

The Hamlets

Have your say

Enter and View Report, August 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: The Hamlets

Address: 99 Mill Street, Liverpool, Merseyside, L8 5XW

The Date of the Enter and View Visit: Tuesday the 5th of August 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
- Mariam Adekola, Healthwatch Liverpool Volunteer

This was an announced visit.

We would like to thank The Hamlets 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 The Hamlets 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

The Hamlets is managed by Age Concern Liverpool and Sefton. It is a care home for people over 55 years of age and provides EMI ('Elderly Mentally Infirm) and nursing care for people with enduring mental health issues.

The care home building is owned by HC-One, a national company which owns Mersey Parks, a large 120-bed care home on the same site.

The home has 30 bedrooms and was fully occupied at the time of our visit. We were told that any vacancies are always filled very quickly due to the high demand for the service. The Hamlets provides end-of-life care, which allows residents to stay in their home throughout their journey. At the time of our visit, one resident had lived at The Hamlets for 14 years.

Upon arrival, we were greeted by reception staff, asked to sign in, and our credentials were checked. We spoke with the manager, Jackie Achillies, who told us she had been in post as manager at The Hamlets for 4 years.

Discussion with the manager

We were told that there is a nurse and 5 carers on site between 8am and 8pm, as well as the manager for most of that time. For the later shifts, we were advised that there is 1 nurse and 4 carers on site.

We were told that some of the care staff had been in post for 7 or 8 years, and the home arranges regular staff recruitment drives; for night staff especially, the home has had to recruit several times.

We asked about the use of agency staff and were told that this had reduced significantly from around 1500 hours per month in the past to around 400 hours per month now. This was mainly to cover holidays and sick leave. The same agencies are used, and wherever possible, the same staff who know the residents.

The Hamlets does not employ its own chef; the food is provided by HC-One. The manager told us that this works fine, and that The Hamlets can make requests for menu changes.

Healthcare

We were told that all residents are registered with Sefton Park surgery. Dr Lipton attends the weekly MDT meetings as well as the community matron and the social worker. We were told that there are good relationships with the GP practice and community matrons, as well as with dieticians and speech and language therapists: *They know the residents and are good*"

The manager added that they have to use Immedicare to get medical support, but that it seems to work; there are no issues, but some calls can take a little bit of time.

Additional mental health support is provided by Leigh Moss and Norris Green hubs. We were told that the home can speak to a secretary there and will always get a call back. Because many of the residents struggle to attend appointments outside of the home, they will get more domiciliary visits.

"Someone always gets back to us. They tend to visit as our residents don't like to leave the home. The staff do come out"

The home uses Ritecare pharmacy, which we were told was good. The home had recently changed opticians to Iris Eyecare; the manager told us that

"We moved our opticians to Iris Eyecare, and they seem okay, they listen to us and are providing training to staff".

The Hamlets uses Sheil Road for dentistry and were very positive about this service. The manager praised the dentist and told us she was relieved that he was back from sick leave, although they were aware of the backlog.

While the dentist had been on sick leave, the home had used the emergency dental service once, but we were told that residents can struggle to attend appointments outside the home, finding them very distressing, and it can take the input of 4-5 members of staff to support residents with challenging behaviours to access dental care.

Hospital admissions and discharges

We were told about a recent visit to A&E at the Royal, where reasonable adjustments had been made for a resident who needed a mental health assessment and was anxious; instead of having to wait in a crowded A&E, they were taken to a quieter area. In addition, the manager gave an example of ambulance staff taking a resident back to the ambulance to wait and be assessed there, as that was a quieter place.

The manager told us that feedback from residents who had attended hospital was 'not bad', and that residents seemed to be treated very well when they are in hospital. We were told that The Hamlets typically does not have many hospital admissions; residents tend to have stable mental health when they move into The Hamlets.

Visiting

Quite a few of the residents don't have visitors, but for those who do, we were told that visitors can come at any time. The home has protected mealtimes, and we saw a sign up at the entrance clearly stating this. The manager told us this is flexible and mostly aimed at visiting professionals; one resident's relative likes to come in and eat meals with them and is allowed to do so.

