

Enter and View Report

**Daleside Nursing
Home**

08 September 2026



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Acknowledgement

This visit was undertaken by Authorised Representatives at Healthwatch Wirral. We would like to thank Daleside Nursing Home staff, residents and families for their cooperation during our Enter and View 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.

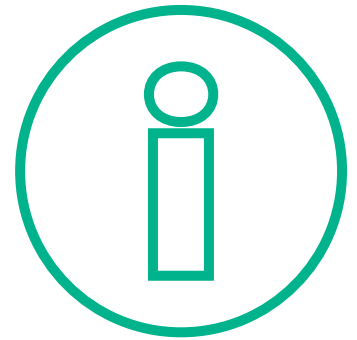


Section 221 of the Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP Practices, dental surgeries, optometrists and pharmacies. Enter and View 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 Wirral Authorised Representatives it will be sent to the provider. This is the provider's opportunity to add their comments within twenty days, and which will be added verbatim to this report.

Site Introduction



Nursing Home Address:

136-138 Bebington Road, Rock Ferry,
Birkenhead, Wirral, CH42 4QB



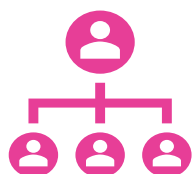
Setting Provider:

We Care Group



Date of Enter and View Visit:

Tuesday 8th September 2026



Nursing Home Manager:

Debby Jamieson



Nursing Home Email and Phone Number:

admin.daleside@wecaregroup.co.uk
0151 644 6773



Healthwatch Wirral Authorised Representatives

Laura Peter, Georgie Higgins,
Dave McGaw

About Daleside Nursing Home



Images from provider's website

Daleside Nursing Home, in a converted three-storey building originally dating from late 19th century, with later additions, is situated in the suburban residential area of Rock Ferry within near distance of transport links, shops and services.

This Nursing Home is run by *We Care Group*, which operates a total of 28 Care and Nursing Homes across the North of England.

The Home provides nursing, residential and dementia care for a maximum number of 43 residents. Currently, 34 residents live in Daleside Nursing Home, comprising a mix of Residential, Nursing, EMI Nursing and EMI Residential. There are no Transitional or Respite residents.

44 staff currently work at Daleside Nursing Home, comprising of managerial staff, a Registered Nurse, senior care staff, other care staff, and ancillary staff.

Healthwatch Wirral (HWW) visited Daleside Nursing Home in June 2018 and later in January 2023. The reports of these visits are available by request.

The most recent Care Quality Commission report for Daleside Nursing Home was published in December 2025.

The Visit

Environment

The exterior of Daleside Nursing Home appeared tidy, well-presented, and well-maintained.

The external building works we observed during our January 2023 Enter and View visit had been completed.

There is a small car parking area at the front of the building, and some grassed and gravelled landscaping. The exterior approach and parking area were mainly concreted and sloped upwards towards the home. We noted some uneven and cracked areas in the concrete which would benefit from some attention. There was a partially filled skip in situ.

There was a sign indicating the front entrance, which was down a short covered external passageway at the front of the building. At the doorway, there was a coded keypad lock for staff to use and a doorbell for visitors.

We noted the Home's food hygiene rating of 5 displayed in a front window.

General

We were welcomed into the Home by an Administrative Assistant, who took our names and informed the Manager that we had arrived. We were asked to sign in electronically and, although not prompted to do so by staff, we used the hand sanitiser available, although we were not prompted to do so by staff on arrival or at the end of our visit.

Above the sign-in location, a large information board included a section with staff photos, names and roles were displayed.

HWWARs reflected that the area around the entrance/reception area was also a busy corridor and that lighting could be improved. The photographs of staff on the noticeboard were not easily seen or read due to the reduced lighting.

The Manager was welcoming and introduced us to the team who were present, and the Administrative Assistant showed us around the Home.

We noted that the Care Home asserted that specialist equipment, including hoists, grab rails and mobility aids, were provided to maximise residents' independence, and that doorways needing wheelchair access had the required width of opening.

The Administrative Assistant assisting with our visit advised us that their fire plan had been reviewed a fortnight previously. We noted fire zone area notices were on the walls in various areas, fire extinguishers were present throughout the home, fire equipment was clearly marked, and the majority of fire escape exits were clearly signed.

We were informed that a hairdresser visited every Tuesday and bookings were taken through the office. We were shown a new room which has been dedicated as a hairdressing salon, which was fitted with a dedicated hairdressing basin and had two hairdressing stations with salon mirrors.

