

Broadway Nursing Home



Have your say



Enter and View Report – October 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 usually last 2 hours and as such can only 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: Broadway Nursing & Residential Home

Address: 22-32 Flemington Ave, Liverpool, L4 8UD

The Date of the Enter and View Visit: Wednesday 8th October 2025, 10am-12pm

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

- Terry Ferguson, Engagement and Project Officer
- Inez Bootsgezel, Engagement and Project Officer

This was an announced visit.

We would like to thank Broadway Nursing Home 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 Broadway Nursing Home 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

Broadway Nursing and Residential Care Home is owned by Flightcare Limited, which kept the 'We Care Group' name. The company owns other care homes in the North West and Yorkshire.

The home has 2 distinct units, a large 45-bedroom unit for general nursing care and a smaller 18-bedroom unit for general residential care. During this visit, we focused on the nursing unit; we only caught glimpses of the residential unit as we were leaving.

The home is situated in an old, converted school with several single-storey buildings in the L4 area of North Liverpool. The home can accommodate couples due to the large-sized bedrooms available, and some of the rooms have en-suite facilities.

At the time of our visit, the home had 3 empty rooms; we were told that two families were due to attend that same day to have a look around. The home charges top-up fees of around £40 a week, but the manager told us this can be adjusted in emergency situations. Costs are not based on whether a room has ensuite facilities available. Residents can request to change rooms if availability allows.

Discussion with the manager

We were met by the manager, who told us she had been managing the home for 5 years and had been in management roles in the care sector for over 10 years. She was positive about the owners, stating that "*we work for a good company, they look after us*".

Staffing

We were advised there were roughly 71 staff members in total across both units at the time of our visit. This included nurses, carers and domestic and maintenance staff. Management advised that staffing levels are based on the use of a dependency tool.

On the residential unit, a standard day shift is covered by 1 senior carer, 1 activities coordinator, 2 carers on a long day shift and 1 on a shorter shift providing cross-over. There are 2 cleaners and a deputy manager who is a qualified CHAPs (care home assistant practitioner) who works Monday to Friday on the residential side.

On the larger nursing unit, a standard day shift is covered by 1 or 2 nurses, as well as the manager, who is a registered nurse herself. In addition, there will be 7 care staff, 1 activities coordinator, and 3 cleaners. If there is one nurse on shift, there will be a senior carer too.

During night shifts, the residential unit has 1 senior carer plus a care worker, while night shifts on the nursing unit are covered by a nurse, 1 senior carer and 4 carers.

We were told that 3 of the residents had 1-2-1 staff cover for at least some of the time, and one of these residents had 24-hour 1-2-1 cover.

We also spoke with one of the nurses, who said they were happy with staffing numbers. She said the home does use agency staff, but most times, existing staff pick up any extra shift cover, so they don't have to rely on agency staff often. The nurse said that having the same permanent staff on duty provides a better experience for the residents and added "*we are their advocates*".

She said that several staff have worked at the home for a long time, with some having worked there for 35 years and others until retirement. She said that "*Benedicta is great as a manager*".

GP care

New residents are registered with the home's designated practice, Langbank Medical Centre, unless their current GP practice is also part of North Liverpool Primary Care Network, in which case residents can remain at their old practice if they want to.

Management described the relationship with Langbank Medical Centre as 'up and down' as they say they will advocate strongly for their residents "*If I feel patient care is compromised, I will scream and shout until we get what I want*".

Staff said they had to fight to get weekly multi-disciplinary meetings off the ground; these were now in place and attended by a "*junior doctor*" from the GP practice, pharmacists, social workers and community matrons. The manager told us the home now has a direct phone number to contact the GP practice, which has improved the service as home staff no longer have to hold the line for appointments.

Pharmacy

The home uses Allison's Chemist, described as a smaller pharmacy; we were told the relationship with the pharmacy is working well, as they can contact them easily.

Dentist

The home had been struggling with NHS dental access as the dentist from Sheil Road who used to attend had been on sick leave for many months. In consequence, staff got tied up chasing care that is not readily available, and when offered, it was not appropriate, as residents may need an ambulance to get there. The manager added that they don't have a massive demand for dental services, which makes the difficulty of obtaining dental care for nursing homes even more confusing.

Immedicare/Telemeds

The manager described Immedicare as "*great and it's working really well, we use them all the time and only use III if Telemeds is down*".

Community matrons:

Management praised their community matron Jane Hulme, saying *“Amazing, anytime we can pick up the phone to her, she is really good and looks after people. She pops in any time of the week to check on them and will fast-track residents as needed”*.

