

Redholme Memory Care



Enter and View Report (August 2025)

Have your say



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: Redholme Memory Care

Address: 11 Carnatic Road, Liverpool, L18 8BY

The Date of the Enter and View Visit: 13/08/2025

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 Redholme Memory Care 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 Redholme Memory Care 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

Redholme Memory Care provides residential EMI (Elderly Mentally Infirm) and nursing care for a maximum of 55 people. There are 10 residential care beds and 45 EMI nursing complex needs beds in total, and all residents are living with advanced dementia.

Residents live in one of 3 units over 3 floors; the John McCann unit is the largest with 30 bedrooms and is a mixed sex unit (male/ female residents). The home also has 2 smaller single sex units, the Lillian Baker unit supporting 13 women, and the Linden unit which supports 12 men.

The manager discussed the positives of having a male only unit. We were told that this had created a 'male camaraderie and is almost like a club'. In addition, the manager mentioned that some of the men liked to take part in exercise, which had helped lower rates of aggression and increased the sense of camaraderie as the men like to work out together.

The home has 29 ensuite bedrooms with all other bedrooms having shared facilities. The home can provide a double room for couples and siblings. At the time of our visit there was one married couple living in a double room at the home.

The home has an attached day centre in a separate building, but we were told that this had to be closed as funding from the council had been stopped during the Covid pandemic and had not been resumed since due to a lack of funding.

The home charges top-up fees of £50 per week, but we were told that there is some flexibility with this.

Discussion with the manager

Upon arriving at Redholme we were asked to sign in and confirm our identity. We met with the manager/owner Anne McCann and the lead nurse Alison Nicky.

Staffing

Management told us that the home employs around 70 staff. During the day there usually are 2 nurses, a nurse lead and 6 care staff on the mixed 30-bed unit. The smaller single sex units have 2 carers each and share a nurse with the larger unit. In addition, there is a nurse associate as well as a clinical lead. The deputy manager is also a registered nurse and can support where needed.

At night there are 2 nurses and 6 carers across the home, usually 3 carers on the largest unit and 3 split between the smaller single sex units. The home tries to employ female staff on the female unit and male staff on the male unit. All care staff are key workers.

Other staff include a domestic supervisor, 3 cleaners, a head chef and 3 kitchen staff, maintenance staff and a full-time activities coordinator.

We were told that there are many long-serving staff; the owner/ matron has been at Redholme Care for 27 years, while the operations manager/senior nurse has been in post for 25 years. Some of the care assistants have been in post for 20-plus years, another nurse has been in place for 25 years and some reception staff have been in place for over 20 years. The kitchen chef has been in post on and off for about 15 years.

We were told that agency use is few and far between and is only used to cover short term sickness. Management says usually they are overstaffed, and the nursing associate provides flexibility. The home uses the same agencies, and only to cover non-clinical staff as both managers are registered nurses and can support when needed.

We were told that the home did spend a lot of money on agency staff during the Covid pandemic, as 8 members of staff left their jobs due to the government requirement of compulsory Covid vaccinations for care home staff (a decision that was later reversed). This had been made worse by a former GP at the home's GP practice telling staff they should not take it.

This resulted in a need to urgently recruit staff and the home was granted a licence to take on 12 new members of staff from India. The manager said this had been a success and the new staff had integrated really well. The manager told us that they will be renewing the visas as the staff want to stay and the home wants to keep them.

The managers recognise that wages in the sector are low, and to support staff all are provided with their meals as well as toast, tea and coffee when at work. A larger staffroom has been created with showers and comfortable seating; this is outside the main care home units so that staff can have proper breaks away from work.

Staff training

The managers emphasised that staff training and development is important, and they have encouraged carers to become associate nurses which has added expertise and flexibility to the team. This is in addition to regular training such as Infection control, moving and handling, and de-escalation techniques. External training sessions, for example about oral care, new products and new ways to keep skin healthy are also provided.

