

Church View



Have your say

Enter and View Report, September 2025



Introduction

What is an Enter and View visit?

Healthwatch Liverpool has powers to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care. Enter and View visits are carried out by small teams of trained members of our staff and volunteers to observe a health and social care service at work, for example at a GP practice, a care home, or a hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

What happens during an Enter and View visit?

During an Enter and View visit we talk to people using the service, whether patients or residents, and to friends and relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. We also observe the service. We write up our observations and the feedback we receive and publish it as a report. Our report is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate.

If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

Our visits give us a 'snapshot' of a service. We are always grateful for feedback from residents, relatives and other visitors to be able to get a fuller picture. You can leave feedback via telephone on 0300 77 77 007, or email engagement@healthwatchliverpool.co.uk. Alternatively, you can contact us via: www.healthwatchliverpool.co.uk/have-your-say

Details of the Enter and View Visit:

Name of the service visited: Church View

Address: Green Lane, Liverpool, Merseyside, L13 7EB

The Date of the Enter and View Visit: 24/09/2025

The members of the Healthwatch Enter and View Team that 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 Church View 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 Church View 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

Church View is a purpose-built nursing home in Old Swan. The home provides general nursing, dementia nursing and Learning Disability nursing care. Complex care nursing can be provided as long as physical care needs outweigh mental health care needs. The home has 45 residents; at the time of our visit there were no vacancies.

The manager told us that the home often accepts residents who need more complex care when other homes will not, and nowadays they have more younger residents moving in. If the home can meet a prospective resident's needs they will accept them.

Top up fees are £78 a week.

Church View is owned by Dovehaven, a company that owns several care homes in the North West. The manager told us the owners are good; they will redecorate and provide things for their care homes. The company pays the 'real living wage' and overtime rates. They also provide 'extras' like Christmas vouchers.

Dovehaven recently started to promote a new 'equality and diversity buddy system' for staff, and an 'employee of the month' scheme with a cash prize.

Discussion with the manager

During our visit we mostly spoke to the manager, who told us she had been nominated for the national care awards and had won a manager's award from the person-centered software team. She told us she was very proud of the way the team work together: *"My staff are caring and want to learn"*.

She was also proud of the relationships the home has with residents' relatives who can approach staff with any concerns they may have. The home had received only one complaint in 5½ years.

Staffing

The manager told us Church View employs roughly 48 care staff, 9 nurses, 9 domestic staff, 2 kitchen staff, 1 maintenance person, 1 admin staff and a deputy manager. Two of the nurses have palliative specialty backgrounds and 2 nurses have an NHS background. Two care staff are clinical senior staff who both completed Care Home Assisted Practitioner (CHAPS) training (a programme for experienced care assistants to gain advanced clinical and management skills to support registered nurses in care homes).

Day shifts tend to have 2 nurses and 9 care staff on duty, and night shifts tend to have 1 nurse and 4 care staff. In addition, the activities coordinator provides 40 hours a week of activities.

We were told that the home had not used agency staff in the past three years. The manager explained the home runs overstaffed by 20% which gives flexibility to avoid agency use. There are multiple members of staff who worked at the

home for over 15 years including a carer, a chef and a housekeeper. We were told that the home has high staff retention rates, which the manager attributed to the way they support staff and the clear structures offered for their roles: *"People know what their role is".*

Staff duties are allocated at the start of each morning and each afternoon. At mealtimes each table has an allocated member of staff to support residents with nutrition and hydration. The allocation of staff duties also includes monitoring pressure areas to prevent pressure ulcers and comfort checks.

Each resident has a dedicated link-worker with a picture of that member of staff on display in most rooms. This allows families and residents to have a dedicated staff contact and demonstrates the clear roles that staff have at Church View.

We were given several examples by the manager of residents who had thrived since moving to Church View. This included a resident who loves animals and enjoyed looking after the pets at the home; another resident had arrived severely underweight and on a restricted diet but now after recovering, is able to enjoy a standard diet.

The manager told us that having responsibility gave some residents a purpose; she added that the staff treat all residents as adults, and that the residents will tell you what they want and need if given the opportunity.

Healthcare

Church View is a nursing home, and we were advised that there are always nurses present on site. The manager told us about the home's use of a pain check AI system which uses facial expressions to help assess pain levels for people with communication challenges. We were told the pain check system has lots of positives; it has reduced the use of strong painkillers and also reduced falls in residents.

GP, Pharmacy and Dentist

Church View residents are registered with Green Lane Medical Centre. The manager praised the GP Dr Wilson, who attends the weekly MDT meetings and will regularly contact the home. Church View has a direct phone number for the GP practice to prevent them having to wait in telephone queues.