Mental health support

We received mixed feedback about the mental health support available to residents, with the manager describing the services as *“overstretched”*. They explained how there can be a grey area for Mental health services; the home has to go through the GP first to rule out any physical causes, which can lead to waits of well over 6 months to get Mental Health care. Medication reviews can add extra time to this process. The manager felt that the home’s residents were not seen as a priority, as Broadway is not an Elderly Mentally Infirm (EMI) unit.

End of life care

The manager explained how the process for administering end-of-life medication had changed as the responsibility had been moved to the District Nursing (DN) team more than a year before. This had expanded DN workloads; DNs could not immediately attend, and the manager described situations where staff had to simply watch residents in pain until a DN could attend:

“You wouldn’t want your mum to be in pain and it’s painful for us to watch” adding *“I could do this, I’m a nurse”*.

The manager described how there had been occasions where family members had to watch relatives passing away in pain and that as a nurse *“we would love to help them. The current system is not working well”*.

The home had been sent links to an online training portal for end-of-life care last year, but even dedicated NHS IT systems staff could not get the care home staff on this system, as it had been designed for the sole use of NHS employees. The manager said that any return training needed to include face-to-face training, as nursing staff may have been de-skilled by having end-of-life medication responsibilities removed so suddenly.

We also spoke with one of the nurses about the situation with end-of-life medication, who said that the District Nurses were a brilliant help, and that it took some of the pressure off care home staff. She gave an example when two residents were on end-of-life medication at the same time; District Nurses set up the syringe drivers (a small battery-powered pump which gives a steady flow of medication), which had freed up the care home’s nurses to complete their other responsibilities. The nurse added that there is added support for really busy nursing homes from the DN teams, and a phone line where district nurses can be reached 24/7 with no problems.

Hospital admission and discharge

Broadway care home residents mostly use Aintree University Hospital. We were told that *“Discharge from the hospital is terrible and we are always having to chase medication and DNAR (‘Do Not Attempt Resuscitation’) forms. I don’t remember ever getting a correct discharge. It feels like people are discharged*

early and we have had one resident who had to go back (to hospital) the next day”.

We were also given an example of the home receiving a discharge letter and instructions for the wrong person. Broadway staff go to the hospital regularly as part of the home’s pre-admission checks, and we were told that some wards are better than others; on some wards where the staff were mostly agency and/or transferred from other areas they had no understanding of the patient that they were discussing.

The manager described the difficulty in having to chase up poor discharges and that they have no direct contact methods for wards that they need to contact. They discussed the impact that this can have on staff having to hold on phone lines, preventing them from carrying out their duties.

Visiting

Management advised that families can visit their loved ones at any time, but relatives are made aware of the busier times that are best avoided if possible. There are protected mealtimes in the dining room area to prevent too many distractions for residents, but families are welcome to visit their loved ones in other areas during this time.

Getting to know residents

We were told that the process for getting to know residents begins at pre-admission. As well as the information from the GP and or hospitals, care home staff will create a ‘life story’ with the new resident and if possible, their family.

Activities

We met with the nursing unit’s activities coordinator, who works Monday to Friday. We were shown the activities planner, which had activities organised for weekdays, but none listed for weekends. Most of the residents on the nursing unit are not independently mobile; the majority use a wheelchair or are bedbound, so activities need to be tailored.

The activities coordinator told us that there usually is a group activity in the mornings and 1-1 activities in the afternoons for residents who are bed-bound or prefer to do things on their own.

We saw two large tablet computers on wheels, but we were told that these were quite old and slow, so they were rarely used. However, the home has access to the Oomph activities platform via a laptop and can connect this to the television or use it for 1-1 activities.

We were told about arts and crafts activities and were shown that residents had recently been pressing leaves to create decorations. We saw some of the residents’ artworks on display in the dining area.

The home does not have its own mini-van and the activities coordinator explained that, due to the residents’ health, it is rare for trips to take place. Some residents occasionally go to shops or for a pub lunch with volunteers; this is more likely to happen on the residential unit.

We were told that a local school choir visits in December, and at the end of November, the home's Christmas decorations go up.

Finally, we were told by other staff that the activities coordinator can speak the same language as one of the residents who speaks very little English; this has helped staff to communicate with this resident.

Food

We were told that the home employs 2 qualified chefs and a kitchen assistant. The type of food served was described as traditional dishes and old school favourites such as roast dinners and cooked breakfasts.

We received mixed feedback about the quality and choice of food on offer at Broadway Nursing home. The manager told us that the menu needs updating and they had intended to 'revamp' the menu for a while. They added that they are going to ask residents for ideas and are looking at integrating activities into the process.

