

# Brook View



Enter and View visit, January 2025

# 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](mailto:engagement@healthwatchliverpool.co.uk). Alternatively, you can contact us via: [www.healthwatchliverpool.co.uk/have-your-say](http://www.healthwatchliverpool.co.uk/have-your-say)

## Details of the Enter and View Visit:

**Name of the service visited:** Brook View

**Address:** Aintree University Hospital, Longmoor Lane, Liverpool, L9 7JU

**The Date of the Enter and View Visit:** 13/01/2025

**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

We accompanied Sue Burton from the Infection Prevention and Control Team at Mersey Care and we would like to extend our thanks for her input and expertise.

This was an announced visit.

We would like to thank Brook View 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 Brook View 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 was no safeguarding concerns identified during this Enter and View visit.

# About the Service

## Background

Upon entry we signed in to the home using the electronic sign-in system which presents warnings about visiting when ill. There was hand gel available in the main entrance. We met with staff in the manager's office and later had an online meeting with Neil Mclean, Acting Nurse Manager, to confirm some details.

During our visit we found that the areas we saw felt very calm and well-staffed. The areas we saw were very clean and it smelled pleasant. This was reflected by the excellent rating they were given for their Infection Prevention Control Visit.

## Discussion with staff

There are 32 beds in total at Brook View and their residents have complex medical conditions and needs which include Huntington's, complex dementia and traumatic brain injuries (TBI). At the time of our visit there were 26 residents, 4 of whom were away from the home in hospital.

There is a nurse in charge on all shifts, both day and night.

Staff advised that residents are often admitted to the home with so-called 'pyjama paralysis', where someone has previously been more mobile and able to use the toilet but due to extended immobility is now unable to do so. Staff focus where possible on getting residents moving as much as possible to help regain a degree of independence.

Staff advised that new resident admissions include information on infection control risks. All new staff have IPC training and take part in yearly direct observation training which includes a module and a demonstration portion.

There are arrangements in place to exclude visitors and staff who are ill.

We spoke to a member of staff who felt that things had improved at Brook View for staff in the time they have been there *"More staff are staying longer now, and it has developed over time. There are better systems in place now"*.

## Other partners

Residents are registered with Westmoreland GP practice. The Nurse Manager says they have a good longstanding relationship with them.

Staff also advised that they have good links with Aintree Hospital when it is needed as they are on the same site.

There were different opinions on Immedicare (Telemeds) from staff that we spoke to.

One member of staff said *"Telemeds is a problem and sometimes it feels like it's not on. It can feel invasive especially when you are with a person who can't advocate for themselves. You can feel pressure from doctors about treatment. It*

*can make you feel alone.*" They gave an example of a doctor asking their advice on what to prescribe the patient which did not feel appropriate.

When speaking to the Nursing Manager they had a different opinion on Immedicare; they felt that the service was good now that the relationship had been built up. They advised that it would not be appropriate for staff at the care home to be making diagnoses for the professionals at Immedicare's end. They said they had not personally witnessed the requests described as invasive by other staff.

## **Residents**

We were advised from a member of staff that for new residents they *"learn about them from the pre-admission assessments, from what's on paper but we ring places and do a community fit. It depends on their needs"*.

Staff advised that there are 3 activities coordinators at Brook View and said, *"we go where the residents want to go"*.

We saw visual activities boards that were in use and were large with pictures and texts and these were filled in for the week and up to date.

There were also 'You said, we did' boards in place that were completed, and information on the resident service ambassadors that were displayed prominently.

## **Visiting**

Visiting is managed on an individual basis as there are some residents who lack capacity or may have had issues with visitors in the past. There are protected mealtimes in place so staff can assist residents to eat their meals. We met a family who were visiting and were very positive about their experience as a visitor. Staff also allowed a resident's dog to visit the resident and the resident and family were very positive about this.

## **Food**

The nurse manager advised they have an in-house Chef who is also able to provide softened food to suit people's needs. Staff feel that they could confidently provide most diets, but they accept kosher food may be more challenging due to the challenges that would entail.

We saw examples of a visual menu that was displayed in one of the kitchen lounge areas.

# Observations

## Observations of the building and facilities

During our short visit the areas of Brook View we saw felt calm, well-staffed and running well. The areas we saw seemed very clean and smelled pleasant. This was reflected by the excellent report they were given by the IPC visit.

