

The Mariners' Park, Wallasey Enter and View Visit



03 Dec 2025

healthwatch
Wirral

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Acknowledgement

Healthwatch Wirral would like to thank the Care Home staff, residents and families for their cooperation during our visit.



Foundations of Quality

“Foundations of Quality Improvement should always have what people tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved and valued at each and every part of the journey. We should all feel confident that we are either giving or receiving quality care.”

Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System.



What is Enter and View ?

Healthwatch has statutory powers and duties to carry out Enter and View visits to any site where regulated care is given. Local Healthwatch Authorised Representatives carry out these visits to health and social care services to find out how they are being run and can make recommendations where there are areas for improvement.



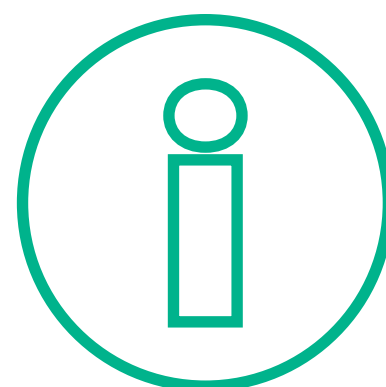
Section 221 of the Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP Practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who use, or provide, the service first-hand.

Healthwatch can also be invited in by providers to seek a ‘fresh pair of eyes’ on their service and gain some external assurances that they are on the right track prior to their CQC inspections.

Disclaimer

The contents of this report are based on what the residents, staff and Manager told Healthwatch Authorised Representatives. The information within this report does not recommend or advocate on behalf of any service. Individuals should use a variety of information, such as CQC reports, when making a decision on where to reside and/or where to obtain care.

E&V visits are risk assessed and planned well in advance. Where situations occur such as unannounced CQC visits, Infection Prevention and Control issues (IPC), bereavement, safeguarding or suspension of the service for whatever reason – HWW’s visit and, ultimately, reporting processes may be affected.



Every endeavour will be made to provide balanced feedback before departure from the premises. If reflections from the HWWARs raise issues that were not addressed at the end of the visit, then a follow up call to advise the Provider will take place before the report is published. Wording within the report which references a response from an individual may

not be verbatim (word for word). The Provider comments at the end of the report are added unedited.

Purpose of Visit

This visit is not designed to be an inspection, audit, or investigation, rather it is an opportunity for Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to staff and service users and carers /relatives. The visits are a snapshot view of the service and what we observed at the time of the visit.

Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. If during a visit, Healthwatch Wirral considers there may be a serious concern then this will be referred to the appropriate regulator. This also applies if we have safeguarding concerns and these will be referred to the Local Authority or Commissioner for investigation, and our visit will cease with immediate effect.

Once the report has been drafted by Healthwatch Authorised Representatives it will be sent to the provider which is the provider's opportunity to add their comments, and which will be added verbatim to this report. After twenty days the report will be published.



Site Introduction



Care Home Address:

Royden Avenue, Mariners' Park
Wallasey, Wirral
CH44 0HN



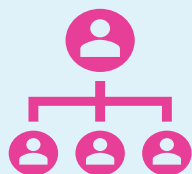
Setting Provider:

The Nautilus Welfare Fund



Date of Visit:

Wednesday 3rd December 2025



Care Home Manager:

Mrs Grace Holley



Care Home Email and Phone Number:

welfare@nautilusint.org
0151 346 8888



Healthwatch Wirral Authorised Representatives

Jacqui Canning
Dave McGaw

About The Mariners' Park Care Home



The Mariners' Park Care Home provides residential care and nursing care, as well as short breaks and respite care for retired seafarers and their dependants.

The Mariners' Park Care Home is located within the [Mariners' Park Estate](#), where all residents are retired seafarers and their dependants, and their care and support is the provider's priority.

(image and introduction from healthcare setting website).

The Visit

Environment

From our research and observations:

The Mariners' Park Care Home is a residential retirement complex and care facility, run by the Nautilus Welfare Fund, and is situated on the Mariners' Park Estate; sixteen acres of landscaped parkland on the banks of the River Mersey with views across to Liverpool.

Mariners' Park Care Home is intended primarily for retired seafarers from the Merchant Navy, Royal Navy and other maritime professions, and their dependants, usually age 55 or over.

It provides a supportive community with shared backgrounds; a place where former mariners can retire among peers with similar experiences.

The Estate includes a mix of housing: independent living apartments and bungalows; an "extra-care" supported-living wing; and Mariners' Park Care Home for residents needing additional support; a 36-bed Care Home providing personal and nursing care (including for people living with dementia).

