healthwatch Wirral

Healthwatch Wirral

Enter & View Visit to Hillgrove Residential Home
79 Eleanor Road, Bidston, Wirral, CH43 7QW

Authorised Representatives: Jacqueline Canning, David McGaw, Luke Blundell

Date of Visit:
15 October 2025

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Site Introduction

Hillgrove Residential Care Home is located in an exclusive residential area of Wirral overlooking Bidston Hill. It provides specialist personalised care for male and female residents with varying degrees of dementia (image and introduction from Mayflower Care Homes website)

Name of Care Home: Hillgrove Residential Care Home
Name of Owner: Eleanor Charsley
Care Home email: ch.hillgrove@nhs.net
Care Home phone number: 0151 652 1708
Healthwatch Wirral Representatives: Jacqueline Canning, David McGaw, Luke Blundell.

Acknowledgement

Healthwatch Wirral would like to thank the Care Home staff, residents and families for their cooperation during our visit.

Foundations of Quality

Foundations of Quality Improvement should always have what patients tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved and valued at each and every part of the journey. We should all feel confident that we are either giving or receiving quality care.'

Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System

What is Enter and View?

Healthwatch has statutory powers and duties to carry out Enter and View visits to any site where regulated care is given. Local Healthwatch Authorised Representatives carry out these visits to health and social care services to find out how they are being run and can make recommendations where there are areas for improvement.

Section 221 of the Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP Practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who use, or provide, the service first-hand.

Healthwatch can also be invited in by providers to seek a 'fresh pair of eyes' on their service and gain some external assurances that they are on the right track prior to their CQC inspections.

Disclaimer

The contents of this report are based on what the residents, visitors, staff and the Manager told Healthwatch Wirral Authorised Representatives. The information within this report does not recommend or advocate on behalf of any service. Individuals should use a variety of information, such as CQC reports, when making decisions on where to reside and/or where to obtain care.

E&V visits are risk-assessed and planned well in advance. Where situations occur, such as unannounced CQC visits, Infection Prevention and Control issues (IPC), bereavement, safeguarding or suspension of the service for whatever reason – HWW's visit and, ultimately, reporting processes may be affected.

Every endeavour will be made to provide balanced feedback before leaving premises. If reflections from the HWWARs raise issues that were not addressed at the end of the visit, then a follow-up call will be placed to advise the Provider before the report is published.

Purpose of Visit

This visit is not designed to be an inspection, audit, or investigation, rather it is an opportunity for Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to staff and service users and carers /relatives. The visits are a snapshot view of the service and what we observed at the time of the visit.

Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. If during a visit, Healthwatch Wirral considers there may be a serious concern then this will be referred to the appropriate regulator. This also applies if we have safeguarding concerns and these will be referred to the Local Authority or Commissioner for investigation and our visit will cease with immediate effect.

Once the report has been drafted by Healthwatch Authorised Representatives it will be sent to the provider which is the provider's opportunity to add their comments and which will be added verbatim to this report. After twenty days the report will be published.

What Healthwatch Wirral Authorised Representatives (HWWAR) observed and were informed of during the visit

Environment – what we observed and were told

Hillgrove Residential Care Home is a large, detached house with three floors which is approached down a steep drive to the front entrance door. There were large bushes and trees surrounding the property which appeared looked after, and a metal fire escape was on the right side of the property. The entrance to the property features a compact vestibule that opens into the main corridor. Car parking is available on the main road.

We were welcomed by the Deputy Manager and asked to sign-in. We were not offered any hand sanitiser or asked to wash our hands; we informed the Deputy Manager of this at the time of our arrival. We noted and informed the Deputy Manager that there was no emergency signage in the main hallway, and suggested this should be reviewed.

The Deputy Manager told us they are currently refurbishing the outside of the building and having a new roof installed. They also said they have created two additional bedrooms on the upper floor, had two new wet rooms and a new sluice room installed, and had an office converted into a residents' sitting room. Other bedrooms were in the process of being updated with new furnishings.

The Deputy Manager added that new windows had been installed throughout the second floor.

They told us that the capacity of the Care Home is 23 residents, but they only had 21 residents in the Home at the time we visited. The Deputy Manager also said the installation of the two new bedrooms will increase resident capacity to 25.

We were informed they have 17 staff, allocated thus:

- Day shift: 7, which includes a Deputy Manager as a step-in. There are 3 HCAs and no RGNs. This is a ratio of 3:20 staff to residents.

- Night shift: 2 staff, plus on-call and added sleep-in. This is a ratio of 2:20 staff to residents.

None of the bedrooms were ensuite. We were told there are no plans to convert bedrooms to incorporate ensuite facilities.