Training is provided both online and in-person. All training is scheduled outside of working shifts, so staff are able to focus on the training. Management told us they aim to fit training around school runs so that staff can carry on as normal as possible, and staff are paid for their training time.

We were also told that during the most recent fire drill they had a new 11-minute record for evacuation, which the staff were proud of. They discussed how these drills are important to keep people safe in a larger service.

Both managers described how the Duty of Candour is really important for the home, adding:

"As a home we are honest, open and transparent and we mention this every day. All staff are encouraged to be vigilant, open and honest and feel safe to talk. People are here because they want to be here."

Healthcare

Redholme has regular weekly multi-disciplinary team meetings which include pharmacy staff and their community matron. We were told that the community matron was 'so supportive', however, managers said that district nurses had at times been reluctant to attend when the home had asked for advice and guidance, e.g. on complex wound care.

Managers were also less positive about the changes made to the social work team, as unlike before there now isn't a specific care home social work team in place. Instead care homes have to go through the online portal without a dedicated point of contact.

We were advised that residents had at times experienced long waits for services from allied health professionals provided by Mersey Care. Managers described waits of 16-20 weeks for residents to see podiatrists, and up to 20 weeks for Speech and Language Therapist referrals. This has led to the home now sending referrals as soon as a resident is admitted which adds pressure on both sides.

Managers also did not feel that the process for residents to see a dietitian was appropriate; they had been told that residents need to have lost 5% of their total bodyweight to meet referral criteria, but some residents can already be significantly underweight compared to their previous baseline on arrival in the care home.

Staff also told us they felt there was little follow-up for care for people with dementia. We were given an example of physiotherapists who had removed residents from treatment owing to their dementia, but without a plan for staff to follow or support. Some residents' families had accessed private physiotherapy after residents were discharged from NHS services. This had led to positive outcomes including increased mobility. Managers said this private physiotherapy had allowed the residents to make tremendous improvements physically and to their quality of life but this comes at a financial cost.

End of life care

At the time of our visit, we were told that Liverpool nursing homes are no longer allowed to administer subcutaneous end-of-life medication to residents, a situation the managers described as 'distressing' for residents, families and staff. The home had been part of a pilot with Marie Curie providing subcutaneous end-of-life medication training, but this has now been withdrawn.

End of life care is now managed by the Mersey Care District Nursing team. Management says this has caused increased pressures for both the care home and the district nursing team. Staff described how it can take up to 5 hours for external staff to be able to attend and during this time the residents can be suffering greatly. Staff told us that the best-case scenario for a District Nurse to arrive was two hours, whereas before Redholme Care nursing staff would have administered the necessary medication safely and effectively within 15 minutes.

Staff described a feeling of powerlessness and guilt as they have the equipment on-site and they feel they have the expertise to help.

Managers say they worry that pressures on District Nurses, who they say are already spread thin across the city, was resulting in unnecessary –and at times too early- use of syringe drivers due to lack of capacity. In some cases, staff felt that syringe drivers had led to inappropriate ‘overmedicating’, as residents were being exposed to 3 drugs at once. Some residents had not had an opiate drug before, leading to them not tolerating it well.

We were told Redholme still has to order the medications and equipment with the district nurse signing the controlled drugs register as they are administering the medication. They feel this has added further complexity and delays to an already unwieldy process.

We were told that:

“It’s horrible for staff, I have gone home and cried. The last 3 deaths have not been positive. People come here because we have a smooth transition to end of life”

Staff told us they felt that residents had the right to a dignified death, and did not think that was currently happening because of the rules in place:

“I have been working here for 22 years and never before had an issue with end-of-life care but now you find you are questioning yourself and constantly battling”

Staff added they feel they can no longer honestly say that they can provide dignified end-of-life care in Liverpool, and that this distresses them greatly.

We were given an example of a resident’s family who told staff that the traumatic nature of their parent’s death owing to end-of-life medication delays made them feel like all the previous positive experiences at Redholme care home had been ‘tainted’.

Managers told us that at the time of our visit they had not been invited to any in-person meetings to discuss this issue, and that their requests for this had gone unanswered. Managers said that at times they felt they were on a hamster wheel with nothing improving.

