

Brushwood



Have your say

Enter and View Report 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. 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: Brushwood

Address: 1 South Parade, Speke, Liverpool, L24 2SG

The Date of the Enter and View Visit: 09/01/25

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

- Terry Ferguson, Engagement and Project Officer
- Sarah Thwaites, Chief 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 Brushwood 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 Brushwood 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 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 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

Brushwood has 64 staff including non-care staff. Most staff members worked previously for Bloomcare which was the previous operator before they withdrew and Liverpool City Council took over the running of the care home.

There are 60 beds available with 32 occupied during the time of our visit and the middle floor currently completely closed. The home is described as EMI nursing and general nursing. Nursing care is currently provided by Mersey Care, but they have declined to bid for continuing with their nursing service at the time of our interview with management.

We attended Brushwood as a joint visit with Sue Burton from the Mersey Care Infection Control Team. We were greeted by the head of Housekeeping, and we signed in and had our credentials checked. We were then introduced to Manager Michelle Broley.

Michelle has been the manager of Brushwood since August 2024 and has worked in the care sector for 24 years including leadership roles in Sedgemoor and the Granby Hub. Michelle is due to take part in the My homelife training package.

We also had a follow up meeting with management on 25/02/25

Discussion with the manager

The home has 64 staff including non-care staff, most staff moved over from Bloomcare who owned the home before Liverpool City Council took over the running of the care home.

There are 60 beds with 32 occupied during the time of our visit with the middle floor currently completely closed. Staff advised the care home covers EMI nursing and general nursing. Nursing is currently provided by Mersey Care, but they have declined to continue with the service as of our last update.

GP's and other partners

There are 3 GP practices aligned with the service who take on residents from the service. 2 of the practices are based at Speke neighborhood health centre (Dr Thakur's and Dr Bicha's practices) and the Margaret Thompson practice further away. The practice of Dr Thakur has stopped accepting any more residents from the care home. GPs are allocated based on which practice has availability rather than by resident choice.

The home doesn't have that much to do with GPs because they work more with community matrons who were described as *"so thorough and helpful"*. Community matron Matthew Donnelly is described as *"spot on and knows the residents inside and out"*

Generally, the process is Telelmeds (Immedicare) first, and the home reported this to be generally okay but with occasional delays in getting through. Pharmacy is provided by RiteCare and management say *"we have a good relationship with them and they are responsive"*

The care home did not have a designated dentist when we originally attended and this was described as a struggle *"In an ideal world we would have a dentist attached to the home"*. This has changed for the better and since the date of our visit Everton Road Surgery have now started supporting the care home and seen two residents suffering with dental pain. This is a big relief to staff who had to previously spend a lot of time chasing down dentists trying to arrange support.

Podiatry access has also been an issue *"We are struggling with podiatry and have had to source private staff. We were getting a lot of rejected referrals from the NHS"*.

Hospitals

The care home accepts discharges from hospitals for existing residents at most times of the day. For new residents they do not like to admit after Friday afternoons as there is more difficulty accessing support services. There have been difficulties with discharges from hospitals. The manager felt had been a consistent problem across sites she had worked at.

Discharges with medication errors are described as the biggest issues with staff describing errors at both the Royal Liverpool University Hospital and Whiston Hospital. Some residents are being discharged without the medication they need. Staff describe residents being discharged with their medication summary stating medication is available at the care home without checking with the home. Staff then had to chase this and must go through the hospital switchboard first. Management gave an example of a resident who was discharged on a Sunday with no medication and the manager had to ring continually from 9am to 2pm until they finally reached someone on the ward to resolve the issue. Staff described the issues are often rectified within 24 hours with the hospital normally sending the missing medication in a taxi. This is not a good use of time and resources at either end and has resulted in residents missing doses of medication but with no cases of significant harm yet.

Staff advise the condition of residents upon discharge as okay but say the information given is lacking, often just saying that the resident is medically fit for discharge back to the care home.

Residents

Management explained that they establish residents' needs and interests upon referral. They collect information from their records and as staff get to know the resident, they build up their knowledge of them.

An example staff gave was of a resident who came from another care home, and they noticed he had an Everton tattoo. They now make sure the TV or radio is playing Everton games when they are on.

One resident requested a female carer only and management say this request is honored and we saw a sign outside their room to inform of this.

Management advised that each resident has a communication care plan that informs staff to support residents to put on glasses or hearing aids

Activities

Management advises that there is a full-time activities coordinator and an agency activities staff member who works 3 days a week. Activities include quizzes, crafts, book clubs, bingo and reminisce days. Management advises that activities are also planned for residents who are nursed in their beds.

The care home has links with local groups including The Noah's Ark and a group based nearby in Parklands that offers activities. The local schools support the home and visit over the festive period to sing carols to residents.

