

# 16 Crompton Street



Enter and View report, October 2024

# 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, 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.

## Details of the Enter and View Visit:

**Name of the service visited:** 16 Crompton Street

**Address:** 16 Crompton Street, Athol Street, Kirkdale, Liverpool L5 2QS

**Date and time of visit:** Friday 11<sup>th</sup> October 2024, 2pm.

The members of the Healthwatch Liverpool Team that visited were:

- Alice Lloyd: Engagement & Project Officer (Learning Disability and Neurodivergent focus)
- Terence Ferguson: Engagement and Project officer

We would like to thank the 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 16 Crompton Street 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

16 Crompton Street is a small 6 bed residential care home for females aged 18-65 with a mental health diagnosis. Accommodation is provided in single bedrooms. Management advised that staff are available on site 24/7 and there is a staff sleeping room for overnight staff.

## Discussion with the manager

We were greeted by the care home manager Vanessa Carr and Rebecca Dykes who asked us to sign in and checked our details. Vanessa has 10 years' experience and Rebecca is currently on a 12-month NVQ management course in preparation to become the new manager. She has worked in the care home for 4 years.

## Residents

Management say they assess prospective residents based on how they would fit into the dynamics of the care home and with other residents. Staff say they don't just take people to fill open rooms. Staff carry out transition visits meeting prospective residents wherever they are to discuss the care home. Staff say they are careful in these meetings to go at the prospective resident's pace. Management advised for a new resident staff complete a detailed core assessment document that also considers any mental health or learning disability needs.

Staff also create a one-page profile about staff members that residents can access as they feel it helps build a trusting relationship. Residents all have health passports which are provided for hospital visits.

Management advised that residents can be very different personality wise, and this can cause difficulties and friction particularly when people are unwell. They gave an example of a recent safeguarding incident where one resident pushed another. Management says they have put support in place for both residents and had a medication review following the incident.

Staff say that currently no one in the care home needs easy read information but that they are provided software to assist with creating and using it. We did speak to one resident who said they were not great at reading.

## Activities

Management advised that activities are a joint responsibility with planning and delivery of activities shared amongst staff. Examples were given of activities include baking, cooking, movie nights bingo and parties for special occasions. They used to have people from the dog's home visit as well as other groups that would show animals to residents, but this has reduced after Covid.

They do not have a visiting hairdresser as such a small home, but residents use a hairdresser that is nearby. Staff feel that this is beneficial as it helps residents in achieving independence.

The care home recently had a workplace event for World Mental Health Day led by their wellbeing lead which included a speech from one of the staff members. Staff say that there are monthly empowerment meetings with staff and residents

Residents are encouraged to do their own laundry as a way of maintaining and promoting independence. There is a laundry rota with residents given 3-hour slots.

## **Visiting**

Management advised that male visitors are welcome subject to the same rules as females. Visitors can also bring pets with prior confirmation and staff advise this is enjoyed by the residents. The front doors are locked for residents security but staff say residents can come and go subject to their risk assessments.

## **Food**

Management advised that cooking is a joint responsibility and is shared amongst staff. Staff say they encourage residents to cook and create and to assist in the creation of a weekly menu and assist in weekly shops. Staff say they have a menu on the wall board, but this was not displayed when we attended. Staff say that there are currently no residents with dietary or cultural food restrictions, but some staff are halal. Residents can buy their own snacks and keep them in their rooms.

Residents are encouraged to take part in both food preparation and shopping by staff as a way of maintaining and promoting independence. One resident mentioned that due to personality clashes with other residents they don't always feel comfortable cooking in the kitchen.

## **Staffing**

Management advised during our visit that there are 12 members of staff who all pitch with roles including cooking and activities. Management advised that staff are provided mandatory training and can browse the training catalogue for other modules that interest them. The mandatory training for staff and includes modules about autism, schizophrenia, self-harm and Oliver McGowan training. Staff reported that none of their current residents are reported as being a ligature risk.

Staff wellbeing information is included on the daily handovers and free counselling, financial assistance is available through their in-house systems. Monthly wellbeing meetings are also included in staff action plans.

