



**Enter and View  
Rylands  
Semi-Announced visit  
26 September 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: *Rylands Nursing and Residential Home, 74 Forton Road, Newport, TF10 8BT*

Manager: *Ellie Hitchman, Deputy Manager Emily Millard*

Service type: *Nursing and Residential Care Home*

Date and Time: *26/9/2025*

## 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 26 September 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

David Brown - Authorised Representative

## 5. Who we share the report with

This report and its findings will be shared with the Manager at Rylands, 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

Meeting Point House, Southwater Square, Telford TF4 3HS

Tel: 01952 739540

Email: [info@healthwatchtelfordandwrekin.co.uk](mailto:info@healthwatchtelfordandwrekin.co.uk)

Twitter: @HealthwatchT\_W

Facebook: HealthwatchTW

Instagram: healthwatchTandW

Web: [www.healthwatchtelfordandwrekin.co.uk](http://www.healthwatchtelfordandwrekin.co.uk)

LinkedIn: HealthwatchTelfordandWrekin

## 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 we would have a walk around the home and then one Authorised Representative (AR) would meet with the manager to gain an overview of the home, while the other ARs would speak with residents, staff and visitors. The deputy manager explained that the manager did not work on Friday's.

During the conversation with the deputy manager the ARs were informed that the home had been taken over about 18 months ago by Three Nurses and one Non-Nurse.

## 10. Findings:

### a) Environment

#### i) External

From the main road, it is signposted, however there is a turning on the left which leads into a residential area immediately before the entrance to the home, which could be easily confusing. On entrance into the home there was ample parking, however the grounds were also used by Preston Trust Homes, where there is separate parking. This is not clear when you enter the car park as there is a designated visitor parking however it was on the Preston Trust home sign.

The ARs observed that there was rubble in front of the storage bins and an empty skip was situated in a parking bay. The Home had a skip delivered on the day of our visit.

The AR's observed cars parking in front of a fire exit for the home, this was at the side of the home at the time of our visit.

During our visit the maintenance staff were cutting the grass. However, the tubs in front of the home would benefit from being updated with fresh plants.

The entrance to the home was not clear from the visitor car park.

#### ii) Internal

Inside the home, you enter into a large hallway, however the ARs observed that there were chairs in the corner of the hallway, the AR's brought this to the attention of the deputy manager who informed the AR's that they were broken and waiting for the maintenance staff to remove them, however there were no sign on to say they were broken.

The AR's observed a slight odour in some parts of the home. The home was being renovated which the ARs were informed had started 2 weeks ago. The ARs observed during the walk around that there were builders carrying out the work, however there were no signs up to remind staff, visitors, residents about "Wet Paint". The ARs observed that doors were left ajar, this was pointed out to the deputy manager and the ARs suggested an access control. The ARs observed the building materials was stored in the home, however it was immediately outside a resident's room.

We observed that there was a mattress stored in a hallway area with other items.

We observed that some of the walls in the hallways were very marked and the stair bannisters were dirty,

The hallways are quite wide, however, the ARs observed that was nothing on the walls, a suggestion would be to include some pictures that would give the home a more homely feel.

We observed that some of the flooring was very worn.

## **b) Essential Services**

The home can accommodate up to 41 residents, and on the day of our visit there were 39 living at Rylands. The 2 rooms that were vacant were being refurbished to have laminate floors and en-suite. The ARs were updated that the plans were to replace some of the bathrooms into wet rooms. The age of residents ranges from 59 to 102, and at the time of our visit there were more female residents to male residents.

The residents living in the home were split between nursing (26 residents) and residential (13 residents), some of them include enablement for 6 weeks of short-term nursing / residential needs.

The deputy manager provided a detailed overview of current staffing levels as below.

