

**Nazareth
House
Birkenhead
Enter and
View Visit**



24 February 2026

healthwatch
Wirral

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Acknowledgement

Healthwatch Wirral would like to thank Nazareth House staff, residents and families for their cooperation during our visit.



Foundations of Quality

“Foundations of Quality Improvement should always have what patients 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.

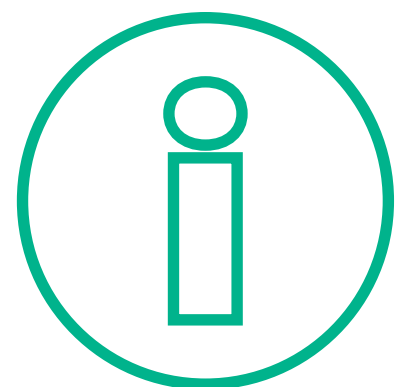


Section 221 of the Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP Practices, dental surgeries, optometrists and pharmacies. Enter and View 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 (IPC) issues, 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.

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:

Nazareth House Birkenhead
Manor Hill
Prenton
Wirral, CH43 1UG



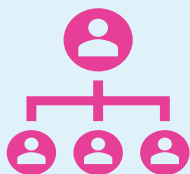
Care Home provider:

Nazareth Care



Date of visit:

Tuesday 24 February 2026



Care Home Manager:

Mrs Sherrel Sacker



Care Home email and phone number:

Email: gm.birkenheaduk@nazarethcare.com
Phone: 0151 653 4003



Healthwatch Wirral Authorised Representatives

Laura Peter
Kirsteen Sheppard
Norma Ovens

About Nazareth House Birkenhead



Nazareth House Birkenhead, main convent building



Nazareth House Birkenhead, view towards residential accommodation from gardens

- Nazareth House Birkenhead, is in the quiet, suburban area of Manor Hill, Prenton
- Nazareth House Birkenhead provides specialist palliative care alongside residential, respite, and nursing care services
- The Home can accommodate up to 57 residents
- Facilities offered include medical assistance 24/7, a Catholic chapel, restaurant-style dining, hairdressing, lounges and games room, an onsite hair salon, chiropody, laundry and housekeeping, and a variety of daily activity sessions.

The Visit

Environment

The outside of the property appeared well-tended, and the main entrance of the home presented a welcoming, friendly environment. It was felt that perhaps more prominent signage on the outside of the convent building could help to indicate the main entrance to the care home on the right toward the rear of the building.

There appeared to be sufficient car parking in the grounds of the property, and a sign indicated to park in marked parking bays. Some parking bays were near to the entrance to facilitate residents being taken out by staff and visitors. HWWAR saw several residents being taken out and accompanied back into the building by families and staff during our visit. HWWAR were told by the Deputy Manager that at least one or two staff per day shift are authorised to take residents out in their own vehicles. Parking is also available close by on the public road, and public transport links for buses and trains are nearby.

The electronic signing-in process was simple to use and the importance of the signing-in procedures was explained by the Manager, and that feedback can be left after each visit, if desired. Multiple hand-sanitizer units were available at the entrance, and throughout the property, with advice given on how to use.

Notice boards were visible, for example one that named and showed photographs and names of staff. Notice boards and signage all appeared dementia-friendly, with images, colour and wording used appropriately.

A photograph collage of residents, artworks and activities were displayed, as well as visits from neighbouring children's nurseries and schools.

The fire safety protocols all appeared well-planned, and automatic fire doors were fitted where necessary.

Safety signage was evident for when floor cleaning was in progress.

Coded door access was used throughout relevant areas, e.g. between floors and in certain restricted areas.

The interior decoration and equipment throughout the property appeared well maintained, and cleanliness was of a high standard, with all areas feeling and smelling fresh and clean. At the time of the visit, HWWARs felt there was a pleasant and homely atmosphere throughout the building, with lots of artwork referring to “love” and “home sweet home”.

The bedrooms HWWARs visited had soft colour palettes and HWWARs were told that residents can provide their own furniture and can decorate the walls, et cetera, if they wish. The bedrooms that HWWARs were able to visit had family photographs and pictures on the walls. Residents can supply their own bedding, if they wish.

All bedrooms had their own toilet and washbasin. Some ground floor bedrooms had patios.