Manager's office

The door was open to the Manager's office, and staff and visitors were able to communicate freely with the Manager. The Manager and staff displayed a knowledge of residents' needs and there appeared an ease of communication between Management and staff.

Communal Lounges

There were two communal lounges on the ground floor; the main and larger lounge at the front of the building and a smaller lounge near the rear of the building, both appeared in good decorative order.

The larger, brighter, lounge was being used for musical and dancing activities during our visit, with a number of residents and staff present. Some residents were enthusiastically interacting with the activity co-ordinator, whilst others appeared to show less interest in either the activities or the television that was switched on. The lounge was equipped with comfortable seating, with some chairs close together and others spaced with tables filling the gaps.

The smaller lounge was furnished with comfortable chairs, tables and a television. We were told this smaller lounge was used as a quiet area and for one-to-one care. During our visit, three staff members were attentive to the three residents present, and the television volume was lower than in the main lounge. One of the staff mentioned they felt these residents appreciated this quieter environment.

Dining room

The dining room was bright and airy and in good decorative order.

The dining tables and chairs were well spaced, and there was a television at one end of the dining room, and a radio was playing.

There were French windows which looked onto the rear garden area, opening with a coded keypad system.

There were printed menus on the tables and a menu board displayed on the wall. We did note, however, that the table and display-board menus visible were not in a dementia-friendly pictorial format.

We were informed by the chef that residents had the choice of eating in the dining room or in their bedrooms, with food choices made the day before from the printed menu.

Kitchen

The kitchen was accessible directly through a door at one end of the dining room, and also via another door in a corridor at the other side of the kitchen.

The kitchen area was fitted out with stainless steel countertops and had commercial-style kitchen equipment including a 6-burner electric hob with extractor canopy, electric oven,

deep-fat fryer, dishwasher, large fridges and three freezers which were fitted with external temperature gauges.

During our visit, the chef and another member of kitchen staff were in the process of a clean-down of the kitchen following the lunch service.

There was food allergy/intolerance information on display in the kitchen.

We noted that a raw food area was clearly labelled as such and that the Home's 5-star hygiene rating certificate was displayed on the kitchen wall.

There was also a fire extinguisher and a fire blanket by the kitchen door which had been recently checked, there was a separate handwash basin and an emergency eye wash station.

Resident bedrooms

Bedrooms were on all three floors. The door of each occupied bedroom had dementia-friendly signs on their exterior with a room number, with a picture and name of each occupant.

All bedrooms we saw appeared in good decorative order and included standard furnishings and equipment to support residents' care and comfort. These included:

- An electrically operated bed, with either an air mattress or a standard mattress depending on residents' care plans
- A chest of drawers, wardrobe, television and bedside cabinet
- A waste bin and a laundry basket.

All bedrooms had basins fitted. We were informed that all hot water taps had temperature control and were checked weekly to ensure the right temperature.

Not all of the bedrooms have ensuite facilities. Bedrooms described by staff as ensuite had toilet and sink, but no bath or shower.

Of the two ensuite rooms we viewed, both had fans that were not working, and it was suggested during our visit to the accompanying member of staff that all fans should be checked to ensure correct functioning.

There were window restrictors on the windows and a low-level call bell. Radiators had covers on them.

We were advised that residents and their families were invited to personalise their bedrooms by bringing their own ornaments, pictures and any other objects of personal significance into the Home. Furniture could be brought in by prior arrangement with Management.

Bathrooms

Toilet facilities and bathrooms appeared to HWWARs to be within reasonable proximity to all residents. For those residents who needed help in bathing, bathrooms appeared easily accessible for staff and residents.

All hot water taps in bathrooms had temperature controls and were checked weekly to ensure correct temperature.

One of the newly renovated communal bathrooms we saw on an upper floor appeared in good order, but only had ventilation via opening the window or the door. Similarly, one of the ground-floor toilet and bath rooms we saw had no working fan and was malodorous during our visit.

One of the communal bathrooms on the ground floor was a wet room. We noted that the extractor fan was not working. We were told that they were aware that issues with the drain needed addressing.

We note that one of the newly renovated communal bathrooms we saw on the ground floor had no ventilation, other than via opening the door.

Medications room

The keypad-locked medications room was equipped with commercial-style temperature-controlled refrigeration for medication storage.