There are communal facilities on Mariners' Park Estate for residents, including social areas, a café/bistro, games room, gym, hair salon, bowling green and gardens.

The Care Home, opened in 2002, is approached through the Mariners' Park Estate grounds which appeared well-tended. The two-storey building appeared well-maintained. Some rooms have large exterior balconies, with views over the River Mersey.

The Manager and Deputy Manager welcomed us to the Mariners' Park Care Home. We were asked to sign-in using their electronic procedure. We noted hand sanitiser gel and notice boards in the foyer. The relevant Health and Safety and evacuation procedures were on display.

The Manager informed us that the Care Home has capacity for 36 residents and currently has 34 beds occupied; 16 residential, 9 Nursing, 8 EMI (of which 2 are nursing and 6 residential) and 1 resident in respite care.

The Manager and Deputy Manager said the Care Home offers long term care, respite care and specialist dementia care.

We were introduced to the Admiral Nurse, who is a specialist in dementia care.

HWWAR were conducted on a tour of the building by the Care Home Manager and Deputy Manager, and we engaged with residents, families and staff whilst being escorted.

Health and Wellbeing

GP and Dental Access

We asked the Managers “Are new residents informed about their options about GP Practice registration and access?”. They told us: –

“Yes. As part of our pre-admission process, face-to-face discussions take place with residents and their families. During these conversations, we explain the benefits of registering with our nominated GP Practice, which is Earlston and Seabank Medical Centre, Wallasey, which provides weekly nurse-led ward rounds and monthly GP rounds. At the same time, we respect each resident’s choice to remain with their own GP Practice, provided the GP Practice is within our catchment area. We have supported residents who wish to stay with their existing GP Practice. In these cases, our nominated Practice has carried out an initial review and then liaised directly with the resident’s own GP Practice to ensure continuity of care. Consent is always obtained for any change of GP Practice, as well as for medication ordering and patient access processes. All documentation relating to GP Practice registration and consent is scanned into the resident’s file on the *Blyssful* care management system, ensuring clear records are maintained” (For more details of the *Blyssful* care management system, see the report section “Families” below).

We also asked “Are new residents informed about options about dentist registration?”. The Managers said: –

“This is a challenging area. Residents, who already have a dentist and are able to attend appointments with support, are helped to do so. However, it is very difficult to arrange dental care for residents who are chair- or bed-bound, or for those who lack capacity. We have written to Dame Angela Eagle, MP for Wallasey, to highlight the urgent need for better dental provision for care home residents. Currently, we can refer to the Community Specialist Dental Service, but this only provides emergency weekend cover for people able to attend St Catherine’s Medical Centre. The specialist weekly service is limited to emergencies for children and individuals with special needs, meaning our residents often fall outside of this provision. We have also discussed the issue with our GP Practice, but unfortunately, they are unable to offer solutions. In one case, a resident living with dementia was in pain due to a tooth problem and, with no

dental access available, was referred to the Macmillan Nurses for pain management. We remain committed to supporting residents as best we can and continue to advocate for improved dental services for people living in care homes”.

At the time of the visit, HWWARs suggested contacting NHS 111.

We asked about oral assessments on admission and regular oral checks. The Manager told us that on admission, residents are asked the following oral health questions:

- Does the resident have their own teeth ?
- Does the resident wear dentures ?
- Does the resident need support with oral care ?
- Are there any current issues with oral health (pain, sores, bleeding, broken teeth, ill-fitting dentures) ?
- Does the resident have a regular dentist ?

An oral care plan is then created and reviewed monthly, alongside the above assessment. The Care Home also has a *‘Tooth Fairy Champion’* working in line with the CQC’s ‘Smiling Matters’ initiative. This Champion ensures care plans are checked weekly, discrepancies are flagged quickly, oral care products remain in stock, and any gaps in staff training are identified and addressed.

Pharmacy

We asked the Managers if there have been any issues in receiving medication or in administering medication (e.g. from any pharmacy and/or from hospital). They told us:-

“There has been one incident involving Controlled Drugs (CDs) being received from the hospital in an unsealed bag and in unlabelled boxes, without a Prescribing Medications and Administration Chart (PMAC). This was raised as a safeguarding concern and has since been fully investigated and closed. For routine medication ordering, we use the online app *Patient Access* to request monthly medications. This process is managed by the Deputy Manager and Clinical Lead, with requests submitted two weeks before the medication changeover to ensure full oversight and time to address any potential issues. The Deputy Manager checks in all medications one week before the changeover, maintains a running document to highlight and resolve issues promptly, and oversees the changeover process to ensure stock counts are correct and reconciled. We use the *ATLAS eMAR* electronic system for all medication administration. This system uses barcode scanning to ensure safe and accurate administration. PRN protocols (*“pro re nata”*, meaning *“when required”*) and medication plans are attached to *ATLAS* for all residents and are regularly reviewed by the Clinical Lead and

Registered Manager. These PRN plans help ensure that PRN medication is effective, and where it is not, escalation to the appropriate channels can be made.”