HWWARs felt that the bathrooms had good, clean décor, looked fresh and clean, and appeared well-equipped with chairlifts and/or bath lifts. We were told that either one or two staff assist with bathing, following relevant risk assessments.

Dementia-friendly signs were in place on toilet doors. The alarm pull-cord in one toilet was incorrectly looped over the toilet-roll holder, possibly after cleaning, but this positioning was rectified straight away by a nurse on duty.

Staff told us that care provided for residents on the nursing care floor is greater than on the residential floor. It was reported by staff that about 70% of residents have dementia.

The laundry arrangements seen by HWWARs showed good practice, with individual laundry trays clearly marked for each resident. Laundry equipment appeared in good order.

HWWARs noted that communal areas, corridors, hallways or stairways were free from obstacles, and fire doors were visibly marked, with evac-chairs in place at each staircase.

HWWARs felt that seating in communal areas was well-arranged. We were told that some of the wheelchairs and armchairs used by residents were purchased by relatives. HWWARs were told by staff that the comfortable chairs are easily sanitised, and privately-owned chairs are often donated for use by other residents or their families, including for use in communal areas.

HWWARs noted that hazardous items throughout the Home were kept locked away to meet with good Control of Substances Hazardous to Health (COSHH) standards. HWWARs saw safe, locked, storage of medications and were told by staff that the nursing stations were staffed 24/7.

The main kitchen, which has a hygiene rating of 5 on display, was seen by HWWARs to be clean and tidy, with spacious areas for food preparation. The equipment appeared to be of a high standard, and first aid provisions were clearly visible.

The Manager told us that hot food is brought into dining areas from the main kitchen in hot-trolleys to be served.

The main dining room had a restaurant-style layout, and appeared light, fresh and airy with plenty of large windows looking onto the garden, with fresh flowers on each table.

The dementia-friendly dining area's tables are kept clear for ease of use.

A cooked breakfast is served from 7am to 11am, to cater for early- and late- risers' sleeping patterns; and is ordered as desired by residents on the day to be better responsive to their needs. Staff told us they recognised the importance for offering a wide choice of food, and residents can opt to eat dinner later if they've had a late breakfast. HWWARs were told that residents can request food and drinks at any time.

Mealtime staff assistance arrangements were not seen by HWWARs, but were described to us by staff.

The conservatory was bright and airy with plenty of large windows looking onto the gardens. HWWARs could see the residential cat, Dora. Staff told us that they check with residents if they are allergic to cats, and that they feel the cat is a comfort to the residents. HWWARs saw residents and their families enjoying time together in the conservatory. Staff told us that conservatory is a space often used for parties and gatherings.

Health and Wellbeing

The Manager told us that they felt the move towards compliance had been an incredibly hard journey since they have been in post, and that they have plans not only to continue to provide the care and nursing support they already offer, but to develop some of their senior team members to Care Home Assistant Practitioners (CHAPs) so as to increase the number of nursing beds available. The role of the Care Home

Assistant Practitioner (CHAP) is as a highly trained, experienced care worker acting as a bridge between carers and registered nurses and skilled to perform delegated clinical tasks such as catheter care, wound dressing, and medication administration under nurse supervision.

HWWARs were impressed with staff attitudes and consideration demonstrated towards residents and each other at the time of our visit; all staff that HWWARs observed appeared to have great resident interaction, compassion and caring attitudes. The ratio of staff to residents that HWWARs saw appeared appropriate.

There is a convent on the premises, as well as a chapel which is accessible to residents, families and staff, with Mass being celebrated every day by the two resident Priests. HWWARs witnessed a staff member request Communion from a nun in a communal area, which was graciously performed.

GP and Dentistry Access

GP Access

The Manager told us that new residents are informed about their options for GP registration and access – this is fully discussed prior to admission, and the Home works closely with local GP Practice, Claughton Medical Centre, part of Paxton Medical Group, which provides weekly ward rounds for the Home's residents.

Pharmacy

The Manager informed us that they have an excellent relationship with their nominated local pharmacy, which provides a reliable, responsive service, medications audit, and who will support the Home's staff with training and advice.

Dentistry Access

The Manager informed HWWARs that new residents are notified of their options for dentists' registration and access, with oral health care assessments completed as part of their care planning process assessments, and care plans are reviewed monthly as part of the care planning process.