There was some confusion over whether there was a takeaway night arranged for residents or whether the chefs cooked their own version of a takeaway-style meal. One of the residents told us they would like to take part in a takeaway order from outside restaurants every now and again, adding that it would make Broadway feel more like home, as that is what they and their family used to do.

We discussed takeaway ideas with the manager; they mentioned that one resident's family already brings them a takeaway every week.

Observations

During our visit we had a look at communal areas on the nursing unit. We also caught a brief glimpse of some communal areas on the residential unit as we were passing through.

Dining room

The dining room was large with lots of space and bright windows, and this was one of the few communal areas that we felt looked to be more personalised and 'homely'.

The tables had condiments, tablecloths and small vases with flowers in place. The kitchen area had a serving hatch and looked well organised inside, and allowed for staff to keep hot food trays safely away from harm. This kitchen/serving area is a good example of dementia friendly design in the building.

There were clear personalised visual menus in place for the week's menus that made it easier for people to engage with. There were artworks and activities that the residents had created on display, and a large TV and radio available.

Lounge/activity room

The lounge was in the former school assembly room with a raised platform/ stage at one end for performances and choirs. This room was bright with large windows letting in lots of natural light. Large decorative chandeliers added more light to the room and looked impressive, but the room still felt very much like the school assembly hall it had once been.

We noticed some decorations in the room, including a visual activities planner that was colourful and had a dementia friendly design, but the furniture in the room seemed to be clinical and more appropriate for a waiting room, e.g. many chairs had wooden armrests. A long wooden table provided space for doing activities like crafts, etc.

There was a large television screen on one wall; during our visit, a film was being shown, and residents had been seated in rows as if they were in a cinema. Due to the large open design of this room, sound echoed very badly, and when one resident became quite vocal, it was difficult to hear the activities coordinator talking to me while standing next to them.

Altogether, we felt this room did not feel particularly homely or comfortable and that the dining room area was much more welcoming.

Bedrooms

The bedrooms came in various sizes but were all very large; many had been old classrooms. Most bedrooms we saw were personalised and decorated to a good standard. We did notice that several of the bedroom floors could do with sweeping and mopping. We were told that residents can bring their own furniture from home if they so choose, and bedrooms were spacious enough compared to many other care homes to be able to do so.

We noticed that the individual resident's key worker details were displayed in residents' bedrooms, helping relatives as well as the resident to know who their keyworkers are.

The bedroom doors looked like residential home front doors and were painted in different colours that we were told residents can choose for themselves. This is a good example of dementia friendly design as it can help residents to find their way around the home.

Corridors in nursing unit

As the building used to be a school, the corridors were wide with painted walls. Wooden handrails to assist residents in moving around stood out from the upper walls. We noticed that the paint in many places looked scuffed and chipped, especially on the handrails, and in some cases seemed stained. There was little decoration that we saw in the hallways, bar one picture outside the manager's office, and this made for a more institutional-looking environment that did not seem particularly homely.

The hallway floor looked dirty and marked in various areas, although we did see two cleaners on duty. We felt that there were several issues linked to health and safety in the hallways, which we raised with the manager:

- Dishes with cat food and water were on the floor, not raised, and could be a potential trip hazard to residents. Despite being told the cat goes outside and does not use a litter tray, we noticed a litterbox which was left centrally on the floor and next to a radiator.
- We saw a brown stain or smear on top of one of the radiators. We also noticed an apparently used disposable white rubber glove left on top of a radiator outside of the activities room, but we were pleased to see that when we returned to this area 10 minutes later, that glove had been removed. We also noticed a can of shaving foam and a wash bag had been left on one of the hallway radiators.
- In a recess by a bench off the main corridor, there were multiple bin bags and cardboard on the floor. A large metal ladder had been left leaning against the wall and bench, which could present a trip hazard. In this area, a jacket had been left hanging off a handrail, trailing down to the floor, presenting a trip hazard.

- We saw either curtains or bedsheets hung up over the handrails in another recessed area, again presenting a trip hazard.
- We saw a transfer board leaning against a wall outside someone's room as staff were going to use it, and they removed it when management pointed out the item.
- At one far end of the corridors towards the residential unit, there were multiple hoists/equipment lined up, which, although more out of the way, could present a trip hazard.

Bathrooms/toilets

There were clear signs on the doors of toilets and bathrooms, making them easy to locate. We saw inside one of the bathrooms which was spacious and clean. The toilet seat was bright red and clearly distinguishable.