CQC

Staff discussed the most recent CQC report published in May 2023, which they felt had not always been accurate or fair. Staff told us that the things they felt were fair for the CQC inspector to raise had been fixed on the same day they had been made aware. They discussed that the professional experience described by the inspector did not seem suitable for a role inspecting care homes.

Immedicare

We asked about health care services. We were told that Immedicare can be ‘hit and miss’. Staff said the service now answers quicker than in the past but that a

situation that can be resolved in 20 minutes with a direct call to a community matron can take up to 3 hours using the Immedicare system.

We were also told that a lot of the training Immedicare provides is non-specific for dementia, more targeted to people who have capacity, are mobile and able to engage:

"The information is great but not necessarily relevant"

as residents with dementia are often unable to follow the instructions or stay still long enough to engage. Some residents can be frightened by the process.

Staff also strongly disliked the certifying death process through Immedicare, with having to hold up a laptop to the face of a deceased resident. The home has staff who can certify deaths with GP support, and the managers told us they felt lucky they were so supported by the GP practice and are grateful they only have to use Immedicare in emergencies.

GP practice

Staff said they now had a fantastic relationship with Dunstan Village GP practice and praised staff for their support.

"Dr Suham Jadaw is amazing, unreal, nothing is too much. She always sees residents and listens to staff and is realistic and proactive."

Another relatively new GP, Dr Essam Hassan was also praised, as were Mr Hassan Majeed and Mr Steven Morris from the pharmacy team who work really closely with the care home's staff.

Managers said they cannot fault Dunstan Village; they have found the reception staff to be really good and supportive too; the home can send them emails and get a prompt response.

There was lots of praise for Dr. Somauroo, a consultant Geriatrician at the Royal Liverpool Hospital and in the community. Staff praised his approach saying he takes a full holistic approach and explores the medication the resident is on to make sure it's appropriate after they have been seen by multiple specialties. He was described as "*absolutely unbelievable*".

The home also appreciated that they could still do direct referrals to this service. This is in contrast to the changes that have stopped the home from being able to do many other referrals, such as to the skin care team as these now have to be done via the community matrons or the GP.

Dental care

The home had been using the Sheil Road dental service but the dentist who visits care homes has had to go back on sick leave. One of the residents had visited the Garston Community Service in an emergency, but we were told about another resident who can't leave the home and was in need of dental care that they cannot access.

1-to-1 and Mental Health care

Redholme Memory Care does not admit residents who need 1-to-1 care, as the home cannot support their needs. For existing residents who require 1-to-1 support they will manage in-house until all assessments are completed. Management told us that Redholme is the person's home, and that they do everything they can to keep the person in their home:

"We are invited guests in their home and we keep them safe until we can arrange the support they need".

If an existing resident starts to require 1-to-1 support staff will first check if these changes are owing to physical causes, e.g. a Urinary Tract Infection (UTI). If there are no physical causes staff will then try different holistic changes, focusing on the person's underlying dementia. If this is not successful, the Community Mental Health team is contacted.

Managers told us they built up a good relationship with the Mental Health team at Leigh Moss. They felt that the service at Leigh Moss had been improving, especially since the introduction of the new CPNs. They felt they could call them for support; the only drawback is that the service is only available Monday to Friday 8-4.

Staff told us that residents can wait a long time to get an appointment with a mental health consultant. Staff also said they felt that the consultants needed to listen to staff and residents more; we were told of occasions where consultants visited the home and did not even examine the resident, choosing only to speak to staff.

Hospital admissions/discharges

We were told that hospital admissions were 'not too bad', however hospital discharges (usually from the Royal Liverpool hospital) at times were unsafe. We were given examples of residents being discharged without care summaries and/or without medications, with medication sent by taxi days later.

The home asks for a 7 or 14-day supply of any new medications prescribed in hospital as it can take to arrange their own supply. Management said at times there had been no discharge medication or dressings provided for new conditions diagnosed in hospital.

