

Belmont Care Home Longridge

Monday 11th August 2025

10:00am – 12pm



Disclaimer: This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and patients who met members of the Enter and View team on that date.

Contact Details

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Belmont Care Home
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Telephone:

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Care Home Contact:

Claire Bibby (Manager)

Date and Time of our visit:

Monday 11th August 2025
10:00am – 12:00pm

Healthwatch Lancashire Authorised Representatives:

Steven Walmsley (Engagement Team Leader)
Lynn Yates (Healthwatch Lancashire Volunteer)

Introduction

Healthwatch Lancashire is the independent public voice for health and social care in Lancashire and exists to make services work for the people who use them. We believe that the best way to do this is by providing the people of Lancashire with opportunities to share their views and experiences.

Healthwatch Lancashire has statutory powers to listen, act, challenge and gather feedback to improve local services and promote excellence throughout the NHS and social care services.

To help achieve this Healthwatch have a statutory power to 'Enter and View' health and social care services that are publicly funded. The purpose of an Enter and View is to listen to people who access those services and observe service delivery.

Following the Enter and View visit a report is compiled identifying aspects of good practice within the service visited along with any recommendations for any possible areas of improvement.

As we are an independent organisation, we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. The report is sent to the service provider providing an opportunity to respond to any recommendations and comments before being published on the Healthwatch Lancashire website at:

www.healthwatchlancashire.co.uk

The report is available to members of the public along with the Care Quality Commission (CQC), Healthwatch England and any other relevant organisations. Where appropriate Healthwatch Lancashire may arrange a revisit to monitor the progress of improvements and celebrate any further successes.

General Information

Belmont Care Home is a residential care home situated on the outskirts of Longridge, which provides personal care for up to 40 people. The service provides residential care and support for residents living with dementia other conditions.

Acknowledgements

Healthwatch Lancashire would like to thank residents, relatives, staff and management, for making us feel welcome and for taking the time to speak to us during the visit.

What did we do?

Healthwatch Lancashire Enter and View Representatives made an announced visit to Belmont Care Home on 11th August 2025 and received feedback from:



Pre-visit survey

Healthwatch Lancashire emailed a pre-visit questionnaire to the care home manager. The aim of this questionnaire is to gather information about the staff structure, resident population, services offered and activities that are planned for residents to take part in. Some information from this questionnaire is included in the summary below.

Introductory meeting with manager

At the beginning of the enter and view visit, Healthwatch Lancashire met with the Manager to discuss the care home and view the facilities. This involved discussing some of the activities and aspects of the daily routine, and to hear the Manager's perspective on what is currently working well at the care home.

One to one discussions with residents and their relatives

Residents were asked about their experiences in the care home, including their opinions on the facilities, daily activities, food, and the care they received. They were also asked about how they were involved in the day-to-day life of the home, and whether they were included in planning activities.

Discussions with members of staff

Staff were asked about their experience working at the care home ,what they thought was working well, and anything they thought could be changed to improve the experience for the residents, as well as staff members.

Observations

Observations were made throughout the visit. These observations focused on resident and staff interactions, how accessible the care home is for residents, and the condition and cleanliness of the facilities.

Summary



Healthwatch Lancashire representatives made an announced visit to Belmont Care Home on the 11th August 2025 and spoke with 10 residents, 9 staff members and 1 relative.

Throughout the visit observations were made of staff interactions with residents. We found that residents were generally happy with the care they received, and believed care staff to be friendly, approachable, and attentive to their individual needs.

Several residents were satisfied with the menu offered each day. Most residents described being content with the range of daily activities available to them, although some mentioned that they would appreciate greater variety.

Discussions with staff members showed that they were satisfied with their roles. They felt that staffing levels were appropriate and allowed them to provide a good level of care. Staff also felt that they were well trained, and that management were approachable if they had any concerns. There were some comments highlighted in the visit about issues staff were currently working on. Throughout the visit, it was clear that staff had a positive relationship with the residents and knew them well.