The Manager explained that obtaining timely and appropriate dental care for their residents is an area of real concern, as they are finding dental care is difficult, often near impossible, to access. HWW offered information about local dental treatment, including the Specialised Dental Service operated by Wirral Community Health and

Care NHS Foundation Trust (WCHC), and of urgent dental treatment available via the NHS Emergency Dental Service for Cheshire and Merseyside.

Hospital Admission/Discharge

The Manager reported that they recently had some issues with hospital discharges, where hospitals had not provided medicine upon discharge. Hospital discharge issues included some residents being discharged:

- having to be re admitted within 24 hours
- without medications after a 3 week stay
- with significant pressure sores after a stay in hospital, where none were present before.

Safeguarding

Safeguarding - Alerts

The Manager told HWW that they have had safeguarding alerts in the last 12 months, which have been reported to the Local Authority. The Manager added that they find the online reporting process is easy to use and efficient, if a little impersonal, and follow ups with social workers have been positive. We were told that no safeguarding alert has been upheld, and they learn from each situation, looking at risk management and prevention as part of a whole systematic approach to care planning.

Safeguarding - Falls

The Manager told HWW that the number of residents' falls has decreased in the last year, and they have improved their recording process. The Manager explained that, to prevent and manage falls they endeavour to maintain a safe, clean and tidy environment, with potential hazards being identified and risk assessed. Increased checks are used for those at highest risk, for example motion sensors are used if confusion is increased with any resident, or where infection is in place. Falls are recorded using their care system to log and investigate; the Manager has their own log that helps identify any trends.

The Manager reported that they have accessed community support to help with falls prevention; their staff receive training and risk assessments are completed.

Local mobility equipment provider *Medequip* provides their residents with walking aids, et cetera., to help maintain safe mobility. The Home routinely arranges collection of hospital- or community-based equipment that is no longer in use and have also used the drop-off facility for equipment that is no longer needed.

HWWARs witnessed that the alarms systems for residents appeared to be working well.

Care Plans

The Manager advised HWWARs that residents and their families contribute towards their care plans, being involved from pre-assessment onwards. The Home checks and audits care plans, monthly as a minimum, to ensure they are correct and reflect residents' needs and choices, using a "resident of the day" system. Up to the end of 2025, they used an electronic system called *Karein* and have changed to *Nourish* since the New Year which the Manager said was a better arrangement.

Infection Prevention Control

The Manager was pleased to advise HWWARs that very high percentages of compliance with required standards were scored (95%) during a recent unannounced Infection Protection and Control (IPC) local team visit.

The Manager told us that staff routinely take observations of residents' temperature, respiratory rate, blood pressure, et cetera, and they also take note of any increased confusion in residents and will request support from the GP Practice, if needed. We were told that staff do not routinely test residents who are travelling to/from hospital for infection.

The Manager added that potential UTI's are identified by observing common symptoms, such as changes in behaviour, increased confusion and temperature, complaining of pain on urinating for example. HWWARs offered information for WCHC's To DIP or Not to DIP training.

The Manager reported that their housekeeping team is exceptionally good at maintaining high standards of cleanliness at their home. This was apparent to HWWARs throughout the visit, with no malodours present anywhere.

We were told that compliant laundry procedures, "*clean in, dirty out*", enhanced infection prevention measures.

General

The Manager told us they believed that, through determination since being in post, their systems and processes have improved; there are clear processes to follow and this helps create a consistent approach to dealing with issues as they arise, and that their care planning, with using a “resident of the day system”, helps keep things constantly on-track.

The Manager attends the Wirral Care Home Forum, when time allows.

HWWARs were told by the Manager that a new cohort of residents had relatively recently moved into Nazareth House following the closure of another local care home. Staff told us they perceived that these new residents were not all comfortable sharing communal areas with other residents, and so an independent facility within Nazareth House was adapted for them. The new residents can go out into the gardens, and can make their own hot and cold drinks, if desired, and are able to own small pets, such as budgerigars, can have takeaway food delivered if wished, such as pizza, and can go out-and-about in the community accompanied by staff to the gym, shops, and elsewhere.

Complaints

The Manager told us that each resident’s information pack contains a copy of the complaints policy, and there is access to Easy Read paper copy documents around the Home, along with posters with contact details for Social Services complaints and the CQC.

As part of contractual reporting, KPI and contract visits, commissioners and/or stakeholders are kept informed if complaints are upheld. The CQC would be informed, dependent upon the nature of the complaint.