We were also told that many residents arrive at the home dehydrated and/or with constipation. On one occasion the previous year the home had been sent the wrong person completely; the hospital mistakenly sent them a patient who had terminal cancer. A more common experience was to be sent the right person but with paperwork (including DNRs and ACPs) and/or medication meant for someone else which can be dangerous if not spotted.

Management also described how residents can often be discharged in poor and undignified conditions, for example with only a nightgown on while it was cold, and their possessions haphazardly tossed into plastic bags. On four occasions this year residents had come back in such poor condition that they needed immediate showering and cleaning on arrival. Staff described some residents arriving 'as though they have just come out of prison'.

Geriatic services

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The home also appreciated that they could still do direct referrals to this service. This is in contrast to the changes that have stopped the home from being able to do many other referrals, such as to the skin care team as these now have to be done via the community matrons or the GP.

Activities

Redholme Memory Care employs a full-time activities worker. The managers told us that activities are resident-led, and staff will try to accommodate requests for activities. The weekend prior to our visit the home had organised a summer fete. We were told about barge trips for residents which had been arranged a few times; the home has its own minibus and several staff members who can drive this.

We were given an example of a resident who had requested to go to the beach, so the home arranged a visit to New Brighton beach. For residents who are unable to travel sand pits and paddling pools were bought, so that residents who wanted to could feel the sand beneath their feet outside in the garden.

The home organises friends and family meetings but say these are not always well attended despite trying various dates and times. We were told that several family members still volunteer at the home even after their loved ones had passed away. Some of the residents have Independent Mental Capacity Advocates, and staff support residents who want or need these.

We were told about a new app designed by a former staff member which the home is trialing. The app links residents with their families, especially relatives who live further away. The app also provides other activities, e.g. reminiscence activities and the home has a large TV-sized computer screen to facilitate this as well as other activities.

There is a full-sized gym on site, and staff had observed that this had led to positive behavioural changes, particularly amongst their male residents. The use of this gym has been featured on the BBC.

External visitors include a catholic nun who attends every fortnight and hosts communion for residents. Around 10 residents often take part in this. Staff told us it was impressive to see how much of the prayers and hymns residents remember considering their memory difficulties.

The home also has made connections with the Reader Organisation who visit and read stories and poems to residents.

Liverpool College is affiliated with the home and their students have completed multiple individual life story works; a student will speak to a resident and their family to create an artwork about them which is presented to them. We saw some of these artworks on display.

Visiting

We were told that there is an open-door policy and families are always welcome. There is no protected meal times policy; "It's their home, visit as you would have before". The home encourages visitors to leave by 11pm the latest, but in times of a resident being unwell relatives are welcome to stay the night – the home will provide a camp bed in the room of their loved ones.

Food

Management advised all food is cooked in-house; they aim to provide smaller meals more often for most residents as Dementia can make eating larger portions challenging. For breakfast there usually are cereals or a cooked breakfast if a resident prefers. At lunchtime residents have a two-course meal, and snacks, teas and coffee as well as lolly-ices are available throughout the day. Management says choice is paramount and they always offer multiple choices. We saw multiple easy-read menus for residents that clearly displayed the options available.

One resident has a modified cultural diet that has been co-designed with family members. In the past the home has provided Halal and vegetarian diets when requested.

New residents

To get to know a new resident staff will try to meet with the resident and their family prior to them moving into the home. They add the resident's physical health information to the care plan and also note down information that is more holistic to the resident in a 'This is me' document. This can include which films and TV shows a resident likes, music choices, preferred bedtimes, past work and other information.

Families and residents are encouraged to visit the home before choosing to move in and rooms can be decorated to the person's taste. If a resident has no support network, then staff will link with the assigned social worker to support getting to know the person.

We were told that residents and families can request same-sex carers which allows for resident choice. We asked about how they supported residents from LGBTQ+ communities to continue to be themselves and were told there never had been any issues. Management advised all staff have had training about sexual orientation.