Service Overview

Location and public access

Belmont Care Home is located on Inglewhite Road on the outskirts of Longridge. There are several parking spaces for relatives and staff to use around the perimeter of the home, with no designated disabled bays. There is access to local bus services on Chipping Lane which is approximately a ten minute walk from the home.



Background of the home

Belmont Care Home is located in a bespoke building to provide care for residents. It is managed by Imperial Care Consortium which operates several care homes across England.

The home has a total capacity of forty beds, with all rooms being designed for single occupancy. All rooms are En-suite and are of a similar design and specification. At the time of the visit there were 35 residents at the home.

The home has recently undergone a change in management with several changes being implemented since the transition which have resulted in new procedures for record keeping and service delivery.

Discussions with the Manager revealed that the staffing ratio is determined by the current level of residents' needs and is updated as those needs change as some residents were using the home for respite and longer term care.

Services available

The home provides a range of care to residents who have numerous health conditions which often include, physical and cognitive diagnosis and people at the end of life who require palliative care. The home provides services such as activities and a hair dressing service that is available every week. Health and dental care is managed through referrals to a local GP practice and dental provider respectively.

Recreational activities take place throughout the week (see appendix). These activities include intergenerational projects, such as visits from the local nursery school. Singers and entertainers visit to provide shows, and there are regular quizzes, games, movie nights, and talking therapies sessions. There are two members of staff responsible for the planning and delivery of activities at the home.



Enter and View observations

External Environment



The outdoor area of Belmont Care Home has been adapted to cater for accessibility, with drop-kerbs and ramps provided for people with mobility aids. It was noticed that there was a concrete slab on the side of the step which may present a trip hazard at the entrance of the home, (Recommendation 1) There are places to park cars around the vicinity of the building. However, there were no designated disabled bays for relatives to use.

The outdoor areas of the home are spacious, largely well presented and maintained. There is a large duck pond located in the grounds which residents can access with staff or members of family present. Due to the rural location of the home, there is a large amount of green space available for residents to access.

Between each wing of the building is an outdoor seating area for residents to access. These are secure and can be accessed through the activity rooms. At the time of our visit these were receiving maintenance and were out of use for residents but staff were observed taking some residents for a walk around the grounds.

Internal Environment – first impressions

Upon entry there is a reception with a front desk and a waiting area. Access to the main areas of the home are secured by keypads in order to maintain resident safety. At the time of the visit a number of residents were taking part in activities with the activities coordinators whilst other residents chose to spend time in their rooms.

The home was spacious and free from clutter within shared spaces and corridors. The Manager of the home explained that they had identified some areas of the internal environment, such as corridors and communal use areas that they wanted refresh with newer, more suitable flooring and improved decorations.

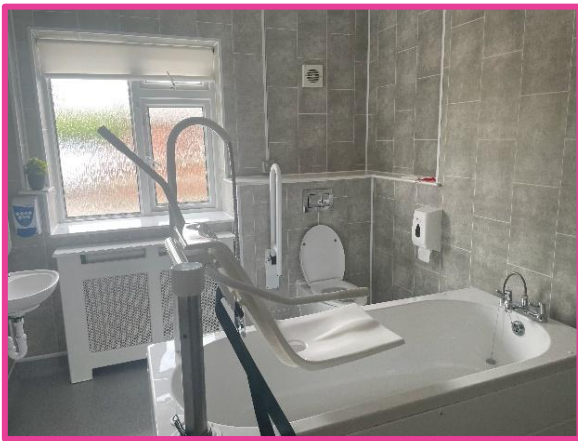


The main corridor has noticeboards with information for residents, informing them about upcoming activities at the home and other services. It was noted that the activities were presented in a simple and clear manner with the use of text and pictures.

Staff policies and procedures were also on display along with photos of activities and events that had happened at the home.