In certain areas the building did feel more clinical than other settings, but the residents at Brook View do have more complex medical needs than in standard care homes. Staff have clearly thought about making the building accessible to residents and there are lots of clear easy-read signage and accessible information throughout the home.

We also saw that in bedrooms residents can personalise their environment and are supported and encouraged to do this by staff. Bedroom doors are personalised with residents' permission with pictures and names. One resident's bedroom was decorated to match his favourite football team and some of the decorations had been gifted by staff members.

Lounges were smaller as they were part of individual wings of the building. Residents were seen enjoying music and TV and staff advised that sensory lights were available to aid in relaxation. There was lots of natural light coming through the windows of the lounges and they looked onto the well-maintained garden outside.



# Feedback from residents, relatives, and staff.

Healthwatch spoke with 3 residents, 1 relative and 4 members of staff.



"They are like family but in a professional way"



Resident A

(How are the Staff?) "Lovely people" (are they friendly?) Oh Yes"

(What do you like to do?) "Music"

(How is the food?) "Absolutely Beautiful"

(Do you feel safe?) "Yes"

Resident B

*Resident B was sat in a wheelchair chair at an awkward angle, but staff advised that this is how he prefers to sit. He was wearing a smoking bib and had a cigarette packet on his lap. A staff member was waiting outside the room to take him for a smoke. The resident seemed to be mostly immobile, but he was able to speak clearly.*

"It's fine when we can get out"

(Can you smoke when you want to?) "They leave me alone when I go out. I'm shouting and shouting but I can't get anyone. I have been here 2 and half months and all I do is get out of my bed, into this chair and back again. I want someone to get me around, I don't get out.

(Asked about activity coordinators) "I never see them, I feel like I'm left alone. Staff work when they will. Yesterday's staff were okay, they said we won't leave you on your own."

***Residents' concerns were raised with staff, who informed us about their policies, suggesting residents would never be left alone. They shared some relevant examples of the resident's recent input from the activities team.***

#### Feedback from a relative

"He has been here for 5 years; he's got the best room in the house. I did all the garden; it gives him another angle. I love coming here and I've pottered in the garden year in, year out. I planted a white rose for someone who passed away"

"He loves Benidorm the TV show, loves the footy and loves going outside. He doesn't like the colour blue and doesn't like Manchester United!"

"He loves the staff; they know him and what he likes. Staff will chat with him about the football. Staff are moved around the floors to get more experience and it's nice they get more experience. They are like family but in a professional way. I can talk to them dead straight. He always gets a present on his birthday and Christmas from the staff, everyone loves him.



“He is in a good place, and he speaks when he wants to. Only once in 5 years was there a problem and they sorted it, no messing. They wrote to me with an apology as well”

# Summary and recommendations

## Summary

Overall, we felt that Brook View seemed to be a clean, calm and well-staffed environment during our short visit. There were lots of staff around including those from multiple specialisms and so they were able to provide complex care to residents. The location near to Aintree University Hospital means residents are also near to more advanced medical care with very little travel needed.

Brook View staff have clearly put effort in to making the home accessible for all. The use of accessible signage for navigation combined with the visual menus and activity boards means residents can understand and access the environment to the fullest.

The use of ‘You said, We did’ display boards, and the promotion of resident ambassadors speaks to staff who want to listen to what residents and families are saying, and willing to display this for all to see.

We did speak to some staff members who felt that Brook View had improved during their time and were happy with the direction in which things were going.

During our short visit we did not get to speak to as many residents as we would have liked. Although one resident had a negative view of his experience of the home, feedback provided by other residents and a family member was very positive with them praising staff and the environment at the home.

## Recommendations

We have no recommendations to make to Brook View.

## Care Home Response

Brook View management responded promptly to our report and were happy for us to publish it.

## Positives and good practice

We found during our visit to Brook View examples of positives and good practice which included but were not limited to:

- Easy read/accessible information was on display in multiple areas and the information was up to date. This will support residents in accessing the environment independently.
- The resident ambassador being in place and 'You said, We did' boards allow residents and families to have their say on what they want to see at Brook View. The information being so prominently displayed speaks to a commitment to transparency.

# 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](http://www.healthwatchliverpool.co.uk) or contact us using the details at the end of this report.



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