-ordinator weekly.
- Activity topic with all residents, discussing the changes and implement layout. We have identified the chairs the residents are attached to then the location of the chair in the room. This will be overseen by the manager and completed as soon as possible.

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## Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

## Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

## What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

## Get in Touch!

**01743 237884**

[enquiries@healthwatchshropshire.co.uk](mailto:enquiries@healthwatchshropshire.co.uk)  
[www.healthwatchshropshire.co.uk](http://www.healthwatchshropshire.co.uk)

Healthwatch Shropshire  
4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, Shropshire, SY2 6LG