Establishing residents' interests and activities

The home carries out pre-admission assessments and builds up a profile. Once a resident has moved in, the carers and activities coordinator will spend time with this resident to get to know them better. Staff will let new residents take their time to get settled in and let them take things at their own pace.

The manager gave an example when staff had found out about a resident's favourite singer recently; they now play this singer's music on the care home's iPads. The residents like the iPads, and the manager told us she had been surprised by how much people could engage with them regardless of previous computer experiences.

We were told that the activities coordinator will often prepare smaller, quieter activities as preferred by the residents. The home is run by a charity and has to fundraise to be able to provide certain activities. We saw the activities coordinator engaging in a group activity with residents and later engaging in a one-on-one reminiscence activity with residents who may not want to or are unable to leave their rooms.

The home does not own a minivan, but we were told that many residents don't like to spend time outside of the home. We spoke to one resident who told us they like to visit the city centre and do so independently using public transport.

Several of the residents smoke, but no one has their own lighter for safety reasons. Some residents are supported to smoke. Alcohol is not provided or allowed on the premises, but the home provides alcohol free options, and there are some residents who visit a pub with friends and family.

Residents' communication needs

We were told that all residents have a communication plan included as part of their care plan. This includes ensuring the residents' glasses and hearing aids are used, and this information is on the computer system used by the home.

The home has one speaker of another language; we were told this resident does understand basic English, and some of the staff use a translation app. In addition, one of the district nurses speaks this resident's language and visits regularly.

Food

The Hamlets does not employ its own chef; the food is provided by HC-One. The manager told us that this works fine, and that The Hamlets can make requests for menu changes, and management says this has not been an issue.

Management advised that they provide a summer and a winter menu and different foods can be requested, such as smaller meals and sandwiches. Food is also available for those with dietary restrictions, such as those requiring thickened fluids and soft foods.

At the time of our visit, there were no residents who had asked for halal or kosher food, but we were told this could be provided. The manager told us the quality of the food was good.

The few residents we spoke to had positive feedback about the food on offer, and one resident said they were happy with the menu choice and portion sizes. There were accessible wall menus available for residents that included large pictures as well as written table menus.

Residents' belongings

We were told that The Hamlets' laundry is done separately by HC-One staff at the HC-One Mersey Parks care home (which is on the same site). The Hamlets staff make sure that their residents' belongings are marked appropriately, but occasionally things do go missing. The laundry provides a 'lost items' rail for anything that has not been marked.

Residents' glasses will have their names inscribed, but we were told that hearing aids do occasionally go missing, for example, when they have been wrapped in a tissue. Not many residents use dentures, so that has been less of a problem.

Information on residents' vision, dental and hearing needs is added to the care plan with instructions for staff to ensure that individual residents are wearing their glasses/ hearing aids/ dentures.

Observations

Observations on arrival

The Hamlets is set over one floor, and it seemed to be accessible for those with reduced mobility. We found the areas of the home we saw to be clean throughout; some maintenance work was carried out during our visit, and we saw a member of staff ensuring that any dust was swept up immediately.

Throughout our visit, we saw staff engaging skilfully and compassionately with residents, using residents' names and gentle touch, getting down to eye level and using a calm and friendly tone of voice.

Combined lounge/ dining room

The dining area looked clean with multiple dining tables set with tablecloths, napkins, and flowers. There were pictures on the walls of local Liverpool landmarks, as well as a clearly visible menu with photos of the food choices and a larger font size, which made it easier to read.

There was a large clock with the date clearly displayed and a weather symbol for the day; we were told one of the residents was responsible for ensuring the correct date, etc., was displayed. This display was excellent and would support residents in remaining oriented with the outside world, especially as some struggle with anxiety regarding leaving. There was also a small collection of books and board games. The manager said that connect 4 is popular with residents.