Laundry room

The laundry room had shelves with individual baskets for residents' laundry. We were told that all clothes were labelled with permanent markers. A member of staff working in the laundry room told us she felt there was good teamwork in the home, and that staff help each other.

Residential building

We briefly walked through the residential unit on our way out. The main hallway of the residential unit was decorated with large murals of local icons that made the area a lot more pleasant. There was still little evidence of any staff or residents' input on decoration, as we have seen in most care homes. Things like framed pictures, ornaments, and artwork were not seen by us during the visit.

The start of the residential hallway had a smell of urine that was noticed by the manager, and they asked staff to clean the area.

The end of the residential hallway had wet floor signs up, but no staff were waiting in the area. The floor was significantly wet with visible water in areas. We saw two residents in slippers who were using the corridor; the wet floor may have presented a hazard, as the residents appeared to be a little confused when we warned them about the floor and seemed unable to retain the information.

There was a noticeable pool of liquid on the floor of a bedroom that we saw while walking past.

In the main lounge, an unattended ladder was set up near the windows, with residents using the area. There was one lone staff member in the room who was speaking to another resident with their back to the ladder.

On the home's social media page, we saw evidence that this ladder had been left leaning against the wall/radiator in this room on multiple occasions and could present a hazard to residents.

Feedback from residents.

Healthwatch spoke with one resident.

Feedback from resident

(What do you like about Broadway?)

"I think it's the staff, they are always there when you need them and I have a buzzer to call them. They are very friendly and always give a wave when they are walking past."

"Staff are very good. Some of them are better than others. They are very busy, there is lots of people here. I think they are doing their best".

"I don't like the night as much as they seem to have more agency staff, so you don't feel the same connection whereas the girls during the day know me and my family. "

(About food)

"It's alright. Food is not bad; you get 2 choices and other options like smaller meals. I get milk when I want.

(About activities)

"I'm alright, I'm quite independent and like to watch my TV and I have my remote. The activities coordinator does come in every day and asks if I want to this and that even though I always say no, she says she's not giving up on me."

Summary and recommendations

Summary

It is important to note that our enter and view visits are one-off snapshots of a service, and we can only describe what we saw on the day. During our short two-hour visit to Broadway Nursing and Residential home, we felt that the environment could do with more maintenance and a focus on cleaning and tidying.

The flooring throughout the nursing section did not look clean. The flooring did not in itself present a trip hazard, but there were multiple bin bags left on the floor as well as potential trip hazards such as jackets hanging on railings, and cat food bowls and a litter tray on the floor. Several bedrooms looked like they had not been cleaned yet with debris on the floor.

The corridor walls throughout the nursing unit looked marked and not clean in some parts, as did the radiator covers. This could be from equipment bashing into walls in some cases, but there was definite staining as well. There was also a lot of equipment left at the end of one corridor that narrows the hallway.

This inattention to detail was mirrored in the residential building where although the corridor walls looked recently decorated and clean, there was a significantly wet floor in a communal corridor, a pool of liquid on the floor in a bedroom and a ladder left unattended in a communal area.

As Broadway Nursing and Residential Home is housed in an old school building there will be some limitations to what can be changed in the home's environment. We did feel that many of the communal areas could be much more personalised. The communal lounge/activities area felt cavernous and possibly overwhelming due to its open layout and clinical furniture.

We did see some positives during our visit as well, such as dementia-friendly design choices in the use of residential-style front doors on residents' bedrooms and the clear display of the names of each resident's key worker.

We also felt that the dining room area in the nursing building felt much nicer and well-maintained than other areas and had some personalisation and decoration that the residents had created.

Recommendations

We make the following recommendations for Broadway Nursing and Residential home

- A focus on cleanliness and maintenance in the main hallways of the home. Make staff aware of the potential dangers of having trip hazards on the floor.

- A focus on personalising the communal areas and hallways. Framed photographs and residents' artwork would help the areas feel more homely. There are already positive examples of this in the nursing dining area.

Positives and good practice

We found during our visit to Broadway Nursing and Residential home examples of positives and good practice, which included but were not limited to:

- Good examples of Dementia Friendly design found in the home, such as the multi coloured residential style doors on people's rooms and clear information on key workers.

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

Healthwatch Liverpool **Liverpool**
151 Dale Street
Liverpool
L2 2AH

www.healthwatchliverpool.co.uk

t: 0300 77 77 007

e: enquiries@healthwatchliverpool.co.uk

 [@HW_Liverpool](https://twitter.com/@HW_Liverpool)

 [Facebook.com/HWLiverpool](https://www.facebook.com/HWLiverpool)