

Beechside Residential Care Home



Enter and View Report, June 2025

Have your say



Introduction

What is an Enter and View visit?

Healthwatch Liverpool has powers to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care. Enter and View visits are carried out by small teams of trained members of our staff and volunteers to observe a health and social care service at work, for example at a GP practice, a care home, or a hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

What happens during an Enter and View visit?

During an Enter and View visit we talk to people using the service, whether patients or residents, and to friends and relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. We also observe the service. We write up our observations and the feedback we receive and publish it as a report. Our report is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate.

If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

Our visits give us a 'snapshot' of a service. We are always grateful for feedback from residents, relatives and other visitors to be able to get a fuller picture. You can leave feedback via telephone on 0300 77 77 007, or email engagement@healthwatchliverpool.co.uk. Alternatively, you can contact us via: www.healthwatchliverpool.co.uk/have-your-say

Details of the Enter and View Visit:

Name of the service visited: Beechside Residential Care Home

Address: 88 Beech Lane, Menlove Avenue, Liverpool, L18 3ER

The Date of the Enter and View Visit: Tuesday the 10th of June 2025

The members of the Healthwatch Enter and View Team that undertook the visit were:

- Terry Ferguson, Engagement and Project Officer
- Inez Bootsgezel, Engagement and Project Officer

This was an announced visit.

We would like to thank Beechside Residential Care Home staff and residents for facilitating the visit and for taking the time to talk to us.

Why did we carry out this visit?

Enter and view visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to Beechside Residential Care Home was to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

Safeguarding

Healthwatch Liverpool Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

There were no safeguarding concerns identified during this enter and view visit.

About the Service

Background

Beechside Residential Care Home is a residential care home with 37 beds. There were 35 female residents at the time of our visit, many of whom required support for living with dementia.

Discussion with the manager

We met with the business manager and co-owner, Anita Waterson and the floor manager, Joanne Quick. Both had been in post at Beechside for at least 15 years.

The managers told us that there were 35 residents as 2 residents had recently died at the time of our visit. They explained that Beechside had decided to become a woman-only care home several years before to help ensure the female residents' dignity, and following some safeguarding issues with male residents.

Most residents at Beechside are thought to have dementia and the home provides general and EMI ('Elderly Mentally Infirm') care. Some residents do not have a formal dementia diagnosis but may have shown signs for at least 1.5 years; we were told that residents *"have to be at a certain level (of dementia) to be with us"*.

The home also provides end-of-life care, which managers explained is because they want residents to be able to continue living at the home if possible and have support in managing this from district nurses. Relatives can sleep over in a resident's final hours as the home will make a bed available.

The home charges top-up fees of £40 per week. The manager explained that they had to introduce top-up fees relatively recently as many costs had gone up so much.

Staffing

The managers told us that at the time of our visit there were 40 members of staff including carers, kitchen staff, cleaners and office staff.

Night shifts are covered by 1 senior carer and 2 care staff; day shifts can vary but will have at least 4 carers, 1 activity worker, 4 cleaners, 1 person looking after the laundry, 3 kitchen staff and office staff. All staff have been trained in moving and handling as well as food hygiene so there is flexibility in the tasks staff can carry out.

The home has many long-serving staff with the managers themselves having been in post for 15 and 16 years respectively. The chef had been in post for over 10 years. We were told that the only staff who tend to leave are those who have qualified as nurses, or those who give birth. We were advised that multiple staff had returned to work at Beechside after having children.

The managers told us that there is a good working relationship between staff members and that everyone knows their job; the dedication of staff was highlighted by their actions during the Covid pandemic, when staff had moved into the home for 8 weeks to keep residents safe.

We were advised that the care home does not use agency staff, and instead regular staff will work overtime, encouraged by what a manager jokingly called a *"bribery system"*, for example with offers of meals out.

Health care

All the residents are registered with Mather Avenue GP practice. We were told that there had been some past *'hiccups'*, but that when the home had asked for a visit the doctor had been there in 15 minutes.