Observation of corridors, public toilets and bathrooms

The home is split into four wings, named as avenues, with an equal number of rooms on each wing, with a shared bathroom for residents to use if they wish.



At the end of each avenue is a large room, each of these has been designed for a specific purpose with two as multipurpose rooms and one as a cinema room which is used as part of the activities programme. There are exits at each end of the avenues which are controlled by keypad access for resident safety.

The corridors are wide enough to allow access to residents and people using wheelchairs and mobility aids.

There were some examples of decoration such as photos of the local area and paintings around the corridors which created a more 'homely' atmosphere. Flooring throughout the home was observed to be dementia friendly, with a matte finish, and handrails with contrasting colours are present in all corridor areas for residents with visual impairments and limited mobility.

Signage around the home is somewhat inconsistent with some signage showing the location within the home but not what is available down each corridor. It is suggested that consistent signage is implemented on doors and around the home to help people find their way. (Recommendation 2)



Lounges, dining and other public areas

Dining and communal areas are present in each of the two areas. Most of the residents use the same dining room area on a day-to-day basis, which facilitates a social atmosphere at mealtimes. We were informed that some residents eat in their own rooms, or other communal areas, depending on their personal preferences and care requirements.



The food menu for the day was displayed around the home (See appendix) printed on A3 sheets of people. It was neatly set out and clearly presented although it lacked images of the foods available which may present a barrier to residents choosing their preferences. It is recommended that images of foods be added to menus for residents to choose from and provide further clarity around choice of food at mealtimes. (Recommendation 3)

Staff and resident Interactions

Throughout the visit, Healthwatch Lancashire representatives observed interactions between staff, residents and their relatives.



Members of staff were observed attending to residents throughout the visit. We found them to be caring and attentive to the individual needs of the residents and understood their care plans, particularly in the group activity that was taking place in the activity room.

One member of staff was observed encouraging a resident to take part in an activity. They were respectful and courteous to the resident and listened to their wishes. The resident had chosen not to take part in the activity and was taken to their room at their request.

Throughout the visit there were several interactions observed where it was apparent that relatives had a positive relationship with members of staff and knew what their interests were and their routines. Staff commented on their understanding of residents' needs, particularly for those with dementia, and made sure residents were given priority whilst conversations were being held.

One member of staff was observed providing refreshments to relatives in the rooms by greeting the residents politely and pre-empting any requests by having biscuits and drinks made according to their preferences.

Resident feedback

Healthwatch Representatives spoke with **nine** residents during the visit.

Tell us what you think about the home

Eight of the nine residents that Healthwatch Lancashire spoke with felt that the care delivered by staff at the home was of a good standard and that staff were attentive to their needs.



“I’m quite happy here. I’ve been here some time. It is homely, staff are lovely.”

They told us that staff knew them well and were able to meet their needs, especially when it came to care. One resident commented that they felt like the staff were professional and approachable when they needed something.

One resident who expressed that they weren’t entirely happy commented that they were happy with the home but they wanted to return to their own home when they could because they knew it better.

“It’s fine as a care home but I would rather be at home. I know my house better than here.”

Five residents made particular mention of the care that they received from staff.

“They’re always good here they make sure we that we are listened to.”

They mentioned that they liked to join in with the activities that were put on by the staff and they complimented the way that staff approached them and offered them things instead of having to ask.

“We get some good options of things to do, the staff really care for us and make sure we get what we need.”

What activities are on offer and do you join in?

Seven residents described the various activities that they had joined in with giving examples of activities they enjoyed. One comment that stood out was the methods used to inform residents about the choices available to them.

“I do join in with the activities, we get a print out of what is coming up in the newsletter and that helps us choose what we want to do.”



The residents also explained that they appreciated that staff would hold one to one meetings with them to update their care plans and ask what their preferences were in relation to activities the home put on.