The Manager said safety systems in place are:

- Monthly medication ordering via *Patient Access* (by Deputy Manager & Clinical Lead).
- Orders submitted two weeks before changeover to allow oversight and problem-solving.
- Medications checked in one week before changeover with a running log of issues.
- Deputy Manager oversees stock reconciliation at each changeover.
- *ATLAS* eMAR system with barcode scanning to ensure safe administration.
- PRN protocols and medication plans attached to *ATLAS* for every resident.
- PRN plans reviewed regularly by the Clinical Lead and Registered Manager, with escalation where required.

Safeguarding

We asked the Manager “Have you had any Safeguarding alerts in the last twelve months ?” They told us : -

“Yes; from September 2024 to September 2025. These alerts resulted in referrals related to a range of different issues, including matters both within and outside of the organisation. All were reported to the Local Authority (LA) and where relevant to CQC.”

The Manager added they had no issues with the process and used the online portal, they added that the LA Safeguarding Team were very supportive .

We also asked “Did any safeguarding alerts result in any action being taken (for example, in any changes being made) ?” They told us:-

“Following safeguarding referrals, actions is always taken where appropriate. After every safeguarding case, we undertake a lessons-learned review, which is documented within the safeguarding referral. These outcomes and learning points are then cascaded to staff through email updates and team meetings to ensure awareness and continuous improvement in practice”.

Falls

We asked the Manager “Has the number of falls for your residents increased or decreased in the last year ?” They told us:-

“The number of resident falls has decreased compared to last year. This reflects a 66% reduction in falls”.

We asked “How do you prevent and manage falls ?” They told us:-

“We prevent and manage falls through a proactive, multi-disciplinary approach. We work closely with the community pharmacy to review residents’ anticholinergic burden scores (ACBs) and identify those at higher risk. Where appropriate, we collaborate with the GP Practice to adjust medicines to help reduce fall risks. We also make use of assistive technology, including chair and bed sensors, with all observations recorded in daily care notes. In addition, our on-site physiotherapist provides timely assessments and interventions to support residents’ mobility and safety”.

They added “falls are recorded using incident forms within our digital care management system. In addition, for 2025, we have introduced a dedicated falls log, which enables us to track and identify trends more effectively. While we do not use the Safe Steps system, we have developed our own risk assessment tools to identify and manage fall risks. We also work in partnership with the Community Falls Team when required, ensuring residents receive additional specialist support”.

The Manager told us they do not have spare mobility equipment; everything is returned to Medequip (the equipment provider) when no longer required.

Care Plans

We asked the Manager “Do residents and families contribute to care plans ?” The Manager told us: -

“Yes; residents and families contribute to care plans. We hold annual care plan reviews with families to ensure their input is included. We have also implemented a new digital system and are working towards giving families access to care plans, where appropriate and with consent. This will allow families to be more involved in ensuring continuity of care within a person-centred approach.

We asked “How do you ensure care plans reflect residents’ needs and wishes ?” and “How often are care plans reviewed ?” They said:-

“We ensure care plans reflect each resident’s needs and wishes by following a robust, person-centred process. Prior to admission, families are supported to complete a detailed pre-admission pack, enabling us to understand the resident’s preferences, routines and care requirements from day one. Our staff use computers on wheeled trolleys to document care in real time, usually with the resident present, which helps to keep records accurate and inclusive. Care plans are reviewed monthly, or sooner if changes are required, and every resident has a named nurse who acts as the main point of contact for their family. All care plans are linked to assessments, allowing live

updates to be made immediately, so they always reflect the resident's current needs and wishes.

This ensures they remain accurate, up-to-date and reflective of each resident's wishes and requirements. Care plans are updated electronically using our digital care management system. Staff use computers on wheels to record updates in real time, usually with the resident present, ensuring accuracy, transparency and a truly person-centred approach.