We noted the corridor had posters and pictures. Doors and signs recently installed appeared to be appropriate for residents who have dementia, however, other information, such as menus, could be adapted, which we advised the Deputy Manager of at the time of visit.

The Deputy Manager told us that residents are encouraged to personalise their rooms with pictures, and may bring their own television if they wish.

There were wet rooms with showers installed on all floors, and one bathroom with a tilting electric-controlled bath. This device had been inspected and passed in September 2025, with an up-to-date certificate on display.

Toilets had a mixture of privacy locks, which led to potentially not knowing whether they were vacant or in-use; this issue was highlighted to staff.

We were told that residents are able to walk freely around the Home. Access to upper and lower staircases were restricted using stairgates. The Deputy Manager told us that some residents have access to the stairs.

Evac-Slides were available, and a staff member told us they had been trained in their use.

There was a small access-controlled lift serving all floors, which appeared in good condition.

The kitchen was located in the basement and had a 5-star hygiene rating dated February 2025. The kitchen looked in good, clean condition, and was equipped with stainless steel sinks, a dishwasher, a fridge and freezer, all of which appeared in good condition.

We were told the monthly menu had resident input, and that alternatives could be provided on the day if required.

We noted there were limited pictures on the menu on the day of the visit. However, we were informed by staff that new pictorial menus were being made available soon.

The laundry room, adjacent to the kitchen, had industrial washing machines and a large dryer. The laundry system consisted of individual laundry baskets with residents' clothes having names sewn or marked in them. Ventilation was provided by electric fan and by opening a window.

The dining room was spacious, clean and well lit. Dining room furniture looked clean and robust.

We were told residents had the use of two lounges, with one having a security door leading to the outside large patio area that had tables and chairs.

This outdoor area has been securely fenced off to restrict access to the remainder of the rear garden, which featured a steep downward slope. Access to the outside patio area was by two steps which may restrict usage for residents. A suggestion from HWWARs was made to the Deputy Manager for installing a more accessible ramp to improve access to the patio area.

The Deputy Manager told us that they had gates, sensor mats and cameras for safety purposes.

The medicine trolley was stored in one of the lounges, and included handheld temperature monitoring. The temperature readings were recorded on a log sheet, which HWWARs noted at the time of the visit had not been recorded for the previous 5 days. The Deputy Manager was informed.

On leaving the premises, HWWARs suggested to the Deputy Manager that emergency signage, and the difficulties with ingress and egress at the main front door, should be reviewed.

Health and Wellbeing

GP and Dental Access

The Deputy Manager told us that all residents and their families are informed of GP registration options at the time they are registered with the Care Home. They said the Care Home has a weekly attendance from an Advanced Nurse Practitioner from Claughton Medical Centre, with which the staff have a good relationship, and feel at ease to call if they have any concerns about residents.

A District Nurse also attends the Home when required.

The Deputy Manager added they use Clarkes Pharmacy, which is based in Liverpool. They said they had recently changed pharmacies and moved to Electronic Medication Administration Record (eMAR) systems.

They had recently switched from *Atlas*'s eMAR system to *Camascope*'s eMAR system, which was described as an improvement. However, they added they have had issues with the eMAR system and with signing-in of medication, so they are moving to another eMAR system at the next cycle.

They have also experienced issues with deliveries of mid-month and acute medication; this has been discussed with the pharmacy and GP Practice, and the GP Practice has now implemented a new form for care homes to order mid-month medication.

The Deputy Manager said residents are informed that they can use their own dentist or register with a local dentist, as and when needed. Some residents do have their own dentist. As residents are not privately funded, some are not in a position to pay for dental care. We were told that, on occasions, the staff take residents for private dental treatment at the Home's cost, for small issues such as toothache. They also had, on occasion, referred through to the hospital for dental care, where a resident had more complex dental needs.

The Deputy Manager told us that OT assessments had resulted in updated equipment being installed, and that there were no recorded pressure incidents recorded at the time of the visit.

Safeguarding

The Deputy Manager told us they have had Safeguarding Referrals reported to the LA in the last 12 months, none of which were upheld. The Deputy Manager told us that they were alert and proactively addressing an increase in falls in the past year.

They added that all falls were reported to the Falls Team, who have helped with advice and learning - such as

- updating the buzzer/call-bell system with integrated assistive technology*
- face to face manual handling training for staff
- OT assessments
- new mobility aids.

*The Home's medical buzzer/call-bell system now connects with fall sensor maps within the system. They also use the *Safe Step* app which shows falls history and patterns.

The mobility equipment supplier, Medequip, is informed to collect items when mobility aid equipment is no longer needed.