One resident commented that they liked the choice at the home and that the staff would help them with any technology they had. One resident had a tablet

that they liked to use, but they mentioned that there were issues with the WIFI in their room. They had raised it to staff as it was something that was causing them issues especially with online banking and contacting relatives. (Recommendation 4)

How do you find the care you receive?

Seven of the residents said that they received good care from the staff. They gave examples of how staff responded to their requests and made sure their rooms were clean and tidy.

“They look after us very well. I like things that go on and how they look after us.”

Several residents complimented the management team and said that they liked the fact they were present around the home.

Two residents commented that whilst they felt there were minor frustrations that they raised with the staff that weren't always heard.

“They come into my room when I am in there and don't want to be disturbed. I know they are just doing their job but it's frustrating when I want to be on my own.”

When this was unpicked it was revealed that staff came into the room to carry out observations and dispense medication.

How do you find the food provided?

Six of the residents we spoke to about food were satisfied with the range of choices available to them at mealtimes. They also complimented the quality of the food. They commented that it was consistently good.

“Lunch was really nice. I had the soup. There's always a good variety. The evening meals are just as good.”

One resident commented that they were sometimes unsure about what they had chosen for their meals because the staff would visit their room and then read the choices to them from the menu.

“I don't mind that they come and read the menu to me but it would be good if we could see what we were choosing rather than having it read to us. I know they come and ask what we want and make things as we like but I sometimes forget what I have asked for.”

They mentioned that it would help if there were menus available in their rooms so they could choose in advance. (Recommendation 3)

Relative feedback

Healthwatch received feedback from **one** relative during the visit.

They complimented the support and care that had been provided by the staff at the home and they:

“They are really good with the residents, I haven’t had any major problems.”

They discussed how some of the changes in the home had benefitted their relative although there were some elements of the home that they felt were in need of attention.

“The wifi is pretty patchy, some days it works and some days it doesn’t and that really gets to them (resident).”

Staff feedback

Healthwatch received feedback from **nine** staff members during the visit.



Do you have enough staff when on duty?

All staff members we spoke with were happy with the arrangements to cover resident care at the home, they felt that there was a good mix of staff on hand to provide care to the residents. It was mentioned that there had been some changes in the staff structure at the home and there were some areas that they were working on as a team, in order ensure compliance with regulations and monitoring of residents’ care.

“We work together and plan for annual leave and extra activities.”

They mentioned that there had been a change in management and there were actions being taken to address historic concerns about meeting resident's needs.

“We have developed action plans to ensure that staff are able to do the tasks they are supposed to do to make sure the residents get a good standard of care.”

Two members of staff explained how they would sometimes assist with the rest of the team to cover any sickness which was always appreciated by the rest of the team.

Do you feel supported to carry out a person-centred experience?

Several members of staff said that they were able to deliver a person centred experience to the residents, but that was sometimes challenging, due to the needs of the residents with more complex conditions.



“We know our residents really well, we know what they like and don’t like but there are times when they change their mind and that can be tricky to manage.”

One member of staff explained how the home has measures in place to help people with additional communication needs using care plans and viewing residents as individuals.

“There are a wide range of needs here. Even with Dementia, the needs and abilities vary from person to person so we must treat them individually.”

Examples were given about how the staff use one to one meetings with residents and relatives to amend care plans and tailor activities to their needs. It was mentioned that this is carried out on a regular basis and that they were live documents which could be amended as required.

Do you feel you have enough training to carry out your duties well?

All staff members spoken with, praised training processes that were in place to help them develop and improve the care they delivered. One member of staff commented that the one to one meetings were a good measure that had been implemented to help with development and discuss their experiences working at the home.

“I find the one to one meetings we have are good but I think they also need to be a space to address concerns, its not quite there yet.”

They mentioned that they had been more able to share recently but other members of staff didn’t feel the same. (Recommendation 5)

Are there any changes that can be made to improve the resident experience?