The home uses the Immedicare (Telemeds) system, and usually their medical staff decide on next steps for treatment but, the manager added that *"If I feel a person is sick enough to bypass Telemeds I will"*. She added that Immedicare had been getting better, including in the time it takes to get through on the phone. However, as the home must make individual phone calls for each resident separately, it can take up a lot of staff time when multiple residents need support.

The home has MDTs every Thursday which are attended by community matrons, Dr Scott and an Advance Nurse Practitioner who was described as very good; *"If there is an issue, she'll be on it like a dog with a bone"*. There also was positive feedback about the community matron who had been with the home for 15 years so knew the staff and residents.

The home uses Rite Care pharmacy the home's managers told us the pharmacy was *"brilliant, no issues"*.

In contrast, we were told that *"The biggest issue is the dentist"*. As many other care homes have told us, the Sheil Road dentist who usually visits care homes has been off sick. We were told that they have now returned to work, but there is a backlog as there had been no cover in place. The home had raised this and had been told to document everything that they had tried to get dental care for their residents instead – but had not been given alternative options. A lack of access to NHS dentists is common across care homes in Liverpool.

Hospital admissions/discharges

The manager told us that hospitals mostly provide enough updates, especially when families ask the hospital to keep the home updated. The families themselves also tend to keep the home in the loop. Most families will say that their relatives were better off with the staff liaising directly with the hospital, as the home manages their day-to-day care.

However, we were also told about 2 occasions where residents had returned to the home from hospital where their condition had changed to an end-of-life stage, without the home having been explicitly informed.

With new admissions the managers told us that often they do not receive accurate information about a resident's condition, and carrying out a half-hour assessment won't give a full impression. The managers added that some

residents are assessed at hospitals as needing dementia EMI, when in reality they clearly require nursing care. This could lead to a person being admitted to Beechside whose needs could then not be met at the care home; this causes distress to the resident, their family and staff at the care home when they need to be moved elsewhere.

The managers told us that they will try to give everybody a chance. However, on one occasion, after 8 months of trying to support a new resident, the home had had to accept that they could not provide the care needed for that person.

We were told that independent assessors' contributions are valued but that the home will still carry out their own assessment. They also praised the Healthcare Assistant staff at hospitals as being knowledgeable about prospective residents' needs. The managers added that for a resident to be able to settle in well it was also important to see how other residents will react to a new admission.

We asked about community equipment and were advised that a resident can't move in until all equipment was in place. The community matrons arrange this, and we were told that when equipment is linked to hospital discharges it usually arrives very quickly as the hospital needs to free up beds.

Activities

We were told that staff found that many residents responded well to music and movement, and there is an activity focused on this. The home also has smart speakers playing music around the home. Residents are also assisted by staff to go on short walks around the local area and parks.

Some residents are provided with dolls and/or teddy bears as part of dementia therapy and during our visit we observed several residents who really seemed to enjoy this, and family commented on how it soothes them.

There is accessible transport available for residents. Staff advised that families also often support the care home by taking family members to appointments and trips when they can.

Management advised us that they were currently in the process of organising a new activity schedule for residents which will be framed and displayed on the walls in areas around the care home.

Visiting

The home has an open-door policy, and we saw several relatives visiting residents during our visit. We were told that there are protected mealtimes; families know this and will wait for mealtimes to finish. Some visitors will start to make tea for other residents while waiting.

The managers explained that they are flexible with visits, and if relatives want to see residents during mealtimes staff will ask that the relatives eat alongside the residents to help the resident to focus on eating their meal.

Establishing residents' likes and dislikes

Staff at the home complete a '*This is me*' form with residents and their family aiming to get as much information as possible about the person including about

hobbies, jobs and pets. They will also ask about cultural and religious needs; we were told that some of the residents will attend Catholic mass.

At the time of our visit there were no smokers living at home, but we were told that in the past residents that smoke had been supported to smoke outside.