The Deputy Manager added they had previously emailed Safeguarding alerts, but now use an online portal system to report alerts. The Deputy Manager said all falls are recorded on their electronic care system and they complete a monthly falls audit.

Care Plans

The Deputy Manager told us they obtain as much information as possible about residents on admission and encourage resident's families to input into care planning. They added that care plans are reviewed monthly or if any changes occur, such as falls or hospital admissions, and families are informed and engaged-with following reviews. Care plans are updated using an electronic system supplied by *Person Centred Software Ltd*. The Deputy Manager described the system as a useful auditing tool, having three specific devices for accessing records, with reminders for daily encouragement to walk, or to plan days ahead of time, for example.

Infection Prevention Control

The Deputy Manager told us that they have no general issues with hospital admission and discharge. They check with hospital staff at discharge of any known infections or other symptoms of illnesses on the hospital ward. They also carry out observations when residents return to the Care Home. They added that if any infections are identified they follow a set of procedures, which may include all staff using full PPE.

Urinary Tract Infection (UTI) Control

The Deputy Manager said staff observe residents when assisting with bathroom matters, and consider observable changes in urine and in resident's behaviour. If staff have concerns about UTIs, they contact the GP. The Deputy Manager told us that some, but not all, staff have attended *Dip or not to Dip* training.

General

The Deputy Manager said resident activity is planned ahead by staff, with resident input. HWWARs suggested considering using (DBS checked) volunteers to support with knit-and-natter and crafting sessions, previously noted by HWWARs amongst best practice at other care homes.

Complaints

The Deputy Manager told us they have a complaints policy that HWW have had sight of and which is displayed on the notice board. They said they inform commissioners and stakeholders if complaints are upheld and of the outcomes.

Resident Engagement

We engaged with a number of residents who all appeared alert and looking forward to the activity which was planned for that afternoon.

Families

We were informed that the Care Home sends out monthly newsletters to families and has an open-door policy to discuss issues as they may arise.

We were told that the organisation *N-Compass* advocates for the many residents who don't have family members.

The Deputy Manager also mentioned that they occasionally hold family days. They had local activity-provider *A-Z Safari Party* attend with animals within the last year, and they hold an annual picnic and strawberry day.

Staff Engagement

Of the staff we spoke with, most had worked for the Care Home for a long time and told us they could see the benefits of the positive changes the owners had been making to the building and to the décor. We were told that most staff lived locally.

The Deputy Manager told us that staff supervision is completed every 6-8 weeks and appraisals are every year. They added, staff training includes:

Online training –

Fire safety
infection control
DoLS
MCA
Communication
behaviours which challenge
Dementia
manual handling
foot safety
nutrition and diet
First aid
equality and diversity
COSHH
oral hygiene
autism
confidentiality
safeguarding
Diabetes
death and dying
pressure care
person-centred care.

In house training –

First aid	fire marshalling
manual handling	falls prevention

Dementia training is booked for completion soon.

They said staff have also completed the *6 steps training* with an up-to-date certificate.

Family Engagement

We engaged with some family members during our visit, who were happy to speak with us and said their loved ones were very happy in the Home.

Community or Other Support

The Deputy Manager said they have good experiences when using the Urgent Response Team. They also use the Teletriage Service and have always found it responsive and helpful.

Plans Moving Forward

As previously mentioned in the Health and Wellbeing section, the Deputy Manager told us they will be changing their electronic medication systems in next medication cycle and will be using online portals for reporting care concerns and safeguarding. They added they are looking into increasing staff ratios during night shifts and they are identifying areas where having extra staff would be of benefit.

It was reiterated that refurbishment of the premises remains in progress.

We asked "How do you feel your processes and systems keep your residents and staff safe?", the Deputy Manager replied that they feel they are safe and they added that they listen to staff to improve the systems in place and have reorganised the staff daily duties to reflect the needs of the residents and staff.

We asked "Do you feel your processes and systems are robust enough and are you striving to make improvements?", the Deputy Manager informed us they are always striving to make improvements and welcome any feedback, including from residents, staff and families. They also attend the LA Residential Care Home Forum.

Recommendations

- Review emergency and other signage to ensure it is appropriate for those people who have dementia
- Ensure all visitors use hand sanitizer or wash hands
- Change privacy locks on toilets so all are the same
- Consider alternatives other than gates on stairs
- Consider improving access at front door area
- Improve access to rear garden area
- Ensure medication temperature monitoring is regularly updated and inputted correctly.

Conclusion

The Care Home appeared clean and friendly. Residents appeared alert, engaged and ready to enjoy an activity. The owners appear to be investing time and money in improving and refurbishing the Care Home.

We suggest that our recommendations are considered, and we look forward to visiting you again once improvements are made.