## **Relationship with GPs and trusts**

Residents are registered with Islington Medical Centre and staff report that the relationship is fine and there are no problems with the practice. Pharmacy services are provided by Sedem pharmacy and staff report some issues with prescriptions not being fulfilled, delays and pharmacy staff disputing medications. Management are considering changing to Pharmalogic.

Management advise they have not been able to register their residents with dental services.

Norris Green Hub supports the care home and staff advise that there have been no issues, and the community psychiatric nurses are really good, visit weekly and have excellent communication with the home. The Potensial company provides a positive behavioural support team that staff advised are quick to attend and provide training to staff. Staff advised that they have not had to use the Immedicare/telemed service often as their residents' primary conditions are mental health and they access care via other pathways

# Observations

We were met by Vanessa Carr and Rebecca Dykes who confirmed our identities and asked us to sign into the care home visitors' book. We went into the manager's office for a chat, and then moved into the quiet space before being given a tour and chatting to a resident. Most residents were out during the time of our visit. Maintenance staff were carrying out repairs during our visit.

## **Observations of the building and facilities**

### **Managers office**

The office is next to the entrance/exit to the home and was locked when we left the room.

### **Hallways**

There were lockable display cabinets displaying key information for residents within these areas. These information display boards contained information about the next days out and used visuals and pictures. It also contained information about past events, such as world mental health day. It also included information about upcoming bonfire night and Christmas markets.

There was feedback on a display sheet with information about safeguarding details, CQC information and a cleaning rota. There were strong smells of chemicals which could be related to ongoing maintenance work, but the care home looked clean. There was a ladder in the hallway due to maintenance taking place. The care home is all on one level and hallways had room for using mobility aids. There were cleaning stations and gloves on display. There were multiple fire extinguishers and all the radiators in communal spaces were boxed in with wooden covers making the environment look homely.

### **Lounge/dining room**

The room felt spacious and well maintained and there was a hatch leading to the kitchen. There was a dining table with seats, a large TV and a sofa. Staff informed us residents can choose where they prefer to eat. There were window restrictors, and as this room faces the front of the building it made it feel safe.

There was an empty fishtank and staff advised that they were looking at getting new fish to replace ones that had died. There was a games corner on view that looked well used. There were little touches like disco lights, plants, and fairy lights hanging loose around the edge of the room which made it feel homely. There was a weekly planner on the wall, but this looked new and unused.

### **Kitchen**

There were maintenance staff working on the hot water during our visit. It looked bright and well maintained. There was a serving hatch that led to the lounge. There were tools left on the floor as work was being carried out, but we were informed most of the residents were out. There were food contamination prevention signs and chopping boards were clearly labelled.

### **Quiet Space**

This is currently a light and airy clean room, with large windows, a large TV, a large standing fan, blankets covering the sofas and a grill in front of the fireplace. There is diamond artwork on display made by residents, which made the space feel homely. We were advised one resident will tear things off the walls and bin items, so important information displayed throughout the home is in a lockable display cabinet. We were also informed that the quiet space is currently being improved. There were cardboard boxes behind the sofas, and one wall had slightly discoloured wallpaper.

### **Garden**

There was a good-sized secure garden, with high fences and bushes making it feel private. The garden and the front part of the care home seemed very well maintained. There was a shed that was open, and a barbecue. There was some plant pots, a washing line and a broom that had been left out along with some fitness equipment. Staff informed us that all the residents participate in looking after the outside space and that during nice weather they use the barbecue.

### **Bathrooms**

The bathroom looked clean and well maintained.

### **Empty Bedroom**

This room was basic and ready for a resident to move in. The room was facing the road and front of the building but did not have a window restrictor like other windows throughout the communal spaces, but the room was currently unoccupied.

# Feedback

Healthwatch spoke with 1 resident and 3 members of staff.

During our conversation with the resident staff were present. They seemed to have a very good relationship and the resident seemed very comfortable sharing their views with them. Staff were engaged and listened to the resident and acknowledged things that they would like to change.



"I like it too much. It's the safety, I feel safe."



