

Turner Home



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 usually last around 2 hours and as such can only give us a 'snapshot' of a service. We are always grateful for feedback from residents, relatives and other visitors to be able to get a fuller picture. You can leave feedback via telephone on 0300 77 77 007, or email engagement@healthwatchliverpool.co.uk. Alternatively, you can contact us via: www.healthwatchliverpool.co.uk/have-your-say

Details of the Enter and View Visit:

Name of the service visited: Turner Home

Address: *Dingle Lane, Liverpool, Merseyside, L8 9RN*

The Date of the Enter and View Visit: 11/08/2025

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 Turner Home staff and residents for facilitating the visit and for taking the time to talk to us.

Why did we carry out this visit?

Enter and view visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to Turner Home was to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

Safeguarding

Healthwatch Liverpool Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

There were no safeguarding concerns identified during this enter and view visit.

About the Service

Background

Turner Home is a nursing home that caters for men with multiple conditions including mental health and nursing needs. Many of the residents have emotional or cognitive challenges which can be due to a brain injury, enduring mental health issues, dementia, and/or substance misuse.

The home has 59 ensuite bedrooms and is housed in a large Victorian era, listed building with expansive grounds near Princes Park. The building is large with long corridors, and has a variety of communal areas and rooms, including a large chapel.

We were told at the time of our visit that there were 56 residents living at Turner home. Current residents ages range from 35 to 94 years of age and come *“from all walks of life”*.

At the time of our visit, we were told that Turner Home did not charge top up fees, but we were told this may have to be reviewed as costs continue to rise.

Discussion with the manager

When we attended Turner Home, we were greeted by staff, asked for our identification and requested to sign in. We spoke with the manager, Natalie DeSilva, Beth Roberts, Clinical Manager, and Karol Zwolinski, Managing Director.

Management discussed the challenges that Turner Home faces and described their residents as not being a ‘neat fit’ compared to some care homes. They said that a lot of their residents had overlapping needs and may have previously ‘fallen through the cracks’ in social care support and other care homes. Their residents can also vary quite a lot in their age and physical needs.

Management advised that there are different levels of support offered to residents depending on their needs. Some of the residents are living more independently in flats on site (without cooking facilities), but all residents have access to 24/7 support. We were told that people who need more physical support with moving and handling such as hoisting usually live on the ground floor for practical reasons.

Staffing

We were told that Turner Home employs around 109 members of staff. During the day there are 2 nurses on site with 8 Health Care Assistants (HCAs) and additional staff for residents needing one-to-one care. Other staff include an activity coordinator, a leadership team based on site, as well as housekeeping and estates teams. There are two team leaders on shift who support in ‘bridging any gaps’ between the day and night shifts.

At night there are 7 care staff, a team leader to support them, and one nurse available.

Management advised that the home does not often use agency staff, and if so, it is mainly to cover sickness and annual leave. For consistency the same agency is used who can provide the same agency staff who already know the home and residents.

Management says that 1-1 funding can be a challenge and the time taken for it to be agreed can drag on to the point of crisis. The process of setting this up requires a lot of information which is time consuming for their staff as well as other partners and decision makers.

Health care

All residents are registered with The Elms for their GP practice and staff advised that they have a retainer in place with the practice. There are MDT (Multi-Disciplinary Team) meetings every Wednesday morning with a GP, community matrons and a pharmacist. After these MDT meetings the GP will do a round of the home. We were told this MDT system works well, that the GP practice is good and the community matron Alison is *"brilliant"*. On Thursdays a physio attends to provide treatment to some residents.

For mental health services, we were told that *"CPNs (Community Psychiatric Nurses) listen to us well"*. They described an issue for people on a recalled community treatment order, as beds are scarce and the clinicians often want blood tests first which increases delays. Staff advised that it feels like the whole of Merseyside needs beds but that the CPNs do listen to them and their feedback.

Immedicare

Immedicare is used at Turner Home, and we were told staff find it useful and it provides reassurance even with nurses always on site. We were told that the home does not certify deaths using the Immedicare service as they feel that certifying death via video on a laptop was undignified and not good for staff or families. Turner Home management advised that are looking to upskill their nurses so they can certify deaths without the Immedicare process.

Management said they are lucky that they are so well supported by their GP and community matron as well as their own on-site medical staff which reduces their reliance on Immedicare.

Social work

Staff say that they are trying to build relationships with the new set-up at the social work team, but that things were better with a designated linked social worker which helped prevent escalations. There has been an introduction of quarterly meetings which staff say is improving matters.

Dental

We were told that it could be difficult to obtain dental care for the residents; staff ended up having to ring around many dentists to see if they could get appropriate care. They do monitor some residents for signs of dental pain using a baseline. Management said there had been some positive progress recently in getting some residents registered with a local practice.

There was a resident who discussed that they were being negatively affected by missing front teeth and felt it was reducing their quality of life.