Infection Prevention Control

We asked "What processes do you have in place for testing residents for infections who are travelling to/from hospital?" and "What preventative measures do you currently have in place to prevent Clostridium Difficile (C.Diff) infections?" The Manager told us: -

"All residents are risk assessed for infection when transferring to or from hospital. We check hospital transfer documentation for infection risks and communicate these clearly with providers and transport staff. On return, residents are reassessed, and any necessary infection control measures such as isolation or PPE are put in place. Our staff use a digital system and computers on wheeled trolleys to record assessments in real time, and they are trained to identify infection symptoms quickly so testing and precautions can be applied without delay. We have robust measures in place to prevent C. Difficile infections. All residents are risk assessed on admission, transfer and discharge [to/from hospital]. Standard Infection Control Precautions are always followed, including strict hand hygiene with soap and water, safe waste and laundry management, and use of gloves and aprons. If C. Difficile is suspected, residents are isolated, stool samples are sent promptly for testing, and antibiotics and medications such as Proton Pump Inhibitors (PPIs) are reviewed. These measures ensure early detection, prevention of spread, and safe management."

We also asked how they identify UTIs. The Manager told us:-

"We identify UTIs using the nationally recognised 'To Dip or Not to Dip' pathway, which avoids using dipsticks and instead relies on clear clinical signs and symptoms. Staff are trained to look for specific indicators depending on whether or not a resident has a catheter, and to rule out other causes such as dehydration. If a UTI is suspected, a urine sample is taken for culture, and findings are escalated promptly to the GP Practice. We also monitor hydration daily to help prevent UTIs developing.

The Manager added "our staff have attended the 'To Dip or Not to Dip' training. We recognise the importance of keeping knowledge up to date, so we will be arranging further sessions to ensure that new staff are trained, and existing staff receive regular refreshers.

General

We asked the Manager “Do you have any issues with patients being admitted to/discharged from hospital ?” They told us: -

“Yes, we do experience challenges with hospital admissions and discharges. We send care plans and eMARs with residents on admission, but these are sometimes misplaced on arrival, leading to repeated requests to us for the same information at different stages of the hospital journey. Discharge can also present difficulties due to poor communication. We request early discharges back to the Care Home to ensure appropriate staffing levels, to allow time to chase any missing medicines, and to engage District Nurses if required. However, we have experienced situations where residents are returned to the Care Home as late as 10pm, which creates significant challenges for safe and effective care. In addition, nursing staff handovers from the hospital do not always take place, which can affect continuity of care.

Complaints

We asked “Are all residents, relatives and staff made aware of your complaints policy and procedure ?” The Manager told us: -

“Yes, our complaints policy and procedure is shared with all residents, relatives, and staff. The procedure is displayed in the home, included in resident information, and available on our website. Residents are supported with accessible formats where needed, and staff receive training on the process during induction and as part of ongoing development. This ensures everyone knows how to raise a concern or complaint openly and safely.

We also asked: - “Do you inform commissioners and/or stakeholders if complaints are upheld, and do you inform them of the outcomes ?” They told us: -

“Yes, when complaints are upheld, we inform commissioners and relevant stakeholders in line with contractual and regulatory requirements. We also share the outcomes, and where safeguarding or regulatory concerns arise, we notify the Local Authority and the CQC as appropriate.

HWWARs were given a copy of the Complaints Procedure.

Resident Engagement

HWWAR engaged with a number of residents who appeared well presented, calm and happy to speak with us. Most told us they had had a lovely afternoon tea and told us they liked the staff.

Families

We asked the Manager “How do you engage with families of residents ?” They told us: –

“We place great importance on building strong, trusting relationships with the families of our residents. Our approach is designed to ensure families feel welcomed, informed, and actively involved in their loved one’s care. Since August 2025, we have implemented *Blyssful*, a cloud-based care management system that supports the delivery of high-quality, person-centred care. *Blyssful* is used throughout the home for recording, monitoring, and reviewing all aspects of care. *Blyssful* is a secure, cloud-based software and mobile application designed for managing residential and supported living care. Key features include:

- Resident Profiles: Comprehensive records of each resident’s needs, history, and care plans.
- Care Planning: Customisable assessments and risk management tools to create and update personalised care plans.
- Compliance & Auditing: Tools to evidence CQC compliance and identify trends or improvements.
- Task Scheduling: Assigning and monitoring staff activities to ensure care is delivered consistently.
- Reporting & Analytics: Data-driven insights to support management and quality assurance.
- User-Friendly Interface: An intuitive system that promotes accurate, timely recording of care.

Family Access to *Blyssful* is to promote openness and collaboration, access to *Blyssful* has been extended to families who hold Power of Attorney (POA) for Health and Welfare for residents. This allows families to review care plans remotely and stay informed about their loved one’s care in real time.