Food

Staff advised that there is a 4-week menu with 3 choices per day. Some residents had bite-sized meals and/or softened food. Staff told us that many residents like 'old school' meals such as roast dinners and chicken curries, but one resident only likes soups and yoghurts and had eaten in this manner for many years. We were advised that the chef had over 10 years' experience.

At the time of our visit there was one person who needed a special diet due to an allergy. All staff were aware of this, and we saw the allergy noted on a board for staff serving food.

We saw the menu for the entire week on display in the hallway. We noticed that it was in a relatively small italic font which may be harder to read; we would recommend an easy-read or large font option for the daily menus to help the residents make their choices.

We were told by staff that Beechside also has takeaway meal nights, and residents had been accompanied to eat out at McDonalds or for fish and chips for example. Staff advised that some families order a takeaway and eat with their loved ones. As mentioned before, relatives visiting at mealtimes are asked to make sure that their loved ones focus on eating their food, and that other residents are not distracted from eating.

Residents' belongings

Staff told us that families will tag or 'button' residents' clothes with a small stud to prevent clothes getting mixed up. Each resident is allocated a designated colour which staff say is popular. Staff also ask families to photograph items and to send these photos to staff to help prevent items getting lost. We were told that any lost items would always turn up eventually, and that there is a lost and found system in place.

Glasses, hearing aids and dentures are noted in the care plan for residents to make sure residents are supported in wearing these. This information is available for all staff who support the residents.

Observations

Observations of the building and facilities

We found Beechside Residential Care Home to be in good condition and clean in all the areas we saw during our visit. There were no strong smells. The care home was decorated appropriately in a homely manner throughout and did not appear clinical. There were many touches that made it feel dementia friendly, such as the signage and accessible clocks throughout.

The home seemed well maintained, especially considering the building's age. The flooring we saw looked to be in good condition with no obvious trip hazards. We saw and tested multiple wall hand sanitisers which were all full.

Some areas, e.g. by the stairs going to other floors, had waist-high wooden gates in place to stop residents with severe dementia from wandering into areas unsupervised; these gates can look a bit jarring. We noticed that one gate had been left open with a wheelchair in an area where someone could potentially catch their leg. When we advised staff about this, they resolved it immediately.

All the residents we saw appeared calm and well looked after, were dressed appropriately for the weather and wore appropriate footwear.

Lounges

Both lounges were located downstairs, and we were told residents from upper floors were brought down to the lounges. The main lounge was large but divided into various areas including 2 seating areas with comfortable armchairs and a dining area.

Features such as large pieces of artwork in the lounges, big windows and chandeliers gave the rooms a homely feel. There was a large TV on one wall and a large easy read clock with information on dates that was set correctly and can assist with orientation.

There was a second smaller and quieter lounge at the back of the home with direct access to the garden. This lounge also had comfortable armchairs and a dining table and chairs. There was a large TV available in this room as well.

Toilets/showers

These rooms were clearly signposted with easy-read signage displayed. We were told there were 2 shower rooms in the building.

Bedrooms

The bedrooms we saw were personalised with individual colours. We were told that residents can bring their own furniture. We spoke to one resident in her room who had clearly made it her own with a sofa for guests, tea making facilities and a mini fridge.

Garden

The rear garden at Beechside had a well-tended lawn and benches to sit on. Staff told us that residents always needed support to access the gardens.

Feedback from residents, relatives, and staff.

Healthwatch spoke with 4 residents, 4 family members and 1 staff member.



“The staff are very good and are helpful.”

Resident A



“The food is good, and you don’t have to have the same meal, and you get what you can eat. The staff are very good and are helpful.”

Resident A

“I’m happy here. *(when asked about food)* It’s great.”

Resident B

“Everyone is friendly and kind, and they put on things for us, people come in, sometimes a group of men but I haven’t seen them for a while. *(when asked about their bedroom)* It’s a nice little nest.”

Resident C

"I'd rather be at home because there is no place like home, but I'm happy in my room, I'm quite happy here."

"The Chef is lovely and properly trained. If you don't like the food, they sort out the food that you like. I have a little fridge and can furnish the room to my taste".

