



Enter and View
Lakeview
Semi-announced visit
22nd August 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: *Lakeview Residential Care Home*
Brookside Avenue, Telford TF3 1LB

Manager: *Danni Sheldon*

Service type: *Residential Care Home*

Date and Time: *22/8/2025*

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 22nd August 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

Lisa Green - Shadowing

5. Who we share the report with

This report and its findings will be shared with the Manager at Lakeview, 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 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. What we did

We introduced ourselves to the Deputy manager, showed our ID badges and explained the purpose of our visit. We signed into the visitor book and followed the home's procedures. It was explained that one Authorised Representatives (ARs) would meet with the manager to gain an overview of the home, while the other ARs would speak with residents, staff and visitors, and carry out a walk around the home. The Deputy manager explained that the manager was on their way back and would like to be part of the conversation / interview.

10. Findings:

a) Environment

i) External

The home has a car park at the front of the building, which provides some parking spaces. The garden areas were spacious and well maintained, with plenty of seating areas. Residents have been involved in gardening projects, growing vegetables and strawberries.

ii) Internal

Inside the home, it had a clean and welcoming feel to it, with a bright reception area. There were plenty of communal seating areas across the three floors, including quiet spaces and a cinema room for film nights. Activities were advertised on noticeboards throughout the home and there is also a sensory room and fidget boards on the walls in the corridors. The home has a café area available for residents and families to use, as well as a separate hairdressing area which relatives may also use.

The AR's observed a slight odour in some parts of the home. However, overall, the home was very clean and tidy.

We observed dirty linen placed on chairs, one in a corridor and another in a lounge area. This presents a potential infection control issue, as soiled linen should be placed directly into the laundry area rather than being left in communal spaces. The AR's fed this back to the manager at the end of the visit.

b) Essential Services

The home can accommodate up to 60 residents, and on the day of our visit there were 59 living at Lakeview. Residents were a mix of those living with dementia, physical disabilities, and other health needs.

Lakeview uses Stirchley Medical Practice, with the GP visiting on Tuesdays and a nurse practitioner attending on Fridays. District nurses and the multi-disciplinary team support the home with exercises and care planning. The home uses Pharmacare in Walsall for prescriptions, and Rowlands for emergencies. Dental access was reported to be difficult at this time. Staff are trained in “Care to Smile” with three staff members acting as trainers. Vision call and Kindsight are used for optical care, depending on the residents’ preferences.

c) Access

Lakeview is spread over three floors, accessible via a lift and there is also a stairlift installed on one of the staircases for fire evacuation purposes. Residents with greater independence are mostly accommodated on the ground floor. The home has 14 residents on the ground floor and 23 on each of the first and second floors.

Residents can personalise their rooms. Communal spaces are designed to allow for both group and individual activities. A Sunday service is provided by a staff member who is also a pastor.

d) Safe, dignified and quality services

We observed a board in the reception area displaying staff photos, though the ARs observed that not all staff were wearing name badges during our visit.

While most care interactions with residents were positive, one incident was noted where a resident on one-to-one care was left asleep with their lunch uneaten on a low table and their clothing was not adjusted to maintain dignity when they were asleep. This was fed back to the manager at the end of the visit and we were informed the carer present was not a permanent staff member at the home. They were agency staff as the resident was on one-to-one care. This was not arranged by the home management.

Staff told us they felt well supported by management and are part of a strong team. Most staff are long-serving and expressed pride in working at Lakeview. The home was recently recognised as the best performing Sanctuary Care home in the West Midlands.

Hospital discharges were identified as being a challenge at times. Discharges are often delayed until late at night (sometimes as late as 11pm), and medication or equipment is not always supplied.

The home is also having problems trying to access equipment for a longstanding resident. This resident has been waiting for 3 years for a specialised chair. This delay has now resulted in the resident now needing to find a to a Nursing home placement.

During our visit, we observed a situation where a staff member was due to accompany a resident to a hospital appointment. The home had arranged hospital transport and had informed the service in advance that the resident was a wheelchair user and unable to transfer. However, the transport arrived late, after the scheduled appointment time, and was unable to accommodate the resident because it already had another wheelchair user on board. As a result, the resident was unable to attend their appointment.

During our visit we noticed a spillage outside a resident's room. We informed a member of staff, who wiped it up using tissues and was not wearing gloves. This raised concerns around infection control.

e) Information

Lakeview uses electronic care planning (Cradle, since 2019). Residents and relatives were informed about this system at the time it was introduced. Updates and information are also shared through a home Facebook page, noticeboards, and monthly resident/relative meetings. Each floor has a resident ambassador to ensure residents' voices are heard and to help new residents settle in.

F) Choice

Residents told us they felt able to make choices around their daily lives. Menus are planned weekly with alternatives available at mealtimes, and residents are consulted during menu planning. Hot meals are served in the evening and kitchenettes on each floor provide additional flexibility. Relatives may also bring in food.

Activities include knit-and-natter, bowls, film nights, live entertainment and smaller one-to-one activities for residents who are less mobile. Staff were observed providing manicures and residents are encouraged to join in with the gardening.

g) Being Listened to

Residents and relatives are encouraged to share feedback through monthly meetings, the open-door policy with management and informal conversations. Complaints are generally dealt with quickly and minor issues such as missing personal items ("niggles") are addressed as soon as staff are made aware.

h) Being involved

Residents and relatives are involved in planning menus, activities and in shaping the day-to-day life of the home. Family members, including some who have lost relatives, continue to support the home. Management spend time with residents where possible, including observations of staff-resident interactions twice weekly.

We spoke with residents who told us:

“Absolutely happy here.”

“Can’t thank the staff enough - constantly bringing you drinks.”

“Love my room, I can see the garden.”

“Join in when I want, not forced.”

“Would give it 100 out of 100.”

“It’s alright.”

“Not my home.”

“Room is okay, it’s not like I want it.”

“Staff are okay.”

“If you want anything, I suppose they would get it for you.”

“Lunch was alright.”

11. Recommendations

Recommendations made from findings	
1	Ensure all staff wear name badges
2	Ensure that all date and weatherboards are kept updated if they are on display
3	Ensure that all staff, including bank and any outside agency staff, are fully aware of the home’s expectations around supporting residents at mealtimes and maintaining dignity at all times.
4	Ensure that all dirty laundry is placed immediately in the designated laundry area, rather than being left in communal spaces such as lounges or corridors, to maintain infection control and a clean environment.
5	Ensure all staff, including outside agency staff, are fully aware of and follow the home’s infection control policy.

12.Provider feedback

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