Resident Engagement

The Manager told us they hold friends and family meetings and share newsletters and the organisation sends out engagement surveys. The check-in E-Reception system incorporated a customer feedback section regarding each visit. The Manager expressed an interest in publicising the HWW Care Home Newsletter to residents’ and their families.

The bedrooms we saw had soft colour palettes and HWWARs were told that residents can choose to decorate their bedrooms and use their own furniture, put pictures up, et cetera, if they wish. Bedrooms HWWARs saw had family photographs and pictures on the walls. Residents can also supply their own bedding, if they wish.

All bedrooms had their own toilet and washbasin. Some ground floor bedrooms had patios.

HWWARs were informed by staff that residents are checked-on every two hours by staff when in their own bedrooms. Residents who need bed rest are checked-on every 30 minutes and moved regularly for improved tissue viability. HWWARs felt a responsiveness to residents' needs was demonstrated, e.g., some bedrooms had air circulation fans, or residents can have the windows open if they wish.

HWWARs asked residents, "Do you like living here?" - residents that HWWARs engaged with told us they liked the staff, with some very enthusiastic feedback received about the staff, the care given, the food and the environment. **Residents told us, "I love being here"** and **"It's 100% clean"**. HWWARs witnessed a great many positive staff-resident interactions throughout the visit.

A ground floor room visited by HWWAR was well-appointed as a hair salon for regular visits from a hairdresser for residents to make use of, and a notice showed that services offered were very economically priced.

HWWAR were told by staff, and saw evidence, of many activities being made available for residents; guitarists, singers, other musical activities, quizzes, "Fish & Chips Friday", et cetera. with communal rooms displaying photos of activities on offer. The Manager told us that their Activities Co-ordinator attends The Home every day.

Families

The Manager told us they hold friends and family meetings, share newsletters and the organisation sends out engagement surveys. The check in E-Reception system incorporated a customer feedback section regarding each visit.

The Manager expressed an interest in receiving the HWW Care Home Newsletter and publicising to residents' and their families.

Staff

We were informed by the Manager that 74 staff are employed at the Home. The staffing arrangements were reported as follows:

Monday to Friday:

- ▶ Manager, Deputy Manager and Administration staff.

Seven days a week, during the day shift, staff provision is 22 staff in total:

- ▶ 1 RGN
- ▶ 2 senior carers
- ▶ 9 carers
- ▶ 2 dining assistants
- ▶ 2 domestics and a domestic supervisor
- ▶ 1 laundry assistant
- ▶ 1 cook, and an apprentice cook, and a kitchen manager
- ▶ 1 maintenance person
- ▶ 1 activities co-ordinator.

The ratio of staff to patients during the day shift is nearly 1/2.

Seven days a week, during the night shift, staff provision is 7 staff in total:

- ▶ 1 RGN
- ▶ 2 Senior Carers
- ▶ 4 Carers.

The ratio of staff to patients during the night shift is just above 8/1.

Nine of the senior team members have completed up to NVQ Level 3 training to become Care Home Assistant Practitioners (CHAPs), and three have already completed this to NVQ Level 5.

Staff Engagement

The Manager was keen to engage openly with HWWARs and appeared to appreciate the staff employed by the Care Home.

All staff HWWARs met on the day introduced themselves and were smiling and responsive. The Deputy Manager told HWWARs that the Manager had fought very hard to keep staff levels at a safe, high, level. For example, a noticeboard was installed to

demonstrate how many night calls were made; this provided evidence against reducing night staff availability.

Several staff commented to HWWARs on the very good support they received from Management. Staff remarked that they felt listened-to, and that they felt they received enough training to support the residents, and enough supervision from their line managers.

The dining room assistant on duty said to HWWARs *"I love my job"*, and another member of staff said *"I'm treated as an individual"*.

Staff reported that they felt it worked well for them to have *"A great Manager"*, who, whilst adhering strictly to policies, was *"firm but fair"*.

The Manager told us that staff appraisals are completed annually, and staff supervisions are undertaken every eight to twelve weeks.

During the last twelve months, the Manager told us that all staff have undertaken all mandatory training as below: -

- ▶ Mental Health First Aid
- ▶ Train the Trainer Moving and Handling
- ▶ Train the Trainer Fire Marshal
- ▶ Train the Trainer First Aid Training
- ▶ NVQ Level 3 and 5
- ▶ HR training.