Feedback from the resident we spoke to:

"Recently they haven't had a lot of staff in. Food has not been too good but hopefully it will be back to normal. We normally have one cooked meal a day"

(We asked the resident what might help make their life easier),  
Menus in advance and information in advance, you don't have resident meetings as much as you should"

"I would like to be asked a bit more [about activities] I like bowling, going for meals and getting my nails done, which I can do here"

"My beds not comfortable it's got springs coming through, it's the same mattress (when resident moved in) it was brand new then"



# Summary and recommendations

## Summary

16 Crompton Street is a care home with female residents who have mental health problems as a primary diagnosis, so staff and residents face different challenges than in other environments. We were only able to speak to one resident during our visit, but they made it clear that they liked living there and that they felt safe. They did raise some points about their day-to-day life and how the recent staffing changes have had some effect on this.

The management team that we met seemed very keen on making 16 Crompton Street a good environment to both live and work. The commitment to training was great to see and encouraging and supporting staff who have experience of both the residents and care home to take on senior roles helps build on these existing relationships. During our short time at the care home the staff seemed open and honest about past staffing changes and had a set plan to improve things further.

One of the residents mentioned that they did feel like food was not as good as it had been previously or that they have were kept up to date with what meals were upcoming. They mentioned that due to personality clashes they did not always want to take part in food preparation when others were using the kitchen. The care home's focus on independence and residents assisting in food preparation is commendable, but this may sometimes mean friction for some residents

We feel that 16 Crompton Street seemed like a pleasant, accessible and safe environment and that was mirrored by the one resident we spoke too. We do feel that there are some changes that could make day-to-day life a little easier on residents and staff. We also recognise that with a new leadership team there will be new ideas and procedures, and we are sure they will involve the residents in any changes.

## Recommendations

### 1- Easy read menus

We feel that the creation of an easy read menu for the week would allow more freedom for residents to make decisions about their food choices and allow for more stability. One of the residents advised that they were not great at reading and the national literacy trust advises that 'In England, 16.4% of adults have very

poor literacy skills.' (1). Using an easy read menu will allow residents to engage with the upcoming food choices on offer.<sup>1</sup>

We would suggest that the care home creates a weekly menu with choices made visual to residents. Involving residents in creating the menu is a good way of getting feedback and assuring it meets people's needs.

## 2- Open discussion of meals and food preparation with residents

We only spoke to one resident during our visit, and they had lived at the care home for some time. They felt that the quality of meals had dropped compared to before. Some of this was linked to staff leaving who may have cooked meals more in line with their tastes. The resident also did not always feel comfortable preparing meals when other residents were present. They also said that residents' meetings had not been as frequent limiting their ability to provide feedback.

We would recommend that staff have a resident meeting to discuss meals and see if other residents also have concerns and come up with a plan for improvements. Ideas could include-

- A suggestion box so people can put in what meals they want.
- A recipe book so residents can browse and show staff (we have linked some easy read recipes below)
- A rota for residents who want to have solo time in the kitchen with staff

## Positives and good practice

- 16 Crompton Street advised they create one-page profiles for staff members that residents can access. This shows a commitment to being open with residents and helps in establishing a trusting environment.
- Staff at the care home put a lot of thought into encouraging and maintaining the independence of their residents which is great to see. Encouraging skills to take part in day-to-day activities such as cooking and laundry is a great step towards independence for those well/able enough to take part.
- Training seems to be comprehensive at the care home with a commitment to upskilling staff. The inclusion of expert training from the positive behavioural support team sounds like it could really support staff and residents.

## Response from management

Management responded to our report promptly and were happy for us to publish.

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<sup>1</sup> <https://literacytrust.org.uk/parents-and-families/adult-literacy/>

# 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.

## References

- 1- <https://literacytrust.org.uk/parents-and-families/adult-literacy/>

### Resources

- 2- <https://www.southwiltsmencap.org.uk/wp-content/uploads/Easy-read-recipes-May2017.pdf>
- 3- <https://www.mencap.org.uk/easyread/what-easy-read>

[Easy Read :: Cheshire and Wirral Partnership NHS Foundation Trust](#)



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