

Larkhill Hall



Have your say

Enter and View Report, May 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: Larkhill Hall

Address: 236 Muirhead Avenue East, Liverpool, Merseyside, L11 1ER

Date of Visit: Wednesday the 28th of May 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 Larkhill Hall 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 Larkhill Hall 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

Larkhill Hall is a general residential and dementia residential care home, purpose-built in 2014. The current owners are HC-One, who took over from the previous owners in 2024. We spoke with the manager, Lisa Casey, who had been in post since October 2024. A regional HC-One manager was also present for the first part of our visit.

We were told that the middle floor was closed due to a voluntary embargo on admissions, but that the aim was to re-open the middle floor to admissions from June onwards. Until then the home could have a maximum of 41 residents. At the time of our visit there were 37 residents, some of whom we were told were able to maintain a routine for themselves. The home also provides respite care, and we were told that some people will come in initially for respite care but want to come back and sometimes for longer stays. The care home wants to provide something akin to *"a hotel experience"*.

The home charges top-up fees: we were not given a figure but were told that there is a 'tiered approach', and that the residents are a mix of self-funded, part self-funded and local authority funded.

Discussion with the manager

Staffing

We were told that at the time of our visit there was a slight staff surplus owing to the middle floor being closed, and that this allowed for more flexibility. This flexibility included having more staff available to provide activities. The home's manager added that staffing levels at the time of our visit were fine, and that based on the residents' dependency at the time of our visit the home was in a good position.

We were also told that the staff team was more structured now after the change in ownership, and that staff were well prepared for the middle floor to re-open. At the time of our visit there were just under 70 staff in total, including care staff, chefs, housekeepers and wellbeing coordinators. Many staff were long-serving, and agency staff were only used to cover for long-term sickness of senior care staff who could be difficult to recruit. The home always used the same agency and the same staff, *"no one we don't know"*.

We were told that the shift patterns were 7am-2pm, 8am-8pm, 2pm-10pm, and night shifts. Each floor had a senior carer; during the day there were 4 care staff upstairs, and the ground floor had 3 care staff. At night there were one senior carer and 3 care staff on each floor. However, we were told that there is flexibility, and this can change depending on care needs. At the time of our visit none of the residents needed 1-1 care, but we were told that night staff will work extra day shifts at times and take bank shifts.

We were told that staff have access to computers with information about the residents and will update information throughout the day. Updates are also provided during staff huddles and handovers.

Health care

The home had recently changed GPs and were now using Jubilee Medical Centre which we were told was working well. We were advised the GP comes in once a month and there were regular MDTs. Jubilee had provided a separate mobile number for the care home and were described as *“really approachable”*. We felt that providing a separate mobile number for the care home was an example of good practice as it increased the ease of being able to contact medical support when necessary.

The home uses Boots pharmacy which we were told was *“fine”*, as was Vision Care for eye care.

We were told that many residents already had a dentist, but recently there had been an issue trying to register a resident with a dentist. The home had phoned 111 and told us they had found they could get emergency dental treatment for residents that way. In addition, having a minibus helps with transport to and from dental and hospital appointments. We were told that the owners (HC-One) are trying to arrange dental care for those who do not have that at this time. A lack of NHS dental access is unfortunately common in Liverpool.

Hospital admissions and discharges

Management advised the majority of Larkhill Hall hospital admissions and discharges involve Aintree hospital. We were told that *“It’s hard to contact them unless they want something from us”*. The home asks for admissions to be done before 6pm, but sometimes the hospital had contacted the home as late as 3am.

We were given 2 examples where the home had not received a discharge summary from Aintree hospital; this included a resident that presented with an unidentified haematoma. On one occasion the manager had to go to the hospital in person to deal with discharge issues.

We were told that it helped having trusted assessors in hospital who were described as *“brilliant”*. The assessors were usually easy to contact on weekdays, but overall

“There’s that much pressure on hospitals that it can end up as a safeguarding issue. We are trying to build positive relationships”

The manager told us that the Immedicare service was fine, that there were no concerns. Regarding community matrons’ management was positive, and they advised that they *“Come out and support us, we are quite lucky”*.

Activities

Larkhill Hall employs 2 wellbeing coordinators and management told us they share their activities plans at relatives’ meetings.

The activities board we saw included a section for residents and relatives to make suggestions for future activities. We were pleased to see that an overview of planned activities was displayed as well. The writing may have been a little small, and we would suggest a larger font to make the information more easily accessible to residents.

The home has several quieter lounges as well as larger main lounges, and we were shown a cinema room on the middle floor where residents can watch films or sporting events. This cinema is decorated with memorabilia from movies and seemed a great space to watch a film.