This initiative strengthens transparency, supports CQC Regulation 9 (Person-Centred Care), and encourages shared decision-making between the care team and families. Families can securely view care plans through the *Blyssful* app from the comfort of their own homes.

In our approach to family engagement, we maintain a culture of openness and ongoing communication with families through:

- Open Door Policy: Families are encouraged to visit or speak with us at any time. We pride ourselves on being approachable and responsive to residents’ and families’ needs.

- **Clear and Timely Communication:** Important updates and information are shared via email to keep families informed and involved.
- **Family Open Days:** Regular events where families meet staff, discuss care, and share feedback in a supportive environment.
- **Care Plan Reviews:** Reviews are conducted by the Registered Manager and Deputy Manager, ensuring robust oversight and providing opportunities for families to discuss care in detail and raise any concerns privately.

By combining transparency, structured review processes, and digital access through *Blyssful*, we ensure families feel valued, informed, and empowered partners in the ongoing care and wellbeing of their loved ones”.

HWWARs spoke with a number of visiting families, who all told us they were happy with the care their relative received and were always invited to activities such as afternoon tea and seasonal activities. They added the food was good and their relatives appeared settled. They said many of the staff have been there for many years and are happy their relative has continuity of care. One family member told us their relative and family members had been visiting the care home weekly for lunch for a number of weeks to feel more secure when the resident finally moved into the Care Home. They said this had helped with the transition for the resident and the family. One resident was happy they had sight of the new Everton Football Club Stadium across the River Mersey. They told us the staff have been very supportive.

Staff

The Manager told us they have 67 staff:

Leadership & Clinical:

Registered Manager (RGN)

Clinical Lead (RGN)

Senior Care Officer

1 RGN.

Direct Care:

9 Health Care Assistants, 7 In the afternoon (HCAs).

Support Services:

1 Administrator

4 Domestic

1 Chef

1 Kitchen Porter

1 Activities Coordinator

1 Maintenance Person.

We asked "What is the ratio of staff to patients during the day shift ?" The Manager told us:-

"Day shift (8am–2pm) 1:4

Evening shift (2pm–8pm) 1:5."

We asked "How many Registered Nurses and HCAs do you have on the day shift ?". The Manager told us:-

"Day shift (8am–2pm): 9 Direct Care staff (not including 1 Nurse and 1 Senior Care Officer). From Monday to Friday, the Registered Manager (RGN) and Clinical Lead (RGN) are also on duty.

Evening shift (2pm–8pm): 7 Direct Care staff (not including Nurse and Senior Care Officer). From Monday to Friday, the Registered Manager (RGN) and Clinical Lead (RGN) are also on duty."

We asked "How many staff do you have on the night shift ?" They told us:-

"Night shift (8pm–8am): 4 Direct Care staff (not including 1 Nurse) Between the hours of 8pm and 10pm there is a total of 2 registered nurses in the building and 4 HCAS."

They added that the ratio of staff to patients on the night shift is 1:9.

We asked "How often do you complete staff appraisals and supervisions and what training are staff offered ?" They told us:

"We complete formal staff supervisions every three months. In addition, we operate an open-door policy, allowing staff to raise issues, seek support, or request additional supervision at any time in between scheduled sessions."

Training

Staff undertake training on:

- Autism
- Basic Life Support
- COSHH (Control of Substances Hazardous to Health)
- CYP: Safeguarding Children and Young People
- Duty of Care
- Dysphagia
- End of Life
- Equality, Diversity and Inclusion
- Fire Safety
- First Aid
- Food Hygiene
- Health and Safety
- Infection Control
- Managing Continence
- Medication Practice
- Mental Capacity
- Moving and Handling
- NHS Data Security Awareness Level 1
- Nutrition and Hydration
- Person Centred Care
- Pressure Area Care
- Safeguarding and Protection of Adults.

Training in the last 12 months:

- Communication at End of Life- (Community End of Life Team)
- Symptom Management Palliative Care (Community End of Life Team)
- EoL training (Community End of Life Team)
- Syringe Driver training (Community End of Life Team)
- Dignity in Death (Williams & Bell Funeral Directors)
- Verification of Death
- The Dementia Experience (Dementia UK Admiral Nurse)
- Abbey Pain Scale (Dementia UK Admiral Nurse)
- Positive Behaviour Support (Dementia UK Admiral Nurse)
- Safeguarding Level 4 (Leadership)
- Level 5 NVQ Leadership
- Coroners Course (with Siobhan Napier and Coloplast)
- Fire Marshall Training (face-to-face)
- First Aid Training (face-to-face)
- Mutual Respect in the Workplace (Heather Wood, Head of HR UK, Nautilus International)
- *Blyssful* Training – *Ablyss* training.