Residents' items

The home has its own laundry onsite; clothing is marked with the resident's room number and residents' clothes are kept in individual baskets. Staff told us that clothes can go missing but that they do have a lost and found so items can be returned.

Staff ask that expensive items and jewelry are kept safe by family and costume jewelry to be provided instead if appropriate.

Glasses and dentures are engraved with the individual's details, but staff told us they do at times have problems when residents wrap items in tissue, which can result in them being seen as rubbish and thrown away.

Observations

Observations of the building and facilities

Activity/ reminiscence room

This was a smaller, bright room with plenty of daylight and a table and chairs near the window. We noticed that a rug was bunched up in a way that could pose a trip hazard and made staff aware. Maintenance staff rectified this before the end of our visit by taping the rug down to the floor.

We were told that residents were always accompanied by staff in this room, which was also used for some religious activities, and had a sink and a box with reminiscence activities. There also was a large mobile smart screen which residents could use for activities and for the app being trialed as mentioned above.

Hallways

There were easy read/accessible signs throughout the care home including two easy read menus that were accessible with large text and clear pictures. We also saw a large easy-read activity calendar board on display which was accessible visually and was filled with activities including singalong, reminiscence and pampering.

There were respect and dignity in dementia boards around the home as well.

Redholme is an old building and in one area where a house had been converted corridors were quite narrow, and the high walls are all in one colour. This area did feel enclosed but due to the structure of the building there is little that can be done about this. This corridor that led to the staircase had a stairlift.

We noticed that some areas had plain wooden handrails against a white wall which were contrasting but were not as visually distinct in other areas. Bathroom doors were clearly marked out and painted red to help with residents' orientation.

There were small quieter seating areas in some corridors for residents to sit, and one corridor had a replica bus stop with seating which staff advised helped to calm and redirect some residents when confused. This was a great example of Dementia friendly design and could support in calming someone who wants to leave.

We saw handmade art made by residents and students from local schools and colleges throughout the home including a mural created by Belvedere school.

Several of the unit exit doors had been painted to look like bookcases, which helped to prevent some residents becoming distressed and fixated on trying to leave through these doors. They also provide interesting visual waypoints for navigation which can assist those with dementia which is good dementia focused design.

Some bedroom doors had the resident's picture on, others did not; staff explained that some residents can become distressed by their reflection which is why some pictures were removed, and why the glass in the lift had been covered with a frosted material.

On one corridor we noticed a recently mopped, wet section of flooring without a 'wet floor' warning sign. Staff immediately found the cleaner and asked them to put a 'wet floor' sign out. They then confirmed this incident with the domestic supervisor to make sure the incident was noted.

Garden

The spacious rear garden looked well maintained and was accessible via ramps. Staff advised us they have small summer houses with activities including water pools and sand pits for sensory activities. We saw some residents going on walks with loved ones around the area which is enclosed and safe according to staff. Sefton Park is also nearby allowing residents and their families a larger space.

Large sitting/dining room in the John McCann unit

This room had different areas for residents to sit in with a collection of mismatched comfortable armchairs which we felt added some personality to the room. There were doors that led to the rear gardens and multiple large windows letting in lots of light.

There was a seating area where one resident likes to sit with a radio and lots of CDs. The resident told us she likes this area as it feels airy with the breeze. There was also a music area with a keyboard and multiple musical instruments.

The dining area had an accessible menu in place with photos of the choices. There seemed to be enough staff on hand to help residents who needed assistance.

We saw a member of staff assist a resident with getting their lunch. The resident was in a comfortable chair with wheels which moved; we noticed the staff member got down to eye level and used gentle touch before moving the resident and let the resident know that they would be going backwards.

Lounge, Lilian Baker unit

This lounge was bright and homely. The dining room was clean; when we visited residents were about to have their dinner.

Men's lounge and dining room

The men's lounge and dining room had an easy-read menu on display and lots of football themed decorations and memorabilia. The room was light with lots of windows and a doorway leading to the secure garden, allowing lots of freedom for moving.