The weekly MDT meeting is also attended by community matrons.

The manager told us that the pharmacy link staff at the practice (Cara) is *"really good"*. For the past 8 months pharmacy services have been provided by Care Quality Pharmacy, who the manager described as *'really good'* with no issues; the monthly medications are always there. For any ad hoc medications the home uses a local Allied Pharmacy. Staff said they had seen an improvement in this pharmacy's service.

Church View residents are usually looked after by the Sheil Road dentist who has had to take long-term sick leave. The manager said that *"as soon as he (the dentist) is back he'll come straight out"*.

The manager was very positive about the service provided by Sheil Road when available and praised their dental nurse Kerry too, describing her as *"brilliant"*

with "*great communication*". She supports the home in linking in with the dental hospital and with complex cases.

At the time of our visit the home had to use the emergency dental service, but this service only deals with emergency cases and residents who can't leave the home are unable to get any treatment. Without the Sheil Road dentist most care home residents cannot access preventative dental services either.

Immedicare

As Church View is a nursing home Immedicare is not used much unless it is out-of-hours or for new conditions and only if it is acute. The home usually has good oversight and gets support from their MDT and the GP practice.

We were told that the home's experience of the Immedicare service was mixed, as some of the Immedicare nurses may be relatively new and not have the experience that the Church View member of staff has, which can be frustrating.

Whilst the home's staff are trained in death verification the manager explained they feel that the use of the Immedicare system violates the dignity of residents, with having to point a laptop in the face of a person who has just died.

Ambulance service

The manager raised a relatively recent issue with ambulance calls, as those now have to go through standard triage pathways with the call handler. This does not take the residents' day-to-day condition into account, or the expertise of nursing home staff. This has resulted in what staff feel is an overcautious approach where residents being requested to attend hospital inappropriately. Staff say they have had similar feedback from the GP service with the new triage system.

Mental Health services

The manager explained that there are often delays from referrals to the community mental health team, and even referrals through the GP are rejected at administration level. Management says that discrepancies in blood tests – which are chronic features of the residents' condition – are being used to justify refusing referrals as they are incorrectly recording them as short-term illness. Management thinks that communication needs to be looked at, as well as residents with separate chronic long-term issues being rejected.

The manager told us that there used to be a named community mental health nurse assigned to the home, but this is no longer the case. This had led to a breakdown in communication, caused delays, and led to a more reactive mental health service and worse outcomes for vulnerable residents.

The manager praised Dr Upton at Leigh Moss as being "*really engaged*", easily contactable and the home's staff can get advice from them.

Hospital admission and discharge

The manager told us that Church View has built good connections with the discharge teams at the hospitals, leading to better outcomes for residents. The main problems discussed around discharge was when care plans, resuscitation documents and medications do not arrive with the resident; the home's staff will

get in touch with discharge nurses to rectify this, as the home has built up a good trusting relationship with the discharge nurses and the manager. The manager told us that she found the Royal's hospital discharge managers Abby Murphy and Jeanette Robinson to be honest, open and transparent.

The manager added that some of the information the home would like when residents are discharged from hospital is not always readily available, e.g. can the resident pick up a drink, and are they lucid? The manager suggested that a video call with trusted assessors/ hospital staff and the resident could answer these questions and save a lot of admin time, but she had found it a struggle to get around the legal obligations that need to be in place for this.

The manager told us that Transfer of Care (TOC) information is of a really good standard but can be 'hit and miss' with things like historic height and weight which often was not recorded. This makes it difficult to establish a baseline for the residents and complicates the work of other teams, e.g. nurses and dieticians.

At times when residents return from hospital their hospital notes state they were unable to get out of bed; care home staff think this can sometimes be due to a lack of staff at the hospital. For example, we were told that there were no dieticians on the wards anymore, and physiotherapists cannot see some patients when there are no staff available to escort patients. This can lead to poor outcomes such as losing muscle mass, losing mobility or a loss of confidence in mobility. The manager said that they can often tell when a person has been in hospital for a long time by their presentation.

The manager praised community geriatrician Dr. Somauroo, stating that he really gets to know the residents holistically and is invested in the home and the community and has trust in the home. He remembers residents he has treated from many years prior and chats with them when he sees them.

The manager also had praise for the dietitian Mark Williams and Elaine the dietitian technician who supports the home and residents with PEG feeding expertise.