The Manager added they are also accredited with Six Steps Training until November 2025.

We asked the Manager “What are your experiences with the Teletriage Service ?” They told us:-

“We have been using the Teletriage Service within the care home for the past two years. In the beginning, the service worked very well, providing clear access and signposting to relevant services such as GPs, Urgent Care, or Rapid Response. We also benefitted from Teletriage nurses visiting the home when these services could not be accessed, which provided timely and effective support for residents.

However, over the last six months we have noticed a significant decline in the quality and effectiveness of the service. Increasingly, when we call, we are advised simply to contact the GP Practice for advice. This is concerning, as the Teletriage Service was designed to help reduce pressure on GP Practices and to avoid unnecessary GP home visits. Unfortunately, the current experience is not meeting that objective, and it is creating added challenges for both staff and residents. We are also seeing poorer outcomes for our residents, as we are left waiting for GP visits or waiting multiple hours for call-backs. In addition, information is sometimes being lost within the Teletriage Service system, further delaying care and support”.

The Manager told us they have also used the Urgent Treatment Centre service.

Staff Engagement

Staff told us the kitchen had a 5* hygiene rating (with certificate on display). The menu was changed weekly on a 4-week rotation, and was then on a 4-month cycle with residents input into any changes.

HWWARs noted pictorial menus were used with a choice of meals. We were informed that special diets were catered for and that all prepared meals were conveyed by heated trolleys to residents’ dining areas.

We spoke with many of the staff during our visit who all told us they were very happy there; many had been there for many years and lived locally.

Family Engagement

HWWARs spoke with many family members who informed us they were happy with the care their loved ones were receiving. Some told us of being able to visit the Care Home regularly with their relative before their relative made the move to full-time care and how this helped with transition. They told us the staff were caring and many had been there a long time which was good for continuity .

Community or Other Support

The Manager told us they engage with local schools who visit the residents regularly, especially at Christmas time to conduct choir sing-alongs.

Plans Moving Forward

We asked the Manager “What changes would you make to your processes and systems, moving forward ?” They told us:-

“We believe that some of the passion has been lost with the move to online training. When staff are brought face-to-face with professionals who are passionate about their areas of expertise, it sparks something within the team that online learning cannot always achieve. When we first took over the team, communication was a challenge. To address this, we organised a team-building day outside of the home, which all staff attended on different days. We noticed a major positive shift afterwards – staff learnt about different communication styles, how to interact more effectively, and were able to recognise each other’s qualities. This made our team stronger and improved collaboration. Moving forward, we would like to continue running these events annually to maintain momentum, build morale, and strengthen our culture of teamwork and communication.

For residents and families, this means a more confident, motivated, and cohesive team delivering care. Stronger teamwork ensures more consistent communication with families, greater continuity of care, and a calmer, more supportive environment for residents.

We are committed to continuous improvement and innovation within the Mariners’ Park Care Home, with a strong focus on enhancing outcomes for residents, supporting our staff, and building meaningful partnerships with families.

- **Becoming a Test Bed Pilot Site** – we have been successful in our application and interview to join the Test Bed Project led by the University of Liverpool and the National Care Forum. As a pilot site, we will be part of an overarching governance system, led by myself, to trial AI and new technologies for the benefit of residents, staff and residents’ families.
- **Digital Transformation** – we are working towards moving all of our systems and applications to the cloud, to improve efficiency, access, and security. This includes systems such as eMAR, *Blyssful*, and the introduction of new laptops for staff, ensuring streamlined processes and more time for direct resident care.

- **Phased Roll-Out of *Blyssful* Access** – following the successful implementation of *Blyssful* across the Home and its introduction to families holding Power of Attorney, we are now entering the next phase of the roll-out. Over the coming month, we will be extending access to residents who have capacity, ensuring their full involvement in reviewing and understanding their own care plans. Consent discussions and one-to-one conversations are planned to take place during this next phase, supporting our ongoing commitment to transparency, person-centred care, and CQC Regulation 9 compliance.
- **Shared Care Pilot with TIDE** – we are excited to be part of the Shared Care Initial Pilot Home Scheme with TIDE (Together in Dementia Everyday). This project will focus on how shared care can be more effectively delivered between residents, families and carers, fostering a more collaborative and supportive environment. We are proud to be one of only six care homes in the United Kingdom taking part in this pioneering initiative.
- **Ongoing Service Development** – we will continue to explore opportunities such as increasing staff capacity, introducing more resident activities, and embedding innovative approaches to care delivery that directly support wellbeing and quality of life”.