We were told that the room temperature and fridge temperature were recorded on a daily basis via the manual temperature recording system in place.

Laundry room

This was a coded keypad room equipped with 2 commercial-style washers and dryers, and commercial-style pressing equipment, with a separate linen storage area. Ventilation was via opening windows.

We were told by the staff member present that they operated a clear separation of dirty and clean items. Enhanced separation and control, along with usage of additional PPE, was performed in the event of any infection being present. The staff member told us each resident's clothing items were identified by name tags or were otherwise tagged, either by the resident's families or by the Home, as per residents' families' wishes, and that used clothing and linens were laundered daily.

We noted residents' laundry boxes clearly labelled with their names at one side of the room, and a PPE station was in place.

Sluice Room

The door to this room had a coded keypad system fitted to the door.

Corridors, stairs and lift

Corridors were observed by HWWARs to be well-lit, clean and bright, with even flooring and at the time of the visit appeared clear of obstructions.

Throughout the corridors there were pictures, information and event boards showing weekly entertainment and 'what's on' listings, which included a singer each month, arts and crafts, karaoke and hairdresser visits. There was also a '*You said- We did*' information board on

display which at the time of our visit showed details of improvements that had recently been carried out around the Home. The current CQC report and the Home's registration information was shown on another notice board.

The second-floor corridor was noted by HWWARs to feel narrow; which may cause some movement restrictions for residents, staff and visitors.

At the time of our visit, the corridors appeared full of activity with care staff and cleaners going about their duties.

A mobile personal hoist was stored in a recess under the main stairs, near to the staff room. The label was checked by HWWARs for safety check information and was within the recommended date.

There were two stairwells in the building, accessible at each level via doors with coded keypad entry.

HWWARs noted that both flights of stairs between the ground and first floors had higher-than-usual risers, creating a steep-feeling climb. The overall width of both stairwells appeared narrower between the first and second floors; and HWWARs reflected that both issues might potentially pose an issue during an emergency evacuation. We also noted that the curved inner section of the new-looking floor-covering from tread to riser was curved, presumably for ease of cleaning, but which had the perception of reducing the length of the stair tread, which may feel hazardous for some users.

One Evac-chair was installed on the first floor of the main set of stairs, and a second Evac-chair was installed on the second floor of the other set of stairs, both behind doors with coded keypad entry. We mentioned to the Administrative Assistant accompanying our visit that this placement behind coded doors could potentially cause delays in their deployment in case of emergency evacuation. We did not see signage for staff to show where the evac-chairs were placed.

Both staircases had safety gates fitted at each floor which were operated by coded keypad. We noted that one of these security gates leading from ground to first floor on the second staircase was defective; not closing automatically and sticking halfway, which could mean residents might be able to access the stairs unaccompanied. The Administrative Assistant accompanying our visit was informed by HWWAR of the defect at the time.

A 5-person lift was in situ for residents to make use of with staff supervision. Access was controlled via coded keypad entry. We were informed by the Administrative Assistant accompanying our visit that the lift was serviced regularly, and HWWARs noted it appeared in good working order.

The fire doors had fire door retainers attached at the base.

There were radiator covers on all of the radiators that we saw in the corridors.

We also noted that there were handrails in some parts of the corridors and first aid boxes attached to the walls in various areas of the corridors, as well as PPE stations.

We noted on the second floor that a loft hatch was missing in the ceiling in one part of the hallway.

Garden

We were informed by the Administrative Assistant that, during periods of good weather, residents were encouraged to use the rear garden area, which was accessed via a fire exit.

We were told work was ongoing in the garden and that there was a plan for the whole area to be made level.

At the time of our visit, the grassed areas were overgrown and HWWARs felt it would benefit from being cut and tidied.

There were some raised flagstones on the sloping path, which HWWARs pointed out to staff at the time of the visit as a potential trip hazard due to the excess height of several of the initial flags. It was suggested that clear warning marking should be added to alert users.

We observed a number of chairs and benches within the flagged garden area for residents and visitors to use.

The Administrative Assistant informed us that the designated fire assembly point is located at the front of the building and is accessed via the rear garden and courtyard. As the garden forms part of the fire evacuation route, HWWARs considered it important that the area was kept clear and maintained to an appropriate standard. We also felt that additional information regarding the fire evacuation procedure, together with clearer guidance for staff, would be beneficial. During our visit, HWWARs suggested that further signage could be installed to clearly identify the evacuation route.