End of life medication

Church View has a general 6pm cut-off time for new admissions. In addition, staff will not admit any residents needing end-of-life care on Fridays due to the restrictions on providing end-of-life medications, and the resulting poor experiences for residents.

The manager told us that the changes around providing subcutaneous end-of-life pain relief medication is having a "*devastating effect*" on residents' end of life experience, causing unnecessary suffering. Previously nurses at Church View could provide subcutaneous pain relief on site to manage pain but this now requires the attendance of district nursing staff. The home has to wait for district nurses to attend but staff feel they have the medication, training and competency to administer this pain relief in-house.

We were told that on one occasion staff had waited for 4 hours before a district nurse could attend to administer this medication. This caused great distress for residents, families and staff who had to witness this resident's suffering.

The manager added that the current situation feels like a 'taboo subject' as no one seems to be acknowledging the situation with the home left unsure as to the reasoning behind the measure. Apart from an email announcing the restrictions, the home said they had not received anything in writing. Management also felt organisations like the Care Quality Commission were not properly made aware of the changes to the end-of-life care process.

The manager said staff feel that the current situation is a violation of their duty of care as health professionals. They say the use of the district nurses for this stretches that service thin; people who are undergoing palliative care at home will also suffer delays, so it helps nobody. The restrictions also lead to delayed discharges from hospitals as nursing homes are more reticent to accept end-of-life residents if they cannot support them, and winter pressures could make this situation even worse.

"The commissioners are paying for nursing beds but not allowing us to provide the service"

In addition, the home had been told by some district nurses that they are only supposed to attend in pairs; this not only takes two district nurses out of the community but also is damaging the relationships between nursing professionals at the home who feel their expertise are being disregarded.

We were given several examples of residents who needlessly suffered and died in pain due to a delay in providing pain relief medication. The manager told us that the end-of-life process needs to be person-centered and that the current situation is rapidly de-skilling nurses for providing end of life care. In addition, nurses have had to witness residents in pain whilst not being able to do anything to alleviate this; the manager told us about one experience where *"My nurse was traumatised, they said it was the worst pain they had ever seen. I can't imagine us doing everything for someone and then abandoning them at the very end."*

Staff training

The manager explained that Church View provides staff with in-house specialised end-of-life training as well as 'butterfly' training. The butterfly training focuses on providing personalised end-of-life care that is as peaceful as possible by doing *"little things that the family remember"*. This can include (with the family's permission) creating personalised mementos or putting poems under the residents' pillow.

The approach is not limited to nursing and care staff; the home will put a butterfly on a resident's door when they are at end-of-life stage so that all staff are aware. This encourages staff to be quieter in the corridors and to give relatives any space they need. The home also provides in-house training for supporting residents' mental health.

The manager told us that recent HIV training delivered by the George House Trust has been extremely useful in helping staff to understand HIV a lot more. However, end-of-life training delivered by Marie Curie was felt to have been more basic, not taking into account more holistic factors or putting the resident first.

Visiting

We were told that Church View has an open-door policy for visiting, but staff recommend that visits take place after 10:30am to allow people to get up and ready in the morning. There are protected mealtimes but flexibility for families if they support residents to eat during this time. The home asks for visits to not take place after 8:30pm, but again there is flexibility.

Getting to know residents

Where possible, the manager will speak with the resident and relatives about the resident's past life, work, and children. A 'This is Me' form will be completed with the activities coordinator to capture further information. Other information is gathered from previous medical notes and from staff as they get to know the person.

Healthwatch Liverpool is aware that there are fears and concerns from some people in LGBTQ+ communities about having to hide your sexual orientation when entering a care home, and we asked the home about this. In response we were told that sexual orientation is discussed as part of the wider admission process, and we met one of the residents who is LGBTQ+; who told us they felt comfortable and supported in the home.

Food

All meals are ordered in from Apetito, an external company which provides specialist food for care homes. Food arrives prepared and is then cooked in-house by the kitchen staff. The menu is discussed during residents' meetings with sample meals provided for residents to try and give feedback on.

We spoke to kitchen staff who told us they also prepare smaller meals to order as well as alternative food for residents who do not want the main meal. They also provide daily snacks such as chocolates, biscuits and lolly-ices in hot weather. Staff say this provides a good opportunity to get extra calories for people who are underweight or have poorer appetites. Residents also take part in a monthly takeaway order, and some residents like to get weekly takeaways themselves.

Activities

We were told that there are two activities coordinators and that this provides more opportunities to carry out individual activities with people who do not want to, or cannot, take part in group activities.