Management said that they support a resident to access church on Sundays and one of the Vicars visits the care home monthly. Speke Community Choir has visited to sing to the residents, and they stood in the corridor singing to the residents who could not get out of bed so they could take part as well.

The home does not have permanent transport and uses taxis to help residents get around.

Management says they do have an area out the front for residents that smoke but currently have no residents that smoke..

Management advise they try to have engagement meetings every four to six weeks to keep residents and families informed of changes. Staff have designed a new survey to try to get better quality feedback and this will be available online and with a QR code. This survey has been approved and will be put in place soon.

Visiting

Management advised that there is an open-door policy for visiting and no protected mealtimes. They advised that some families like to come to assist residents with lunch.

Food

The manager advised that the menu is not currently where they want it to be but due to the number of challenges faced by Brushwood this has not been the top priority for attention. They have hired a new head chef, and they will be working on improving this.

Management advised there is a choice of main meals alongside other smaller options available such as soups, sandwiches etc. Management advises staff take snacks to the satellite kitchens in each lounge and serve them and leave some in fridges/cupboards. This includes snacks such as crisps, yoghurts and biscuits etc.

In some lounges where residents have challenging behaviors or swallowing difficulties these are locked, and staff provide access.

The manager advised that menus are in small print, but staff also display them on larger whiteboards. Staff have access to flashcards on a ring with pictures of

the meals to match their menu choices. This supports residents in choosing their meals.

Residents' belongings

Management advised that residents' clothes are labeled, and they have individual washing baskets kept in their ensuite bathrooms to prevent items being mixed. Glasses are put in cases and cabinets by staff.

Management advised that each resident has a communication care plan that informs staff to support residents to put on glasses or hearing aids

Observations

Observations of the building and facilities

We were shown around the home by Terri who is the senior housekeeping staff and accompanied Sue Burton from the Infection and Protection Control Team at Mersey Care on her visit. Brushwood changed ownership from Bloomcare to Liverpool City Council (LCC) around August 2024.

Environment

Staff advised that during the changeover between providers the previous owner had removed many things from the care home including policies and posters. We saw spaces where boards had previously been for staff names and information that were now not there.

We spoke to Terri from the housekeeping team who advised she had given LCC a list of what upgrades they feel would assist with hygiene and infection control. This included a programme to replace carpets with laminate flooring. Measures taken so far to improve the home included a skip coming to dispose of ripped sofas, sinks added to cleaning rooms and new laminate flooring in some rooms. Terri advised that *"The council were on it straightaway and that it feels like teamwork with them"*.

Staff member describing the change of owner- *"It was a horrendous period"*. They said that *"It already feels so much better since the council took over the home, like they are working together in a planned way to make the needed changes. It felt like we were banging our heads against a brick wall with Bloom"*

External areas

The car park area had been gritted and made safe on an icy day and the external bins were locked.

Hallways

Most rooms had dementia friendly signage although one picture on floor we were advised residents had higher needs was partially torn down.

The handrails across the care home were neutral in colour, not standing out against the paler walls. They were in a poor state of repair with the end "caps" having come away and being haphazardly repaired with electrical tape. Some areas where the sections had not come away completely could present catching or pinching hazards for residents. The handrails in the Houseman Wing seemed to be in the worst shape.

Postively the toilet doors were all the same colour, contrasting with others and had dementia friendly signage helping residents to navigate.

Quiet Lounge Austin Wing

The carpet was noticeably marked, and it was difficult to open the door into the room as it was used for storage blocking the door from opening fully. The room was used to house the bain-marie when serving food. The catering staff we spoke to advised that they must use it this way to protect residents from harm due to the design of the open lounge/kitchen. It used to stay in the walkway of the lounge, but this has marked walls with grease and had been a hazard.

The view from the quiet lounge over the playing fields would be a nice bright room if it wasn't for the stored equipment. There was a bookcase, but this was inaccessible as it was blocked also by equipment.

Second Austin Quiet Lounge

The room was again used for the storage of bain-marie whilst serving and the carpet was in poor condition and ripped around joints to other flooring. We were advised this was on the list for replacement. There were large pictures on the walls and some pictures of residents. The window looking over the playing grounds let in a good amount of light. There was an activity planner that was on display but it was out of date and the writing was small. Walls in certain areas did feel bare.

Combined dining room and lounge Austin wing

There was a large TV and some pictures on the walls. There were hooks and fixtures on the walls where pictures/posters had previously been before and were now removed. There were chairs set around a table for residents to eat their lunch.

There was a food menu on the wall for staff use. The writing was small, and it was not accessible. Staff advised that they have individual easy-read menus on rings for staff to use when talking to residents about their food choices. We were not present at a mealtime to see these in use.