HWWARs noted that access from two fire exits may have been partially obstructed by stored items in external areas. These included rolled-up artificial grass, garden equipment around a rear extension, and some waste materials associated with ongoing refurbishment works. The Manager advised us that an additional skip was due to be delivered the following day to facilitate the removal of the waste materials. We were also informed that the stored items and garden equipment would be cleared at the same time.

Health and Wellbeing

We observed staff engaging with residents in a friendly, supportive and considerate way.

The Manager reported that the main issue with hospital discharges to the Home, whether for new admissions or returning residents, related to the timing of arrivals at the Home. Residents sometimes arrived at less suitable times, such as during mealtimes or late at night, which The Manager stated was not conducive to best practice. The Home therefore requested that hospital transfers take place mid-morning where possible, particularly for new admissions, to

support a smoother transition for residents and help The Home's staff manage admissions more effectively.

The Manager and Deputy Manager mentioned feeling some frustration that oral nutritional supplements (ONS) prescribed by hospital staff had occasionally been slow to be supplied or had been provided in insufficient quantities, which had required staff at the Home to make additional arrangements.

GP and Dental Access

We were informed by the Manager that the Home had formed a good relationship with local GP practice – Sunlight Group Practice – and that all residents could use this GP practice if they wished. Alternatively, if residents preferred, they could choose to keep their own GP practice, if the GP agreed.

The Manager told us that: –

- a GP from Sunlight Group Practice conducted a weekly round.
- they had good relationships with their local nominated pharmacy.
- access to timely dental care for residents was impacted by ongoing pressures within the NHS dental system.
- staff undertook oral assessments of residents on admission, and followed-up with regular monthly oral checks.
- if residents had their own dentist, then they continued to use them. The Manager told us they could refer to the Emergency Dental Service or to the Wirral Community NHS Foundation Trust's Specialised Dental Service in St Catherine's Health Centre via their GP.

Safeguarding

The Manager told HWWARs they had experienced Safeguarding alerts within the last twelve months, which they reported to the Local Authority (LA). The Manager reported that the safeguarding process was easy to use through the online portal. However, when the Manager or Clinical Lead were not available to log into the portal, Care Home staff must contact the Local Authority by phone. Care Home Staff were sometimes then asked during their calls with the Local Authority Safeguarding Team to submit their concerns through the online portal, which had caused some delays in reporting.

The Manager notified us that some safeguarding alerts had resulted in their Safeguarding incidents being reviewed, and as a result additional staff training in IDDSI competency, manual handling competency and epilepsy was either issued or reissued to strengthen awareness, improve practice, and reduce the risk of similar incidents occurring in the future.

The Manager informed us that the number of falls for residents had decreased significantly in the last year, due to many factors, such as implementation of protocols, increased staffing, staff training and awareness. The staff prevented and managed falls via use of technology such as bed-, chair- and floor-alarms, by one-to-one support where necessary, and recommended medication reviews with GP. They made Falls Team referrals where necessary,

and ensured Care Plans and risk assessments were updated. Bed rails would be implemented by staff as a last resort.

The Manager stated that all falls were recorded on *Care Vision*, their electronic care planning platform provided by the *We Care Group*, and that falls were investigated and also discussed at their monthly Quality Monitoring staff meetings.

The Manager added that community support to prevent falls incidents was accessed via the Falls Team and by residents receiving physiotherapy via their GP practice.

We were advised the Home has recently reviewed and returned any surplus hospital- or community-based equipment that was no longer in use (e.g., walking aids, toilet frames, etc.).

Care Plans

The Manager informed us that residents and families were involved as much as possible in their Care Plans and that Care Plans are reviewed at least monthly, or if/when changes occur. To ensure Care Plans reflect the residents' needs and wishes they asked residents to complete a life story. The Home stressed they always offered choices, and sought to ask families. Care Plans were maintained electronically via *Care Vision*.

Infection Prevention and Control

We were informed that processes were in place for residents travelling to or from hospital where there was a risk of infection. These included informing ambulance staff of any known infection risk, completing Body Map Observations, and ensuring that information contained in hospital discharge letters was noted and actioned.

Measures currently in place to prevent *Clostridium difficile* (*C. difficile*) infections were described as barrier nursing and included the use of PPE such as gloves and aprons, and all residents sleeping in single-occupancy rooms.

Staff identify UTIs by checking residents for Increased confusion or distress, other clinical observations, change of colour in the continence pads, and they will send urine samples to their GP practice for testing. They do not use dip methods themselves for testing urine samples.