Church View and other Dovehaven care homes use the OOMPH online platform, which is described as a 'wellness and activity service' for residents and care staff. The system links with residents' care plans to support staff and helps to provide oversight. It provides multiple activities using a TV screen or computers; one example mentioned was a virtual mass for residents who cannot leave the home.

Church View receives monthly visits from a Reverend, and we were told that one resident attends weekly church services with staff support. There also is a prayer room for staff at the home.

The home organises monthly trips using an adapted wheelchair accessible bus for 6 residents which is hired as needed. Outside of the monthly trips there are smaller local trips arranged such as going to the shops, the pub and the local community group based at the nearby Lister Steps Library.

We were also told about 'Baby Bloom'; once a month parents come with their babies and do sensory work together with residents. St Oswald's School pupils come in with their choir at Christmas time.

There is a residents and family committee and what was described as a family 'person of expertise'. Staff say some family members of residents who have passed away still attend Church View as they have positive memories and experiences. Staff said that there is also a Facebook page for families.

The home has an external smoking area as well as a smoking shelter used by both staff and residents.

Residents Items

Residents' clothes have their names and details tagged in them and there is a lost and found box for clothes. There have been no issues with hearing aids. We were told that the optician is well liked by the residents, and they will come in 'at the drop of a hat; all residents' glasses are engraved with their name.

Residents have denture pots in their rooms; we were told that so far no dentures have been lost. There are personalised mouthcare plans for residents and staff recently completed 'Mouthcare matters' training. The home is looking forward to being able to access the remote training version for staff who missed it.

Observations

Observations of the building and facilities

Inside Church View appeared clean, well-maintained and decorated to a high standard throughout. The flooring appeared to be in good condition, and we did not notice any strong or unpleasant smells.

External Front car park

When we arrived at Church View nursing home, we noticed a fenced-off area with a family of rabbits roaming freely near the entrance. The rabbits had shelter provided and food and hay available.

We saw evidence of rats in the external front area there which we reported to staff. Staff told us that pest control attend and are managing, but there are alleyways and industrial areas near the home that contribute to the number of rats. We saw no evidence of pests in any internal area or in the garden.

Hallways/corridors

All hallways and corridors looked well-maintained and decorated with fresh wallpaper and handrails in contrasting colours throughout the home, which will assist residents in moving around more independently and safely.

We saw easy-read signage displayed throughout the home.

Communal bathrooms

We were told each floor has 2 toilets and 2 bathrooms. The bathrooms we saw were spacious and looked and smelled fresh. Staff advised us that residents can choose between baths or showers.

Quiet room

This room was smaller, again nicely decorated and had a table and chairs. This room contained the home's indoor pets, a lovebird and finch in separate cages and a tortoise in a pen on the floor. The manager told us that some residents like to take responsibility for looking after pets (with staff support where needed). She added that residents, families and staff members enjoy the animals and it helps to encourage visits from younger family members.

Dining room

The dining room was spacious with plenty of natural light coming in and looked nicely decorated. This room had a mock bar area for residents and a fish tank. We saw lots of information for residents and families on display, including a 'you said, we did' board.

There was a well-appointed activities station that residents can use as and when they want to which included things like crosswords and word searches.

The home had air conditioning units which helped to keep it feeling fresher.

Small lounge

The small lounge had a small conservatory with lots of light and a door leading into the garden area. There was a large TV, and the room looked well decorated and seemed very homely.

Bedrooms

The bedrooms we saw were all good sizes. We were told at least 70% were decorated to the residents' own taste, and some residents had items such as mini fridges for their own drinks and snacks. The maintenance staff support residents in decorating their rooms and hanging pictures, putting together furniture etc.

Hairdressers

The hairdresser's room was a fantastic space, bright and well decorated. We met residents and family using the space to spend time together and they were very pleased with this room. Families using this space allow for quality time, doing the normal things residents and relatives would have done in their own homes. We were told the hairdresser comes in on Mondays.

Garden

The garden looked well-maintained and backed onto the conservatory with residents using the space.

Feedback from residents, relatives, and staff.

Healthwatch spoke with 1 resident, 1 family member and 2 staff members during our visit and we also received online feedback about the home via our Care home survey.



“I feel safe and I have got the girls to talk to”

Resident A



“I feel safe and I have got the girls to talk to. I’m not a big eater; I like the pies and cheese on toast. They bring me cups of tea. I do go out every now and again, they took me on the Liverpool FC tour, and we went to New Brighton. They bring in animals, birds and goats. I have my iPad and Netflix and books as well.”