One resident was sitting in her chair with a book. The housekeeper asked her if she needed her reading glasses and retrieved them from her bag putting her distance glasses away securely as well. The interaction was very positive with the staff member using the residents' first name and giving her a reassuring touch on the arm. The staff member repositioned herself to eye level with the resident, so she was not towering over her and spoke in a pleasant tone of voice.

Quiet Lounge Housman Wing

The easy read sign for the quiet lounge was half torn away. The flooring in this room was laminate as the carpet had been replaced for hygiene purposes. This room again had the Bain Marie in place in the quiet lounge and had dirty marks on the walls where it had rested.

Combined dining room and lounge Housman Wing

The large TV was paused while we were in the room as residents were eating and being fed.. There were more decorations in this room including flowers and large pictures on the walls. One resident had a specific accessible chair to assist

in feeding. Condiments were on display on tables making for a more homely atmosphere.

Bedrooms

All bedrooms had doors painted in light pastel looking colours with the design imitating a front door including a number and looked pleasant. Most rooms had a box outside for residents' pictures.

All bedrooms are en-suite with a window and seem of a good size. Staff advised that residents that are bedbound are provided with hand hygiene and disinfectant wipes.

The chairs provided in bedrooms are mostly fabric covered and did look worn. Housekeeping staff mentioned that they did not like the fabric chairs as they were difficult to keep clean and not suitable for residents who have difficulties with incontinence.. They hope to have these replaced.

We saw multiple light switches that were backed by a black background to help distinguish them against the pale wall. This is an example of dementia friendly design helping to make them visually stand out to residents.

Bedroom 1

The bedroom was personalised with pictures, posters and various knick-knacks. Some furniture was brought by the resident. There was a TV bracket in place, but the resident's TV was on top of the unit.

Bedroom 2

There was message sellotaped to the TV asking for staff to play the radio for the resident when they are in the room. The wall was noticeably marked around areas where the hoist had banged into it. There were also empty wall hooks and marks from where other pictures had previously been hung up.

Bedroom 3

We saw a sign on a bedroom door specifying female carers only. This indicates person centered care respecting their needs and requests.

Bedroom 4

This was an empty room, and it had an unpleasant smell with the carpet and walls visibly stained. The Housekeeper advised that due to the carpet installed in the room it was difficult to keep clean and they failed audits because of this. They said that they requested multiple times to the previous owners for this to be replaced with more suitable flooring. The staff member advised that LCC have been replacing the flooring in batches and is confident that it will all be replaced eventually. They said that the cleaners had been prioritising the occupied rooms for cleaning in their rounds.

Bedroom 5

The wooden floor in this room was in excellent condition and seemed much cleaner than carpets in other rooms. This room was personalised with the residents' own items and pictures.

Summary and recommendations

Summary

During our Enter and View visit we observed that Brushwood is in a transitional state between providers. The care home was not at the level that the manager wanted during our visit, and they were open and honest about the improvements needed.

The negatives are that the care home in many areas looks run down and unappealing despite being one of the newest care homes in the city and, in some areas, seemed dirty and unclean. Some rooms having carpets that were stained and had odours and handrails visibly broken and haphazardly mended do not make for an ideal environment for residents. There were smaller issues such as missing pictures and older fixtures that have been left on display.

The positives at Brushwood are that the new providers seem to be investing in improvements that will benefit both the residents and staff in creating an environment where care can be delivered effectively. Staff have expressed to us that they are happy with the changes made so far and hope that it will continue.

We are also aware from our meetings with the Liverpool Quality Assurance Group that Brushwood is being monitored closely with many varied professionals visiting the site and giving input weekly to drive up standards to a level that the residents deserve.

Recommendations

We make the following recommendations for Brushwood

- Continue the focus on refurbishing areas that are either in poor condition or designed in a way that is impeding staff in carrying out their duties. Issues raised by staff and noticed by our team included flooring in some bedrooms and lounges and some of the chairs in bedrooms.
- The handrails during our visit were in poor condition in multiple areas and we worry if they are not maintained they could constitute a hazard to residents who rely on them to aid mobility. These should be repaired/replaced as necessary and ideally in a colour that contrasts against the walls to aid the development of a dementia friendly environment.
- The appointment of a new chef gives an opportunity for Brushwood to engage with residents and family to make sure that people's needs and wants for their food choices are being met. A more accessible displayed menu would also allow some residents to not rely on staff as much in decision making.

Positives and good practice

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

- **Menu flashcards**– The use of communication aids to support resident choice in food is a great idea and allows a degree of choice to residents who may be non-verbal.
- **Removal of older carpets in rooms**– Housekeeping staff advised that the removal of these carpets and replacement with more suitable flooring is saving them time and protecting the dignity of residents who may be incontinent.

Response from management

Management at Brushwood engaged with the enter and view process and responded to the report promptly.

'Thank you for the report, recommendations and resources. Your visit and review was really useful. Your recommendations have been added to my improvement plan and being addressed.'

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.



healthwatch

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