HWW asked “Would you be willing to share plans with other care homes as best practice ?” The Manager told us:-

“Absolutely. We firmly believe that developing and maintaining strong partnerships with other care homes, as well as with health and social care services more broadly, is essential to delivering high-quality, person-centred care.

By openly sharing our learning, and best practices, we create opportunities for collaboration that benefit not only our own residents, but also the wider community of people receiving care. This partnership allows us to exchange knowledge, address common challenges, and develop solutions that improve outcomes across the sector.

Collaboration strengthens the quality of care within our own home by exposing us to new perspectives and approaches, while at the same time contributing to the continuous improvement of standards across the care sector as a whole. Ultimately, our aim is to ensure that all residents, regardless of where they live, are supported to enjoy the best possible quality of life.

In addition, we have recently seen an influx of families reaching out to us for advice and support, often after hearing about the open and compassionate way we engage with relatives. Many have dropped in simply for guidance on what to expect and where to go next when a loved one is moving into a care home—even if that care home is not Mariners’ Park.

We see this as a reflection of the trust we have built within the wider community and of our commitment to being a reliable and supportive source of advice, not just for our own residents and families, but for others navigating similar journeys.

HWW asked “How do you feel your processes and systems keep your residents and staff safe?”, and “Do you feel they are robust enough and are you striving to make improvements?” The Manager told us:-

“Our processes and systems are designed to keep both residents and staff safe, and we believe they are robust. We use digital care planning, real-time recording with computers on wheeled trolleys, and clear risk assessment tools, all of which support safe and consistent care. We also have strong governance in place, including regular audits, care plan reviews, and staff training. At the same time, we are continually striving to improve – for example, by enhancing digital access for families, expanding staff training programmes such as ‘To Dip or Not to Dip’, and developing new logs and tools to monitor trends and prevent incidents.

In addition, we use digital systems such as eMAR and *Blyssful*, with barcode scanning to ensure safe medication administration. Our approach is supported by safeguarding lessons learned, falls monitoring, and structured UTI assessments. We are also part of national pilot projects such as the University of Liverpool Test Bed and the TIDE Shared Care initiative, and we are moving our systems to the cloud to improve efficiency, access, and security. These innovations, alongside our commitment to continuous improvement, ensure residents receive high-quality, person-centred care while keeping staff safe and supported.

Recommendations

N.B. All recommendations were indicated to the Manager at the time of visit.

- From our observations, although there were emergency evacuation procedures displayed, there was no visible signage to indicate any fire assembly points and the roadway was directly outside main entrance. We recommend assessing outside signage.
- Although the Care Home has residents with dementia, the first toilet HWWAR visited was not dementia-friendly, and the sink tap water was over-pressurised causing water to spray over the sink-user. We recommend the water pressure is checked.

- We noted that a small area of the nonslip flooring planks in the large secure sensory garden/balcony area was uneven. We recommend this be assessed and addressed.
- We noted that a fan in a resident's ensuite bathroom was inoperative, and this observation was passed onto staff.

Conclusion

At the time of our visit, the Care Home appeared to be modern, clean and well-run. The Managers and their staff team seemed professional and caring. The residents and their families we engaged all spoke highly of the care, food and the environment. The Care Home team engaged well with the local community.

We look forward to visiting again in the future. Thank you for your time.

Glossary

ACB	Anticholinergic Burden Score
AI	Artificial Intelligence
CD	Controlled Drug
C.Difficile	Clostridioides difficile (also known as Clostridium difficile, or C. diff)
COSHH	Control of Substances Hazardous to Health
CQC	Care Quality Commission
CYP	Children and Young People
ECIST	Emergency Care Improvement Support Team
eMAR	Electronic Medication Administration Record (or Electronic Medicines Administration Record)
EMI	Elderly Mentally Infirm
EoL	End of Life
GP	General Practitioner
HCA	Health Care Assistant
HWW	Healthwatch Wirral
HWWAR	Healthwatch Wirral Authorised Representative
IPC	Infection Prevention Control
LA	Local Authority
NHS	National Health Service
NVQ	National Vocational Qualification
POA	Power of Attorney
PMAC	Prescribing Medications and Administration Chart
PPE	Personal Protective Equipment
PPI	Proton Pump Inhibitor
PRN	<i>pro re nata</i> (meaning “when required”), as in PRN protocols
RGN	Registered General Nurse
TIDE	Together in Dementia Everyday (project)
UTI	Urinary Tract Infection.