We saw one resident with a doll, and activities trolleys, activities equipment and library books were available in various stations and cubbies around the care home.

We were told that pets can be brought in for visits, and that when suggestions are made the home will *"look at what we can do."* One example was of a family member mentioning that their loved one had fond memories of New Brighton, so it was arranged for this resident to take a trip there.

We were told that every birthday is celebrated with the family if they (and the resident) want to. One resident who loves Paddington Bear had gone to the cinema to see the Paddington movie for their birthday.

A hairdresser visits every Thursday. The manager told us that staff make sure there is time allocated for 1-1 activities for residents who cannot or don't like taking part in group activities.

We saw a residents' newsletter displayed and were told that Larkhill Hall had started a residents' committee the previous month. This committee had input on activities and menus. Residents are also included on hiring committees. We also saw a 'you said, we did' board.

The home operates a "Resident of the day" scheme; staff will speak with the resident and/or family, will update the care plan, deep-clean the resident's room, check the mattress, check medication, maintenance staff will visit the room and speak with the resident, and housekeeping staff and the chef will go see the resident.

We were told that there were no residents who smoke at the time of our visit, but that this could be facilitated if needed.

Visiting

The home has protected mealtimes, but we were told that visitors can eat with the resident as long as this has been arranged beforehand. If not, visitors will be asked to wait in the lounge.

Establishing resident likes and dislikes

To find out about a resident's interests management advised that they first will go through the social care assessments received, and the home will carry out their own pre-admission assessments. If someone is living in their own home before moving to Larkhill Hall members of staff will visit them there to chat and

discuss the move. The manager said that they will ask about the person's mobility, if and which equipment they use, etc.

"It's important to see for yourself, 'can we meet that person's needs?'".

Staff will also ask any prospective residents about diet, religion, hobbies and interests, and speak to the person and their families about the individual's past. This can include information on their hobbies and their occupations previously.

Information is shared in care plans as well as during 'flash meetings' and huddles which will often include any new information on new residents.

Communication needs

Management advised that communication plans for all residents are included in care plans. Staff can access these at any time on the handheld devices used in the home. We were given an example of a resident who had difficulties with verbal communication after an illness. Staff had tried picture cards but that caused the resident to feel more annoyed, so staff now went by facial expressions and body language instead.

We were also told that a speaker of a foreign language was due to move in; staff will use translation tools, and the new resident's family had said that they will support the home to help them settle in.

Residents' belongings

We were told that residents' clothes are marked, and families are asked to iron in the resident's name to any new items. The home now has employed a laundry assistant, who is the accountable person and staff feel this system works well.

Vision Care who provides optician services will put names in glasses. Dentures have names added too, and staff take pictures of items.

Residents can bring some of their own furniture and belongings; electrical items need to be PAT-tested, and furniture needs to be fire safe. All rooms have a fridge, and people can bring pets to visit residents.

Observations

Observations of the building and facilities

We felt the building design was well-thought out, undoubtedly helped by being relatively new (2014) and purpose-built. The floors all had the same layout with wide corridors that made it easy to get around. The large, combined lounges/ dining areas and the smaller quieter lounges/ seating areas at both ends of the corridors provided various options for people to choose from, depending on preference.

The whole building looked immaculately clean, well maintained and nicely decorated including Liverpool themes, for example memorabilia from the football teams, the Beatles and from classic films. There were no unpleasant smells, and all flooring was in good condition. There was lots of easy-read signage throughout the home, and a start had been made on making bedroom doors more visually distinct.

We saw a 'You said, we did' board which included the dates of planned relative meetings, so relatives could have greater knowledge of events at the home and information on their social media page. There also was information about a taster day which had been organised for families to sample the menu.

Hallways and corridors

The residents' bedroom doors had the residents' names and photo displayed which we were told was optional. The 1st floor was not in use at the time of our visit; we noticed the bedroom doors were decorated in various colours on this floor, which we liked as an example of dementia-friendly navigation design. The manager told us the home is planning to introduce this on the other 2 floors as well.

There were small seating areas positioned along the corridors as well as the smaller more private lounges at each end of the corridors. Some of these were used by residents who had visitors at the time of our visit.

Lounges and combined dining areas

The main lounges on each floor had a spacious feel with plenty of windows and natural light coming in. Each had a dining area and kitchenette with tables and chairs, and a lounge area with armchairs. The rooms were well decorated and looked pleasant. At the time of our visit there was a quiz taking place in the 2d floor lounge, whilst on the ground floor several residents appeared to be relaxing in armchairs. Staff were on hand in both lounges.