- Manager (works Monday to Thursday)
- Deputy Manager (works, Monday to Wednesday and Friday)
- Full time admin (works Tuesday to Friday)
- 4 housekeeping (3 on shift during our visit)
- Maintenance
- 1 Nurse (night)
- 1 Nursing Assistant (Day)
- 8 care staff (morning 7.30am to 2pm), (lates 2pm to 8pm (6 staff)
- 4 care staff (nights 8pm to 7.30am)
- 1 Full time activity staff
- 3 cooks
- 3 kitchen assistants

The home has several vacancies available, 2 for housekeeping, 4 care assistants, 1 kitchen assistant, they would like 1 bank nurse that they can use for floating across the shifts.

They use Frontline agency, and they always use the same staff, they currently have 3 agency staff in the process of being recruited.

The deputy manager explained that they feedback to the agency around any issues that arise. Several staff have been taken on from the agency.

The ARs were informed that exit interviews are carried out with staff that leave, and are positive, however the reason for them leaving is due to the days / shifts that they have worked.

#### Staff Training and Development:

All staff have a 2-month induction, shadow shifts are carried out but is dependent on the carer's roles. All new starters are on probation, and have reviews on a monthly, 2 monthly and 6 monthly timescales. If required these are extended.

In addition to mandatory training staff receive:

- Fire walk - in person
- Catheter care - via video
- Bed rail fittings - via video
- Staff can be champions - they do a level 2 course to support other staff.
- Oliver McGowan - the home is currently looking into this course.

The home uses electronic records plans, however verbal handovers are given at the beginning of each shift, these are read from electronic notes.

Staff meeting takes place generally monthly; the managers meet with the owners every Tuesday.

Linden hall and Wellington Road GP practices support the home. It is a 50/50 split of residents, the GP's attends the home on a Wednesday and Thursday. The home uses Top Pharmacy, which is relatively new, they are used for interim meds, any controlled drugs are ordered via the GP and is sent to the pharmacy.

Residents have to go to the dentist; they do not have dentists come out to the home. The home has oral care champions. They use vision care and opticians come into the home.

### **c) Access**

Rylands is spread over three floors, with an Evacuation lift from the first floor to the ground floor. The home also has a Platform lift which access floor 1 and the Mezzanine.



Ground floor has 15 rooms, Floor 1 has 17 rooms, Mezzanine has 4 rooms and floor 2 has 5

Due to the age of the building, it can only be described as a rabbit run. The manager's office is situated on floor one, the deputy manager explained that there was discussion around converting the office into a resident's room and relocating the office onto the ground floor.

Residents can personalise their rooms. Communal spaces are designed to allow for both group and individual activities. The deputy manager explained that they engaged with residents around having a church service and they did not want it.

The homes join up with Pat dogs, and they visit once a month. The deputy manager explained they bring their dog into the home occasionally, the residents enjoy the visits, even the ones that don't normally engage with activities.

#### **d) Safe, dignified and quality services**

The ARs observed a trip hazard near a resident's room, this was fed back to the deputy manager.

Not all the toilet seats are in a different contrasting colour to the pedestal.

During our visit we observed the calls going off, we asked the deputy manager how long it takes for them to get answered, the deputy manager explained that they carry out an audit, and the aim is to be answered within 10 minutes. There was a door that had a sign saying to be kept locked this door was open during our visit, we did not observe any staff in the room.

There was a resident in bed, the door was open, and their catheter bag was on display, to anybody passing.

#### **e) Information**

The ARs did not observe a display board showing the various roles with the home, the deputy manager explained that all residents and their families receive a welcome pack that includes pictures and what role they resemble.

The deputy manager explained that they have an open-door policy, where residents and family members can speak to them at all times. The main issues that get discussed are miscommunication from the hospital who inform residents who are on enablement pathways that they will be receiving daily physiotherapy, however the physio visits the home on a weekly basis and leaves the exercises with the staff to do with the residents and family reluctance to accept the changes within their relatives. The home do lessons learnt, however they do not share this wider, the AR's suggested a "you said, we did", the deputy manager explained that they had an external organisation carry out a mock CQC and they suggested the same.



We observed staff notices displayed in residents' area, these should be relocated to the designated staff area.

### **f) Choice**

The ARs were informed that residents can choose from the daily menu, the kitchen staff go around to all the residents for their food choice, however if the residents change their mind, the staff will accommodate. The staff have access to the kitchen during the night for any staff that want food.