(To staff member) “You looked after me when I first came in. She was with me all the way. (Joking) I always know when she has been naughty (resident laughed)”

Resident A

Online feedback

“Church View care home is a lovely place my (relative) spent 18 months there and the care they received was above and beyond. The staff here

are devoted, committed and so caring to the residents I cannot praise them enough for all they did for my (relative).

Survey A

“The staff and manager are very caring towards my (relative).”

Survey B

“My (relative) has been at Church View for almost 4 years and my (other relative) was a resident for 2 years before they died.

“Both agreed it was one of the best things they ever did. All the staff are a credit to Dovehaven for providing such a safe, friendly, clean and enjoyable place for our loved ones to live”.

Survey C

“The Manager is an excellent leader. Most of the staff work really well as a team and my loved one is well looked after. Activities take place daily.

“There should be more than one lift with more space as I think this is a safety issue especially with so many wheelchairs and fire drills. I have occasionally had issues with my loved one’s laundry/clothing and its care and storage, but this is usually rectified.”

“This Nursing Home is an excellent, caring community and I am grateful that my loved one is so well cared for as I live quite a distance away. I would recommend this home to anyone.”

Survey D

“All staff are amazing with my (relative) and our family when visiting, staff always go above and beyond. Knowing our (relative) is in a safe environment with caring staff is a massive weight lifted on family.”

Survey E

“The home is very homely, the staff are amazing, they truly care about their residents, they see them as family. They keep your loved ones

stimulated, clean and do everything they can to make sure they are happy. Nursing needs are met, (they haven't) been this well for such a long time. A superb team of staff that work together, a real credit to the manager."

Survey F

"Staff are just wonderful."

Survey G

"The home is clean. Staff are respectable and always happy to help in any way. I am always kept up to date with anything that is going on with my (relative). Staff are great and always have a smile".

Survey H

Other feedback

We also received feedback from the nominated GP for Church View who works closely with the home:

"My role involves being the nominated GP for Church View Nursing Home and I have been in this role for over 2 years now. In that time, I have found Church View to be of the highest standard; Cheryl (Manager) clearly cares deeply about the residents and there is an "extra mile" attitude throughout. The home take a very proactive approach to health and wellbeing."

Dr Liam Wilson

Personal stories: Relative feedback



"(My relative) has really come on while they have been here. (My relative) is always clean, and their clothes are changed every day. They are hoisted every day to support them, which is a blessing as this was not the case in hospital. It's better for me and better for (My relative)."



"The staff are excellent, they are angels. The care is excellent. They get to know each resident and what they like or dislike. My relative needed their hair dyed and staff did it for them. They also are ensuring that they get food in them; they had 2 bowls of porridge this morning and they come around with chocolate, biscuits and when it's hot, lolly-ices. They had a fun day with therapy donkeys."

"Marvellous manager, and the team are an excellent credit to her. When it was another resident's birthday staff went for a meal with them and made a fuss, they personalise it."

Summary and recommendations

Summary

During our two-hour visit to Church View nursing home we found the home to be clean, well-maintained and homely environment that was and decorated to a high standard. We saw staff interacting in a respectful manner with residents. We observed staff knocking and letting residents know they were outside when they were coming into people's rooms. Feedback from relatives also was positive about the staff team.

There were several things we particularly liked about the home, including the pets and the responsibility of caring for the pets being shared with residents who wanted to help.

The manager told us about the high staff retention rates and the lack of using agency staff which provides continuity for residents and staff. We also liked hearing about the 'Butterfly' end of life in-house training provided, as that can help to make a difficult time more bearable for residents and relatives.

Finally, it was clear there are close working relationships with the GP and the MDT team; this again helps to provide positive outcomes for residents and staff alike.

Recommendations

We currently have no recommendations to make to Church View

Positives and good practice

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

- The butterfly end of life training seems like good practice. We understand that the current end of life medication situation is not ideal, but we are pleased to see staff doing all they can to make residents last moments as peaceful as they can.
- Having pets available for residents to interact with makes Church View feel very homely and provides an opportunity for residents to interact with animals and the benefits they bring. Many residents will have had pets at home, and this may support their transition.

- There seems to be a close working relationship between Church View and various partners such as the GP, Hospital discharge services and also local activities groups. This joint working can only be of benefit to both staff and residents.

Response from management

Management responded promptly to our report and messages for clarification.

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
151 Dale Street
Liverpool
L2 2AH

www.healthwatchliverpool.co.uk
t: 0300 77 77 007
e: enquiries@healthwatchliverpool.co.uk
 @HW_Liverpool
 Facebook.com/HWLiverpool