The Manager reported they have undertaken all mandatory training, HR training and they have enrolled on Institution of Occupational Safety and Health (IOSH) training.

We were told by the Manager that they are now in their third year of continuing the *Six Steps Training (Six Steps to Success in End-of-Life Care)* and feedback has been positive. We were also told they have run end-of-life coffee mornings to help families, friends and residents understand the process, and they will run another one shortly. The Manager has also identified a further two staff to attend this training.

Family Engagement

HWWARs witnessed great interactions between staff and residents during the lively quiz session taking place in the lounge area during our visit, with residents' relatives being encouraged by the Activities Co-ordinator to join in.

Community or Other Support

The Manager informed us they were familiar with the Frailty Service, and HWWARs offered information in relation to the role of the Urgent Care Response Service.

They told us their staff regularly and routinely use the Teletriage Service, which has also provided the Home's staff with some training. We were informed that their experiences with the Teletriage Service were positive, by helpful, knowledgeable and supportive staff with advice given relevant to the situation.

The Manager mentioned that the use of the Virtual Ward had been very good for them, as they felt it meant residents were less upset by any change of any usual routine.

HWWARs were told that local children's nurseries and schools visit and interaction with residents, is especially welcomed by residents with dementia. There were many photos and pictures on the wall showing these visits.

Plans Moving Forward

The Manager reported that they had undergone some changes within the organisation in terms of rota management, and that their E-care system has moved to *Nourish* from *Karein*, which was felt to be an improvement, and there has also been a new process installed for software to manage invoice processing.

The Manager told us that recently they have better access to HR support and are supported directly by *Croner HR Services*.

The Manager stressed to HWWARs that they felt ongoing improvement of the environment was important. The Manager added that, since being in post, the Home has been refurbished and is now much modernised with some decoration still to be completed in some of the hallways to refresh the environment. They are currently in the process of converting a previous bedroom into a shop for residents to run and use. They are also going to decommission an obsolete bathroom to use as equipment store and continuing the ongoing programme of decoration within the Home.

There are two satellite kitchens on the upper floors which the Manager told us they have identified as in need of refurbishment, moving forward.

The Manager told us they were aware of the need for new garage doors to an outside area, and there are plans for this area to be improved as a storage facility, there is also possible potential for provision of a training room, once funding provisions allow.

The Manager expressed an interest in sharing plans with other care homes as best practice.

Recommendations

1. To continue their current momentum with improvements, refurbishments and onward staff training, as outlined during our visit.
2. Consider how to work closer with system partners (especially when a resident has been discharged from a stay in hospital) to prevent infections and/or pressure wounds.
3. Share Healthwatch Wirral's details with residents, families and staff to enable them to leave feedback on their experiences within the Care Home. This will provide the Care Home with 'independent' feedback regularly.

Conclusion

Overall, HWWARs felt this was a very positive experience for all, and that Nazareth House Birkenhead was a well-appointed place that felt welcoming, with a friendly, comfortable atmosphere, with dedicated, caring and compassionate Management and staff.

Glossary

CHAP	Care Home Assistant Practitioner
COSHH	Control of Substances Hazardous to Health
CQC	Care Quality Commission
Evac-chair	Specialist equipment that allows staff to help people with mobility issues safely exit a building during an emergency evacuation.
GP	General Practitioner
HCA	Health Care Assistant
HR	Human Resources
HWWAR	Healthwatch Wirral Authorised Representative
HWW	Healthwatch Wirral
IOSH	Occupational Safety and Health (training)
IPC	Infection Prevention Control

LA	Local Authority
NHS	National Health Service
RGN	Registered General Nurse
RM	Registered Manager
UTI	Urinary Tract Infection
WCHC	Wirral Community Health and Care NHS Foundation Trust.

Distribution

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

Manager's Comments

Comment Box

I am very happy with the feedback received from Healthwatch. The home has come a long way, and we have developed a positive culture here at Nazareth House Birkenhead; we have a high level of staff and resident satisfaction. We all share the same vision, which is to create a happy warm, friendly environment. The report highlights that we are making good progress and working in line with our Core Values of Respect, Patience, Love, Compassion, Hospitality, and Justice'

Mrs Sherrel Sacker, Manager, Nazareth House Birkenhead.

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 (HWW) 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, etc.

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 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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