The residents can drink alcohol if they want to. Residents have the choice if they want to go home with their relatives for a day.

### **g) Being Listened to**

*"Relatives told us they felt the staff listened to them".*

*"We spoke to one relative would told us they were happy just a few little niggles, they were unable to tell us more as the music started".*

*"Relative said that the staff were excellent and that things had improved with the new activity coordinator".*

*"Room was okay, could be better decorated".*

*"Was concerned about residents that did not leave their rooms, about how much stimulation they received".*

*"There were no church services taking place, but we were informed that no residents had requested this".*

### **h) Being involved**

Residents and relatives are invited to monthly meetings, however none of the relatives turned up. The ARs suggested considering producing a newsletter in conjunction with the relatives.

The activity co-ordinator is working with the families around memoirs that can be included in the Memory boxes that are outside the resident's rooms, however not all rooms have one.

The activity co-ordinator arranges several activities for the residents, including going to the biker café, going to the bingo hall, holding summer fates, having entertainers and singers come into the home, playing indoor skittles. The activity coordinator ensures that all residents have an opportunity to be involved in activities.

We spoke with residents who told us: "They were happy". They were waiting for the singers to start; a few relatives had also come to the home to take part in the singing.

## 11. Recommendations

Recommendations made from findings	
1	Consider displaying the different uniforms in the main entrance.
	<i>This has now been in place since 28/09/2025</i>
2	Consider a “You said, we did” board.
	<i>We are looking into this.</i>
3	Consider introducing a quarterly relative’s newsletter.
	<i>A newsletter has been created and given out to residents, staff and left available for visitors. We will speak with readers prior to the next newsletter to get feedback on what they want to see in future volumes.</i>
4	Consider introducing a safe entrance and exit system for workmen, so that doors are not propped open.
	<i>All staff have been reminded about speaking up when this is seen. Workmen were spoken to who were very apologetic and rectified the situation. Maintenance was also spoken to and reiterated the importance of introducing contractors to areas of the home where they will be working.</i>
5	Ensure that signs are displayed where workmen are working.
	<i>Created and given to Maintenance to provide when needed.</i>
6	Reduce the hazards within the home, including storing materials outside resident’s rooms.
	<i>This was rectified on the day of the visit. Workmen were spoken to, who again were very apologetic.</i>
7	Ensure cars do not park close to fire exits.
	<i>These were contractors’ cars. The maintenance team have been informed that they ensure that contractors are aware of fire exits and do not obstruct.</i>
8	Consider making visitors parking clear at the entrance.

	<i>Will put to the owners to consider signposts.</i>
9	Consider looking at the cleaning rota to ensure walls and bannisters are cleaned.
	<i>Cleaning rota has been updated.</i>
10	Consider using pictures, decoration to give the home a homely feel.
	<i>Will add wall art following recent and ongoing decoration of the home.</i>
11	Ensure when bedroom doors are open that resident's dignity is maintained.
	<i>Reiterated this to staff in monthly General meeting. Meeting minutes available on rota software and staff room.</i>
12	Ensure staff information is displayed in staff designated areas not in the resident area.
	<i>Menopause Support Group meeting date was removed from communal area. Already present in staff room.</i>

## 12. Provider feedback

Provider response to recommendations is above in '*italics*'.



**Committed  
to quality**

**Healthwatch Telford and Wrekin**

**Meeting Point House**

**Southwater Square**

**Southwater**

**TF3 4HS**

**[www.healthwatchtelfordandwrekin.co.uk](http://www.healthwatchtelfordandwrekin.co.uk)**

**t: 01952 739540**

**e: [telford.admin@healthwatchtelfordandwrekin.co.uk](mailto:telford.admin@healthwatchtelfordandwrekin.co.uk)**



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[www.weareecs.co.uk](http://www.weareecs.co.uk)

t: 0800 470 1518

e: [contactus@weareecs.co.uk](mailto:contactus@weareecs.co.uk)

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