Hospital admissions/discharges

At the time of our visit we were told that hospital discharges can be problematic. Most hospital discharges to Turner Home are from the Royal Liverpool Hospital, and staff said the hospital can be so keen to discharge people due to pressures on beds that they *“don’t necessarily take into account people’s baseline”*. Residents may have deteriorated significantly whilst in hospital and need more support than before their admission.

There also had been instances where people had been discharged without the right medication and came to the home with a missed diagnosis, for example herniated discs.

Staff advised that hospital staff *“don’t always understand mental health as well as they should”*. We were told there would be a *“quick touch-base and mental health assessment”* at times, but that this often was not adequate.

There were also concerns raised about some people losing muscle tone in the Royal as there was nowhere for them to physically go during their stay.

Turner Home staff said that a list of telephone numbers for the Royal’s wards at would be helpful to them.

Visiting

Management told us they have an open visitor’s policy and visitors are generally allowed at most times. Although there are protected mealtimes, relatives can come in and eat with the resident in their room. We were given an example of someone who occasionally visited during the night due to their work times, and as the resident preferred to stay awake late.

Visiting professionals (e.g. social workers) are asked to stick to protected mealtimes and to make an appointment for visits. Staff said this helped both residents and staff to be able to plan their day.

Establishing residents’ interests

Management told us that staff prefer to carry out a face-to-face assessment to learn as much as possible about the person before they move in. They may also speak to relatives for more background information. Information is recorded in the ‘about me’ section in the resident’s care plan. This includes information about things important to the resident and is described as an ‘ever changing document’. Staff say that people often find new things they like, especially with the change in environment.

Sometimes there has been a relationship breakdown between residents and their families, which means staff can struggle to get much background information. In these cases they take a slow and steady approach to getting to know the resident and take things at the resident’s preferred pace.

Residents can bring smaller items to the care home; as the bedrooms are not that large they can’t accommodate larger pieces of furniture. The 3 bedrooms

we saw were all painted in the same colour but personalised with photos and local sports team memorabilia. We asked if people were given a choice in decoration and were told that they can personalise the room to their own taste.

Activities

We were told Turner Home employs a wellbeing coordinator and an activity worker, and they try to ensure that all staff is involved in activities. Management told us they have to search for activities funding as the money received from the council does not cover this. There is no minibus, but staff will hire one as needed for larger trips or use taxis. Staff say this is not a problem due to the location of Turner Home which is near bus stops and a train station Staff they encourage residents to use public transport where appropriate to ensure they remain part of the local community.

Please add that we encourage our residents to use public transport where appropriate to ensure they remain part of the local community.

Staff described how they are linked in with a local academy to support pupil enrichment and explore pathways into health and social care. Staff say they want to open the doors to Turner Home and build relationships with the community as well as remove any stigma. They describe the home being like a family for a lot of their residents.

Staff advised that some residents have created their own walking club and go out on trips together. Some residents told us they like to travel into the city centre which is not far using the local buses or trains.

Staff told us the home is linked in with a Dementia radio programme, and they have had residents interviewed on the radio. There is a chapel on site that is open to residents and a pool table in the lounge. There is lots of outdoor space available to residents and there are gazebos for shelter. Staff say they have regular barbecues in good weather, and we saw posters for the latest barbeque whilst we were there.

One resident regularly plays keyboards (or the antique organ when available) in the on-site chapel. On the last Sunday of the month a service is held at the chapel which some residents attend.

Staff say there are there are regular residents and families' meetings, although 60-70% of the residents do not have any family attend. For residents with families, they are invited to events including teas, lunch, and seasonal events around holidays. Staff say that families really enjoy these special days and have had feedback saying, *"it's like being in a restaurant, like silver service"*.

Food

We were told that all food is cooked in-house from scratch using 'care home digest guidelines' as a starting point. There are multiple kitchen staff including a head chef, assistant chef and other kitchen staff. There were no residents who required specific cultural diets when we attended, but some residents had food allergies or were vegetarian which was catered for.

We were told residents are asked for feedback about the food. Staff discussed that there were some initial objections to the introduction of 'care home digest

guidelines', which meant lower carb meals. However, staff found that it worked well in lowering levels of pre-diabetes and managing type 2 diabetes. Staff also described residents being less lethargic using a targeted approach to nutrition

Some residents had requested facilities to cook their own food, and staff said they were exploring setting up a kitchen that could be used for that purpose, but due to Turner Home being a listed building there are extra obstacles to putting this in place.

Staff also provide decaffeinated coffee by default, with residents able to request caffeinated coffee. Management pointed to research showing a reduction in falls as their driver for making this change.

Residents' belongings

Staff say that glasses are engraved with the person's name, and clothes are marked. Laundry is managed by staff inhouse.