This area was not as well-lit compared to the lounge area; this was due to the windows being on the opposite side of the room, and some lights were giving out less light, making the room feel dimmer.

The lounge area had comfortable armchairs along the walls and plenty of natural light coming in from windows and the doors leading to the enclosed garden area. The activities coordinator was playing a game with some of the residents, and there was background music playing on the large smart TV with YouTube access. Once the activity was finished, several residents watched an animal documentary.

We saw easy-read signs across areas. The communal lounge was much brighter with open patio doors leading to the garden and a large window on the other end. The floor looked newer and less worn in this area.

Corridors

Corridors were free from obstructions and had pictures of flowers as well as photos of residents and staff on the walls. The walls were painted grey, and the solid wooden handrails were painted white, which made them somewhat distinguishable from the wall. Flooring was ok throughout with no tripping hazards, but it did look a bit worn in some places with scuff marks. Doors to rooms that should be locked (e.g. the sluice) were locked.

There were 'Dignity in care' charts displayed throughout and a 'you said, we did' board at the entrance. Some of the requests that the care home states they have supported residents with include increased visits to the local community and supporting residents in purchasing mobile phones.

Bedrooms

We were shown a couple of bedrooms which, depending on the resident, were more or less personalised with pictures and some of the people's own belongings. We were told that none of the bedrooms were en-suites. Some bedrooms had large glass doors facing the garden, and these let in a lot of natural light.

The rooms had profile beds provided, and the manager told us that there is a new nurse call system in place. Pressure mats are provided if needed to help detect falls.

Bathrooms and toilets

The toilets we saw were clean and looked well-maintained, with tiled walls and non-slip flooring.

The bathrooms we saw looked clean and fresh with hoists and accessible facilities for washing. The tiles on the walls, we were advised, are older but looked to be in good condition. The bathrooms are quite dark as they were originally built with only a small window in place to provide natural light.

Garden

The enclosed garden had plenty of seating. Parasols were available but not opened due to the weather. We were told that one of the residents helped with watering the plants. The home organises a barbecue once a year, but we were told that not all residents want to take part in this.

There were many potted plants throughout, and the area looked well cared for. Several residents sat outside enjoying the garden.

Feedback from residents, relatives, and staff.

Healthwatch spoke with 4 residents and 2 members of staff during our visit.

Resident A



"It's fine, they look after me"



When asked if they felt well looked after: "Oh yeah".

When asked whether they liked the food: "It's OK". When asked what food they liked: "Weetabix and chips"

When asked what they liked to do and prompted with examples: "Watching telly – Coronation Street". When asked if they had a television in their room: "yes".

Resident b

Do you like it here? "It's not that bad; they are looking after me"

How is the food? "It's alright. I like Mars bars. I like gin and orange"

Resident B

"I like it, I spend a lot of time in the garden. The food is fine; the menu works for me. My room is comfortable."

Resident C

Summary and recommendations

Summary

During our short visit, we observed that The Hamlets seemed to be a care home that was well run, and the residents we met seemed happy and content.

We observed multiple staff members treating residents in a caring manner, with kindness and respect. Staff seemed to have built up a good rapport with the residents, and we witnessed them changing communication styles to support different residents.

We also found that the areas of the home looked clean and generally well-maintained. There seemed to be a consistent effort made to make the home as accessible for all as possible, evidenced by the easy-read displays and signage throughout.

Recommendations

We make the following recommendations for The Hamlets

- Examine the lights above the dining area opposite the manager's office, as the area seemed dimly lit at the time of our visit.

Positives and good practice

We found during our visit to The Hamlets examples of positives and good practice, which included but were not limited to:

- The menus displayed in the dining area had large photos, making them easy to read and visually informative. We also thought the large weather clock in the dining area was an excellent idea in keeping residents oriented with the time and dates.
- The manager's office is positioned next to the dining area and lounge and has a large window looking out on that area. It felt like it made it very easy for residents and staff to approach the manager and for the manager to have a good overview on the home.

Response from staff

Staff from Age Concern responded promptly to our report.

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