Distribution

Healthwatch Wirral submits the report to the provider for comment, and once comments are received and added to the report, the report will be sent to the Commissioner and CQC. Healthwatch Wirral publishes all Enter & View reports on its website and submit to Healthwatch England in the public interest.

Manager's Comments

Comment Box

We would like to thank Healthwatch for taking the time to visit Mariners Park Care Home and for the very positive feedback provided. We are pleased to hear that the Care Home was observed to be modern, clean, well-run, and that our managers and staff were seen as professional and caring. It is also encouraging that residents and their families spoke highly of the care, food, environment, and our engagement with the local community.

We also welcome the observations and recommendations made during the visit and would like to provide the following updates:

- On the day of the visit, the over-pressurised tap in the communal area was repaired.
- The inoperative fan in the ensuite bathroom was repaired in one of our vacant rooms.
- We will be reassessing our emergency evacuation signage, including the visibility of the fire assembly point signage outside of the Care Home.
- The maintenance team will carry out an inspection of the communal external areas, including the sensory garden/balcony, to assess and address the uneven non-slip flooring identified.

We value the feedback provided, as it supports our commitment to continuous improvement and residents safety.

Thank you again to Healthwatch for your time and kind comments. We look forward to welcoming you again in the future and continuing to share good practice.

Social Value

Measuring Social Value

Social Value is a broader understanding of value. It moves beyond using money as the main indicator of value, instead putting the emphasis on engaging people to understand the impact of decisions on their lives. The people's perspective is critical.

Organisations will always create good and bad experiences, but on balance should aim to create a net positive impact in the present and for a sustainable future. They should measure their impacts and use this understanding to make better decisions for people.

Social Value UK, 2024

How Healthwatch Wirral demonstrates Social Value

Healthwatch Wirral is dedicated to ensuring how Providers meet Social Value standards. Our social value commitments aim to put people's perspectives first when supporting vulnerable individuals, economic pressures, and promoting environmental sustainability.

Vulnerable People, Economic Pressures, and Environmental Sustainability

People experience vulnerability at different points in their lives, which can increase and decrease over time. During our Enter and View (E&V) visits, we aim to understand the needs of vulnerable people who live in Care or Residential Homes.

During our visits, we discuss with the Providers their training practices, how they support both staff and families, and where they would signpost or refer to when supporting a person's clinical or non-clinical needs. We offer suggestions and recommendations to help ensure the Provider is utilising all available care and support resources. Our aim is to ensure that residents are allocated the right care at the right time, and to avoid unnecessary trips to A&E if the situation can be managed effectively for the person where they live.



By utilising our knowledge of the care system, we can assist Providers and members of the public in navigating what can appear like a complicated system. This includes

directing them to the appropriate services like the Urgent Community Response Team, or GP Enhanced Access appointments, et cetera.

Providing the correct care in the right place and time can ensure a positive experience for residents while reducing pressures on the health and care system. Effective communication between providers, carers, and residents (such as promoting available clinical and non-clinical services) enables Care Providers to utilise the support they need more effectively.

HWW promotes Wirral InfoBank <https://www.wirralinfobank.co.uk/> which provides an online directory of provisions available across all sectors (clinical and non-clinical). We also promote HWW's Feedback Centre <https://speakout.healthwatchwirral.co.uk/> to ensure people can leave feedback about their experiences. This helps influence the design, commissioning, and deliverance of care to better reflect the needs of the community.

HWW ensures it is as paperless as possible. However, it is vital that everyone gets information in a format that is suitable to them. Our website is available in different languages and audio, and we share Public Health's commitment to addressing inequalities by providing documentation in different formats and languages.

We have adopted a culture of seeking assurances in relation to:

- Quality and Equality of care.
- Clinical and non-clinical support and treatment.
- Equality Impact Assessments.
- Coproduction and integrated commissioning.

We engage health and care Commissioners and Providers in discussions about how effectively they collaborate to deliver integrated, seamless care and support for patients, families, carers, and the workforce. Coproduction is integral to achieving meaningful social value.

We prioritise using local services and providers for all our administration, office and operational needs, ensuring that our finances are spent locally. Whenever possible, we utilise free premises and have sponsored local sports clubs for women and children. Additionally, we support HWW staff by being Mindful Employers and providing equipment to meet the needs of individuals.

Healthwatch Wirral CIC 2025



healthwatch Wirral

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