Observations

Observations of the building and facilities

Turner Home is housed in a large listed Victorian building with its own sizeable grounds. It has a full-size chapel on site. The chapel had memorials for residents who had passed away. The building had wide corridors in most areas, grand staircases, and various communal rooms on the ground floor for residents to choose from. Everywhere we saw on the day looked clean and well-maintained.

One of the hallway floors that we saw had an older carpet that looked clean but with a very 'visually busy' design which was a similar colour to the walls that could make it difficult for people with dementia to navigate. Staff advised they are working with LJMU to create a dementia-friendly design for this floor with the aim of creating an evidence-backed dementia-friendly environment.

We saw many feature designs and decorations from the original architecture including grand oil paintings and ornate architecture. There was also art created by residents on display in areas throughout, but we did not see any evidence of easy-read menus or activity boards on display.

Main entrance and corridors

A seating area in the corridor near the main entrance appeared to be a popular spot for residents to sit and watch the world go by. The main corridors were long and seemed to be almost laid out in a track around the building. When including the grounds there is plenty of room for residents to keep moving. Staff discussed how they put one resident's improvement down to being able to walk around more compared to their previous residence, and how his challenging behaviours reduced dramatically with movement.

One area on the main hallway route had wallpaper designed to look like a bookcase, a comfortable chair and a sensory wall feature. These recognisable features help with navigation and are examples of dementia-friendly design. Some bedrooms were located on smaller, narrow corridors coming off the main one; this looked like a dedicated extension.

The banisters in most areas that we saw visually contrasted with the walls making it easier to identify and assist residents with moving around.

1st floor corridor

The carpet had a visually complex dark red pattern which blended into the walls, also painted red. Staff told us that they are aware of the challenges of this corridor, and it is on the list to be developed with LJMU to make it more dementia friendly. As the building is listed that will need input from heritage specialists as well as philanthropical funds.

Dining rooms

Both the large and smaller dining rooms were clean and had tables laid out ready for dinner. There were ceiling fans and plenty of daylight coming through the large windows. The smaller dining room had less tables and also had a pool table for residents to use.

Lounge

We saw a large lounge on the ground floor with big windows looking onto the grounds. It had armchairs set out in rows and a large television on the wall, and several residents were watching a film in this room at the time of our visit.

Bedrooms

We were shown several bedrooms. Rooms were fairly small, but had their own ensuite toilets and wash basins

We were told that residents are encouraged to bring in items to personalise their rooms. The rooms that we saw were personalised with the residents' own wall decorations, curtains and bed sheets. Due to the smaller room sizes it is unlikely that larger pieces of furniture such as chairs would fit.

Feedback from residents.

Healthwatch spoke with 4 residents:

6

"It's more relaxed here, everything is ok"

Resident A

9

"I was in a different care home before. The food is good here, and I can have another option. It's more relaxed here, everything is ok"

"It's alright here, you can get grumpy ones but it's not bad."

Resident B

"Everyone is good."

"Food we get cheeseburgers and BBQ and I can ask for what I want."

"We play monopoly, cards, pool and go shopping. Sometimes I do shopping on my own."

Resident C

Summary and recommendations

Summary

Overall, during our short visit, we observed that Turner Home seemed a well-run nursing home that felt calm, well organised and homely. Given the grand setting it is testament to staff effort and the design choices made that it felt relaxed. The challenges in maintaining a listed building are considerable but the areas we saw all looked clean and in good condition with no strong smells.

The residents we met were dressed appropriately and looked clean and well looked after. The staff showing us around seemed to know residents' names, histories and specific interests. Some of the residents were happy to approach staff and told them about their plans for the day and what they had been up to.

We did not get to speak to many residents but those we spoke too seemed happy with their experiences, food and the activities on offer. One resident praised the handling of his medical condition at Turner Home and said he had no episodes whilst he had been there. Another had taken on a support role for residents who were unable to leave and was on their way to go shopping for them.

We were impressed by staff knowledge about their residents, their medical conditions and the wider impacts of the education and health care system and how Turner Home was trying for more support for residents. Staff were clear they want residents and Turner Home to be a part of the local community. This will provide a great opportunity for offering some residents the chance to (re-) integrate into the community with the support of staff.

Recommendations

We make the following recommendations for Turner Home

- Continue with the plans for Dementia-friendly design and look at adding more easy read menus or activity planners alongside this.

Positives and good practice

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

- The focus on building connections with the local community and encouraging residents to access the world outside the home will support residents to improve their quality of life and reduce any stigma associated with the building.

- Turner Homes joint working with partners such as LJMU and requesting closer links with the health teams should be praised. This can add value to the residents' experience and staff knowledge. Another home that we later visited praised Turner Home for sharing knowledge with them.
- The large grounds with plenty of indoor and outdoor space combined with its location near parks and the city centre makes Turner Home a great place for residents to keep active and access green spaces.

Response from staff

Staff responded promptly to our report and provided clarification to some of our discussions.

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.



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