Complaints

We were informed by the Manager that all residents, relatives and staff were made aware of their complaints policy and procedure. A copy of their complaints policy was provided to HWWAR.

The Manager added that the Home conducts a monthly review with the Local Authority and complaints are discussed, with outcomes.

Resident Engagement

We were informed by the Manager that the Home held residents and relative meetings every three months.

They added that walkarounds were undertaken daily by the Home Manager or Clinical Lead, and the Manager maintained an open-door policy.

A resident told HWWAR that they like the food and that they had enjoyed having their hair done earlier, on the day of our visit.

Families

Families and relatives were referenced by the Manager throughout the visit as important contributors to residents' care, including providing input into Care Plans where residents were unable to do so themselves and by supporting the personalisation of bedrooms with items of importance to residents.

Staff

There was a separate staff room on the ground floor. A staff noticeboard we observed nearby had health & safety notices, health guidance and other useful information on display.

A notebook marked 'maintenance' was kept in a wall holder nearby. The Administrative Assistant accompanying our visit told us it was for staff to record maintenance issues requiring attention, and that this system worked well and helped ensure timely resolution.

Many staff live locally, and staff retention was good, with many staff being employed at the Home for several years; some as long as fourteen.

On the day shift there were usually seven staff on duty; one RN, one Senior care and five care staff, with a ratio of staff to residents during the day shift being 1:4.85

On the night shift there were usually four staff on duty; one RN, one Senior care and two care staff, with a ratio of staff to residents during the night shift being 1:8.5.

Training undertaken:

Anaphylaxis	Health and Safety (Assessment)
Asbestos Awareness (Assessment)	Infection Control (Assessment)
Basic Life Support	Information Governance and Caldicott
Basic Life Support (Practical)	MCA and DoLS (Assessment)
COSHH	Medication Administration
Duty of Candour and Duty of Care	Medication Awareness (Assessment)
Dysphagia and IDDSI (Assessment)	Medication Competency
Equality & Diversity	Person-Centred Care
Fire Evacuation (Practical)	Privacy and Dignity
Fire Marshal F2F	Safeguarding Adults at Risk
Fire Safety Awareness (Assessment)	Safer People Handling
GDPR and Data Protection	Safer People Handling (Practical)

The Manager informed HWW that the Home had accreditation for the Six Steps training (Six Steps to Success in End-of-Life Care <https://eolp.co.uk/SIXSTEPS/>)

Staff Engagement

The Manager informed us that they felt well-supported by the *We Care Group* Area Manager who attended the Home every fortnight and was available by phone at other times. The Manager praised the support, information and assistance available to them from the Quality Nurses and the Chief Operations Officer at the *We Care Group*. The Chief Executive Officer of the *We Care Group* had visited in a supportive capacity several times over the previous year or so.

Following our visit, we recorded that Bernie Suresparan, CEO of We Care Group, was a guest contributor to media publication *Care Home Professional's* issue on 16 September 2026, highlighting measures that can help reduce the risk of falls, ahead of Falls Prevention Week (21–25 September).

We were told that staff appraisals were undertaken annually and staff supervisions occurred six times a year unless needed more often.

One staff member told us they were very happy working there and had been there for eight months, lived locally and enjoyed coming to work. Another staff member told us that she lived locally and had worked at the home for one year, and added that there were many long-serving staff members there.

Family Engagement

The Manager reported a commitment to ongoing service improvement through regular reviews and meaningful engagement with families, using their feedback to support the delivery of safe, effective, and resident-centred care.

Community or Other Support

The Manager reported to HWWAR very good and supportive experiences with the Urgent Care Response Service, and that the Teletriage service was supportive.

Plans Moving Forward

The Manager said that:

- Their focus was on enhancing both the living environment and residents' experience. The Manager advised that the Home carried out a programme of refurbishment and redecoration on a continuing basis, "much like the Forth Bridge". Planned improvements included ongoing bedroom refurbishments, installation of a bath in their first-floor wet room, renovation of the hairdressing salon to support a new service, redecoration of the main lounge, and landscaping of the garden to create a more enjoyable outdoor area for residents.

- They aimed to strive to improve their services through ongoing staff training, regular quality reviews, and listening to feedback from residents and families to ensure safe, effective, and person-centred care.
- There was a desire to increase, and introduce more varied, activities for residents, whilst maintaining a structure that includes as many residents' abilities as possible.