Three members of staff commented that they were experiencing challenges in relation to the delivery of food and drink were they were being encouraged to consider budgets in place of delivering what they felt was a good range of choice with food. (Recommendation 6)

“I think the budgets for meals and drinks needs a review because it feels like we are only just able to give the residents what they need at the moment. I think that’s an issue from higher up, not the management here, but the budget barely covers the costs and there doesn’t seem to be any movement from them on increasing the budget to maintain the standards we would like to offer residents.”

“This is a while ago, but I was told to think about the amount of coffee we are putting in the drinks as it was expensive. I didn’t think that was appropriate, but I didn’t argue.”

Any other comments

Throughout the visit, staff complimented their experiences working at the home. They commented on the management and support that was given to them to assist with their work and the way they have built up a positive relationship with residents. It was noticed that staff felt able to approach us and talk about their experience working at the home.

Recommendations

During our enter and view visit we spoke to staff, residents and relatives, and observed the care environment and facilities. Based on our observations, we have made the following recommendations:

1. Remove stone trip hazard by the front entrance ramp of the home.
2. Implement clear, consistent dementia signage around the home to help residents with navigation and identifying key rooms.
3. Add visual cues to the food menus and ensure they are available around the home for residents to access.
4. Work with staff, relatives and residents to identify and resolve WIFI connectivity issues in different areas of the home to prevent residents from becoming digitally excluded.
5. Work with staff to develop one to one meetings to give them the opportunity to provide feedback on service delivery.
6. Meet with staff to discuss concerns regarding budget pressures and processes for mealtimes.

Provider response

Recommendation	Action from provider	Timeframe
Remove stone trip hazard by the front entrance ramp of the home.	The ramp on the outside front entrance has not been reported as a safety concern previously so I'm told nor has this been a risk since my own post commenced as manager. Senior management are reluctant to remove this or adapt it as its not in our contingency, maintenance budget, there are far more pressing adaptations and improvements before I could possibly get anywhere with this recommendation but I will keep it on my environmental action plan for possible action in the future.	
Implement clear, consistent dementia signage around the home to help residents with navigation and identifying key rooms.	This is something that we have been preparing for, I have 2 activity co-ordinators who are going to be completing specialist Dementia NVQ training and in the meantime they are researching products and aids that could support us with this action.	
Add visual cues to the food menus and ensure they are available around the home for residents to access.	This action has been completed, and we now have a picture menu located in 2 areas of the service, one in the activity room and one next to the central information board near the kitchen, residents have already fed back that they are happy with this.	
Work with staff, relatives and residents to identify and resolve WIFI connectivity issues in different areas of the home to prevent residents from becoming digitally excluded.	We do sometimes have some issues in certain areas of the building but this issue has been addressed previously and the WIFI loss is intermittent, I have put this forward to senior management and has not been raised as an issue previously, as I don't deal with the utilities as such I have placed this on our action plan but I have been informed that we are on the fastest that our provider can offer and its unlikely to be completely free from issues as we	

	have the appropriate signal boxes around the home.	
Work with staff to develop one to one meetings to give them the opportunity to provide feedback on service delivery.	This is already Implemented and deeply embedded, sometimes staff do miss "One to One" meetings but this is usually due to time off or sickness, I have fully completed my tracker and there were 2 staff overdue but aside from this staff do meet with managers regularly to have a catch up and are regularly informed that they can call a supervision at any time they request, I will continue to ensure the whole team are aware of this.	
Meet with staff to discuss concerns regarding budget pressures and processes for meal times.	As a service we do manage our food budget well and put a wide variety of healthy balanced diets and residents are regularly involved in the planning of these meals within their tenants' meetings. The kitchen has not had a head cook as she had to leave suddenly a couple of months ago, however we have successfully recruited a new head cook with whom we will be working to come up with improved menus, shopping process's etc and we will continue to involve the residents in planning the menus etc.	

Any other comments?

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