Resident D

"I absolutely love it. It's an old building and may not always look the best but the care is above and beyond. They know *my loved one* really well. She was in hospital recently and the care in hospital was no comparison to the care here.

After the hospital stay the home said, 'of course we will take her back', and they moved her to the ground floor, and she had a shower straightaway. The atmosphere is caring. I used to come and take *my loved one* out before, now we stay here more. The level of care and attention is lovely; she's only been back a few days and sitting up in her own chair in her own clothes. And the staff encourage walking, the physios tried in hospital, but she didn't there.

Whenever I turn up *my loved one* is always up, dressed, looking neat and tidy. I can come and go when I want, they've got nothing to hide. She's got her dignity back (after hospital). And a member of staff has been really supportive to me too."

Relative A

"*My loved one* is settled here, she's fine, great. The girls are lovely"

Relative B

"It's pretty good. She's looked after well. Another *relative* comes in most often and takes her out to a local park."

Relative C

"It's great. They were living with (a relative) at home, but the situation was impossible, and we had to make a decision. It being women-only came into our decision making. There is no stress, it's like a big family. It's ticking over nicely. *My loved one* loves the music, activities and bands"

It could do with a bit of spruce-up, like putting up more pictures. The frames are up but they are still empty" (*We raised this with the manager who told us that new activities schedules and information are going to go in the frames soon*)

Relative D

"I have been here 3 years, and I love it. It's like a home from home."

Staff member

Summary and recommendations

Summary

During our two-hour Enter and View visit to Beechside Residential Care Home we felt that it seemed to be a care home that was well-run and functioning effectively. Beechside is an older building and not purpose built but effective management and maintenance of the environment seems to have removed most of the barriers these types of buildings present. The areas of the care home we saw looked clean, well decorated and maintained with no strong odours.

Staff are long serving including senior management staff and other key staff throughout the home according to management. This stability enables staff to build effective relationships with residents, families and each other. All the interactions we saw between staff and residents seemed appropriate and staff were skilled in communicating with residents and clearly knew them well.

Residents seemed well cared for, appropriately dressed and comfortable in their home. We spoke to multiple family members whilst at the home who gave us positive feedback about their experiences. Family members told us that their relatives were happy and safe at Beechside.

Recommendations

We make the following recommendations for Beechside Residential Home

- We would recommend providing a menu designed in an easy read font as the menu we saw displayed was small with a cursive style font. This can be challenging for people with visual difficulties which often co-occur with advanced age and dementia.
- Management advised us that empty frames on the wall are soon to be filled with activities schedules for residents.

Positives and good practice

We found during our visit to Beechside Residential Care Home examples of positives and good practice which included but were not limited to:

- The food on offer received almost unanimously positive praise from the residents and relatives we spoke to. The chef was praised specifically by some residents, and they seem to be doing a great job.

- There were multiple examples of a dementia friendly environment such as clear easy read signage on the doors, a large clock with date and time for orientation and the use of dolls and teddies to allow residents to use their own caring skills whilst soothing them.
- Staff are long serving including both key leadership roles in management and throughout the home such as the chef.

Appendix

Healthwatch Liverpool – Powers to Enter and View Services

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. We work to give local residents a stronger voice to influence and challenge how health and social care services are provided.

We enable people to share their views and concerns about local health and social care services, helping build a picture of where services are doing well, and where they can be improved. Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist us in carrying out our statutory functions under the Health and Social Care Act 2012.

Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for us to get a better understanding of the service by seeing it in action and by talking to staff and service users.

We aim to identify and share good practice wherever possible. However, if during a visit we identify any aspects of a service that it has serious concerns about, then these concerns are referred to the appropriate regulator or commissioners of the service for investigation or rectification.

Any safeguarding issues identified will be referred to the Local Authority for investigation. Addressing issues of a less serious nature may be done directly with the service provider.

For more information about Healthwatch Liverpool, please visit our website www.healthwatchliverpool.co.uk or contact us using the details at the end of this report.



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