We saw a large TV and radio; the TV was put on quiet during lunch to encourage the residents to eat and not become distracted.

We saw staff engaging in good natured joking about the football with residents. We were advised there was a running joke with residents covering up pictures of rival teams.

Bedrooms

The bedrooms we saw were of a good size and had nice views of the garden. We saw several bedrooms that had been personalised by residents and families.

Bathrooms

All the bathrooms are wet room designed; the home did not have assisted bathtubs. We were told that residents did not like the assisted baths, and staff felt that the wet rooms were safer. This does reduce resident choice for those who would prefer to have a bath.

Feedback from residents, relatives, and staff.

Healthwatch spoke with 2 residents during our visit. They told us the following:



“They look after us here. They are kind. They help.”



Resident A

“I like it here (seating area) it’s nice and cool. I am down here first thing and I like the radio on”

“The food is very good and is freshly cooked. You get a main meal and nice veg.”

“Donna (Activities Coordinator) organises games and things. (The staff) I do get on well with them.”

Resident B

Survey responses

Healthwatch Liverpool has an ongoing survey for residents and relatives of people living in care homes. We received 2 survey responses for Redholme Memory Care via this route, one around the time of our visit and another from just over a year before.

Both respondents felt that their relatives were happy at Redholme, however both were more hesitant about staffing levels. Each awarded Redholme Memory Care a score of 3 out of 5 stars, an ‘OK’ rating.

Additional comments were:

Survey response 1

"I am concerned at the staffing levels, and whether a female is available, especially at night.

My relative has dementia and it is difficult to assess that she passes on correct information.

Two male carers should not be providing intimate personal care. It would be nice to see activity geared to individuals sometime."

Survey response 2

"I feel that staff members should all wear name badges. Just first names would be fine. Often it is difficult to remember them all, and also how their names are spelt. I like to know who I am speaking to, it's more friendly."

Summary and recommendations

Summary

During our enter and view visit we found Redholme Memory Care home to be clean and well maintained with no unpleasant smells. Residents looked clean and appropriately dressed, Parts of the buildings are older and not purpose-built which can make it more difficult to make the environment dementia-friendly, and there were some areas where an improvement could be made, e.g. making sure all handrails are painted in a contrasting colour to the walls.

At Redholme the staff that that we spoke to were vocal about their responsibility to their residents and how much the home means to them as both people and professionals. Staff appeared knowledgeable about dementia care with a knowledge of the latest research, information and best practice. Residents appeared to be well-looked after, and interactions we observed during our visit showed staff to be respectful, caring and supportive.

Since our visit to Redholme Memory Care we have had additional feedback from other nursing homes about the impacts of changes to the pathways involving end-of-life pain relief. We have been feeding this back to commissioners, and this will continue to be on our radar.

We also continue to raise the difficulties of accessing dental care for residents who can't leave the home, as this is an ongoing gap in provision and should not be reliant on just one dentist for the whole city of Liverpool. A lack of dental care

leads to not only reduced quality of life but also poor health outcomes and increased risk of hospitalisation.

Recommendations

We make the following recommendations for Redholme Memory Care home:

- As mentioned by a relative, having name badges with first names is good for visitors but can also assist residents, especially those whose memory may be impaired.
- In some – but not all – areas the colour of the handrails was the same as the walls, making them harder to distinguish. We would recommend changing this, if possible, to make them visually stand out more.

Positives and good practice

We found during our visit to Redholme Memory Care home examples of positives and good practice which included but were not limited to:

There seemed to be a real effort to understand Dementia and its impact on the person and their families. There were multiple examples of Redholme putting this knowledge into practice including-

- The pilot of a new app which links residents with families who live further away, as well as providing other activities on a large screen. We look forward to hearing more about this pilot in the future.
- Several exit doors had been painted to resemble bookcases to help prevent residents with restrictions hanging around these areas and trying to leave.
- The bus stop that had been recreated in one of the corridors to allow residents to wait and help with behaviours of wanting to return to other locations.

Response from Management

Management responded promptly and advised they would take on board recommendations.

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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