They intended to continue to ensure that increased staffing would meet resident dependency and promote good resident outcomes.

Recommendations

- Consider whether any uneven and cracked areas in the concrete front driveway area could be renovated
- Maintain stair safety gates in good working order, and, where possible, upgrade those that do not close automatically
- Maintain extractor fans in bathrooms and toilets in good working order
- Maintain the drainage system in the downstairs wet room in good working order
- Place additional dementia friendly signage around the Home, and ensure dementia-friendly pictorial menus are available
- Ensure siting of Evac Chairs meets current regulations/guidelines and that staff are aware of their locations and correct usage
- Replace absent loft cover
- Consider adding temporary warning markings or signage to alert users of the raised flagstones in the rear garden
- Tidy garden areas and cut/tidy grassed areas
- If funding allowed, consideration could be given to relocating the existing front doorway to the current front building line. This would likely create additional internal entrance space and could also provide an energy-saving airlock for the main building.
- Encourage families to feedback via Healthwatch Wirral's Feedback Centre about their, and their relative's, experience with the Care Home for independent review of their service.

Conclusion

Overall, this Enter and View visit found that Daleside Nursing Home provided a supportive environment, with Management and staff demonstrating an understanding of residents' needs and treating people with respect.

Positive practices were observed in relation to resident wellbeing, and the Manager described ongoing work to support staff training, care planning, family involvement, and improvements to the Home's environment.

While a great many improvements had been made since the previous visit, Healthwatch Wirral identified some areas within 'Recommendations' for further consideration and development, relating to maintenance, ventilation, dementia-friendly signage, and aspects of safety and evacuation arrangements.

Healthwatch Wirral noted the Home's ongoing focus on development, and anticipates that the findings and recommendations within this report may be considered as part of that process.

Glossary

C.Diff	Clostridioides difficile (also known as Clostridium difficile, or C. diff)
CEO	Chief Executive Officer
COSHH	Control of Substances Hazardous to Health
CQC	Care Quality Commission
DoLS	Deprivation of Liberty Safeguards
ECIST	Emergency Care Improvement Support Team
EMI	Elderly Mentally Infirm
Evac-chair	Emergency evacuation chair for people with mobility needs.
F2F	Face to Face
HWWAR	Healthwatch Wirral Authorised Representative
IDDSI	International Dysphagia Diet Standardisation Initiative (to describe consumables' characteristics for persons with swallowing difficulties)
IPC	Infection Prevention Control
LA	Local Authority
MCA	Mental Capacity Act
NHS	National Health Service
PPE	Personal Protective Equipment
RN	Registered Nurse
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 and View reports on its website and submits to Healthwatch England in the public interest.

Manager's Comments

Thank you for your feedback regarding Daleside Nursing Home and for recognising the positive work undertaken by our team.

We welcome the recommendations provided and have already taken action, or have plans in place, to address the identified areas.

The uneven and cracked areas of the front driveway are currently being assessed by a local contractor and quotations are being obtained for the required works.

The stair safety gates have been inspected by our maintenance team, and the closing mechanisms have been adjusted to ensure they operate correctly.

A full survey of the extractor fans is being undertaken, and the findings will be reviewed by our Estates Team to ensure any necessary remedial works are completed.

Contractors have inspected the drainage system in the ground floor wet room, and we are currently awaiting a quotation for the required repairs.

Dementia-friendly signage is being sourced through our Marketing Team, and our menus are currently being updated to provide a more dementia-friendly format.

The evacuation chair has been removed and replaced with an evacuation sledge in line with our current evacuation arrangements.

The missing loft hatch cover has been replaced.

Warning signage has been purchased and installed to alert residents, relatives, and visitors to uneven surfaces within the garden. Residents are always supported by staff when accessing outdoor areas.

Garden maintenance is carried out regularly, including cutting and tidying of grassed areas, subject to weather conditions and operational requirements.

Whilst funding is not currently available to relocate the existing front entrance, this has been added to our Home Improvement Plan for future consideration and will be reviewed early next year.

Daleside Nursing Home remains committed to providing a safe, comfortable, and person-centred environment for all residents and will continue to review and improve the service in response to feedback and ongoing quality improvement initiatives.

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 visits, we aim to understand the needs of vulnerable people who live in Care or Residential Homes.

During our visits, we discuss with 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 delivery 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. 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 people, 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 2026



healthwatch Wirral

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