Glossary

COSHH	Control of Substances Hazardous to Health
CQC	Care Quality Commission
DBS	Disclosure & Barring Service
DoLS	Deprivation of Liberty Safeguards
ECIST	Emergency Care Improvement Support Team
eMAR	Electronic Medication Administration Record (system)
Evac-Slide	Specialist equipment that allows staff to help people with mobility issues safely exit a building during an emergency evacuation.
GP	General Practitioner
HCA	Health Care Assistant
HWWAR	Healthwatch Wirral Authorised Representative
HWW	Healthwatch Wirral
IPC	Infection Prevention Control
LA	Local Authority
MCA	Mental Capacity Act
NHS	National Health Service
OT	Occupational Therapist
PPE	Personal Protective Equipment
RGN	Registered General Nurse
RM	Registered Manager
UTI	Urinary Tract Infection.

Distribution

Healthwatch Wirral submit the report to the provider for comment, and once received and added to the report, the report will be sent to the Commissioner and CQC. Healthwatch Wirral publish all Enter & View reports on its website and submit to Healthwatch England in the public interest.

Comment box

Thank you for your report for Hillgrove. It was a pleasure to show you Hillgrove, to show you the improvements we have made in the past 12 months. The recommendations you made have now been implemented.

Hand gel is now in place by front door and on each floor.

We have new signage now for fire exits, etc.

The front door, which has a keycode, disables when the fire alarm is sounded and the door can be opened.

We have ordered new locks for the toilets now and the handyman is booked to do them next week [w/c 03 Nov 25].

We are still looking at ways to make the home more dementia friendly and our Deputy Manager has a subscription for Care Quality Matters which advises on good practice and the latest legislations.

Measuring Social Value

Social Value is a broader understanding of value. It moves beyond using money as the main indicator of value, instead putting the emphasis on engaging people to understand the impact of decisions on their lives. The people's perspective is critical.

Organisations will always create good and bad experiences, but on balance should aim to create a net positive impact in the present and for a sustainable future. They should measure their impacts and use this understanding to make better decisions for people.

Social Value UK, 2024

How Healthwatch Wirral demonstrates Social Value: -

Healthwatch Wirral (HWW) is dedicated to ensuring how Providers meet Social Value standards. Our social value commitments aim to put people's perspectives first when supporting vulnerable individuals, economic pressures, and promoting environmental sustainability.

Vulnerable People, Economic Pressures, and Environmental Sustainability

People experience vulnerability at different points in their lives, which can increase and decrease over time. During our Enter and View (E&V) visits, we aim to understand the needs of vulnerable people who live in Care or Residential Homes.

During our visits, we discuss with the Providers their training practices, how they support both staff and families, and where they would signpost or refer to when supporting a person's clinical or non-clinical needs. We offer suggestions and recommendations to help ensure the Provider is utilising all available care and support resources. Our aim is to ensure that residents are allocated the right care at the right time, and to avoid unnecessary trips to A&E if the situation can be managed effectively for the person where they live.

By utilising our knowledge of the care system, we can assist Providers and members of the public in navigating what can appear like a complicated system. This includes directing them to the appropriate services like the Urgent Community Response Team, or GP Enhanced Access appointments, etc.

Providing the correct care in the right place and time can ensure a positive experience for residents while reducing pressures on the health and care system. Effective communication between providers, carers, and residents (such as promoting available clinical and non-clinical services) enables Care Providers to utilise the support they need more effectively.

HWW promotes Wirral InfoBank which provides an online directory of provisions available across all sectors (clinical and non-clinical). We also promote HWW's Feedback Centre to ensure people can leave feedback about their experiences. This helps influence the design, commissioning, and deliverance of care to better reflect the needs of the community.

HWW ensures it is as paperless as possible. However, it is vital that everyone gets information in a format that is suitable to them. Our website is available in different languages and audio, and we share Public Health's commitment to addressing inequalities by providing documentation in different formats and languages.

We have adopted a culture of seeking assurances in relation to: -

- Quality and Equality of care.
- Clinical and non-clinical support and treatment.
- Equality Impact Assessments.
- Coproduction and integrated commissioning.

We engage health and care Commissioners and Providers in discussions about how effectively they collaborate to deliver integrated, seamless care and support for patients, families, carers, and the workforce. Coproduction is integral to achieving meaningful social value.

We prioritise using local services and providers for all our administration, office and operational needs, ensuring that our finances are spent locally. Whenever possible, we utilise free premises and have sponsored local sports clubs for women and children. Additionally, we support HWW staff by being Mindful Employers and providing equipment to meet the needs of individuals.

Healthwatch Wirral CIC 2024.