The smaller lounges at the ends of each corridor had different decorations, including one on the 2nd floor with a piano and large windows with a nice view to the outside.

There were notice boards next to the entrance to the main lounges; one displayed various food stages (e.g. solid, pureed, etc,) instructions on hand hygiene and other information for staff.

Bedrooms

We were shown one empty bedroom which was a good size and looked clean and well maintained. The room had a larger bed than we have seen in most other care homes, a TV, a comfortable chair, a wardrobe and a small fridge. There was plenty of natural light coming in. The ensuite bathroom had a toilet and shower and looked in excellent condition.

Bathrooms

We were shown one of the bathrooms with assisted bath which are available on each floor. There was enough space for people using wheelchairs and hoists to move freely. It again looked clean and well-maintained, but the manager told us they wanted to add some decorations to make it more homely.

Other communal areas

The home has a few communal rooms that can be used flexibly for other purposes such as a communal room on the first floor which – as mentioned before – is used as a cinema room with a large screen, movie posters along the walls and signs associated with the cinema. The manager told us they are planning to have a bar here too and add activities like virtual darts. We felt this is a great idea if residents are on board.

We were also shown the hairdressing salon room which looked clean and well-equipped. There was a cafe area outside this room where residents can have a cup of tea and cake while they wait to get their hair done. The manager told us the area nearby will become a dementia friendly greengrocers. There are longer-term plans to create a dementia-friendly coffee shop on the floor that will be used as a hub for not only residents and families but also community groups to keep the residents linked with the community. We feel this is an example of thinking outside the box, and if properly implemented it could be a great asset both for the home and for the community.

Garden

The garden had a lawn and mature trees, and we thought it was a nice area for residents to use when the weather allows. There was seating available and one of the residents mentioned that they like to sit out there, but they did need staff assistance to access it.

Feedback from residents, relatives, and staff.

Healthwatch Liverpool spoke with five residents and one relative.



“They are the best bunch of staff; I have never met a crowd of people like them”



(When asked if they felt looked after) “Very much so! I feel comfortable. When I’ve been crying, they will find out what’s going on. No nastiness about anything I come across and they make a fuss at a birthday”.

Resident A

“The staff don’t have time.”

Resident B

(when asked about the food) “I’m fine with it. If you’re hungry you get a bit more. It’s like a hotel I’m really happy”.

Resident C

“I’ve worked in respite care before; I see it with different eyes now. (...) They are the best bunch of staff; I have never met a crowd of people like them. They listen to people and are just what people need.”

"The activities are there if you want them, they have outings in the minibus. We have been to the chippy in Southport for our dinner."

"The food is not to my taste but I'm fussy."

"They could use more staff on shifts as they can be run off their feet and some residents can get upset"

Resident D

"This is lovely, they bring us tea. They are well doing their job, I'm really happy".

Resident E

"It's really improved since HC-One took over. There's a focus on (relative's) health, the care plans and communication has improved, the activities. Overall they care about them. The staff now have time, before they didn't have that. I was ready to move (my relative) out, not anymore"

Relative

Summary and recommendations

Summary

We observed that Larkhill Hall is a well-designed care home that felt like it was designed and decorated with residents in mind. Every area we saw was clean with no strong odours and looked well-maintained. We were pleased to hear about some of the plans for the home such as the dementia friendly café and greengrocers.

Residents had mostly positive things to say about the home although two of the residents we spoke to felt that there wasn't always enough staff present. There was also differing opinions from some staff about the levels of staffing that will be required when the middle floor reopens. During our visit staff were visible, but our visits only give us a two-hour snapshot of a care home.

At the time of our visit the middle floor was still closed due to a self-imposed embargo on admissions. However new admissions were due to start in June, and we hope that staffing levels will be maintained and increased where necessary to provide enough flexibility and attention for residents once the middle floor is open and the number of residents increases.

Recommendations

We make the following recommendations for Larkhill Hall.

- Monitor staffing levels carefully during the increase of residents and reopening of the middle floor. We would advise not relying solely on dependency tools but also on resident, family and staff feedback.

Positives and good practice

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

- The plans in place for a dementia friendly café and greengrocers are some of the most ambitious we have come across at Healthwatch Liverpool. We feel that if implemented as described they could be of great benefit not only to residents and family but the community around the care home. It feels like a real dementia friendly idea.
- The care home environment was fantastic in all the areas that we saw during our visits. The care home was decorated and maintained to high standards and the buildings and hallways were wide and spacious with lots of natural light. There were many areas for residents to either socialise or to find a quiet corner for some alone time.

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

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