

# Hawthorne Lodge Residential Care Home.

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## Enter and View Report

**Contact Details:** 164 – 166 Hawthorne Road  
Bootle, Liverpool  
L20 – 3AR

**Date and Time of visit:** Tuesday 16<sup>th</sup> August 2016. 2pm

**Healthwatch Sefton Authorised Representatives:** Wendy Andersen  
Jim Conalty  
Diane Foulston  
Bridget O'Toole

### Acknowledgments:

Healthwatch Sefton would like to take this opportunity to thank all of the staff at Hawthorne Lodge Residential Care Home for their assistance. We would also like to thank the residents for taking the time to speak to us and for their contribution to this unannounced Enter and View visit.

### Disclaimer:

This report relates only to the service viewed at the time of the visit, and is only representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.

## **Introduction.**

This was an unannounced Enter and View visit undertaken by authorised representatives from Healthwatch Sefton who have the authority (Health & Social Care Act) to enter health and social care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the view of people using the services.

This visit was arranged as part of Healthwatch Sefton's work plan. The aim of this programme of work is to observe services provided by Sefton based; residential, nursing and care homes, consider how services may be improved and share good practice. The team of trained Enter and View authorised representatives record their observations along with feedback from residents, staff and where possible residents families and friends.

Enter and View visits are not intended to specifically identify safeguarding issues, however if safeguarding concerns arise during the visit, they are reported in accordance with Healthwatch Sefton safeguarding policies.

The team write a report reflecting these observations and feedback, making comment where appropriate. The report is sent to the manager of the service to check the facts/information within the report. Any response from the manager is included within the final version of the report which is published on the Healthwatch Sefton website: [www.healthwatchsefton.co.uk](http://www.healthwatchsefton.co.uk)

## **General Information.**

Hawthorne Lodge is a care home providing personal care. It can accommodate 25 older people. The home is owned by Stirrupview Ltd. The accommodation is located in the Bootle area of Merseyside. There is good access to public transport and many local facilities are a short journey away. The home has 17 single rooms and 4 double rooms. (Information cited from [http://www.cqc.org.uk/sites/default/files/new\\_reports/INS2-2435140682.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2435140682.pdf)) At the time of the visit there were 20 residents residing at the home.

## The Visit.

The Enter and View team visited the home on Tuesday 16<sup>th</sup> August 2016, 2pm.

When we arrived at the home, a member of staff noticed us and came out to politely enquire who we were. We were informed that they were just checking who we were as they had recently had people lingering about. We were directed to the main reception.

The registered manager and a member of staff welcomed us on arrival and we were asked to sign in. We shared the letter of authorisation which set out the plan for the visit and who would be taking part. Approval was promptly given for the visit to proceed. Staff showed us around the home before we started the visit. After starting our observations, a member of staff came back to us as the other manager of the home (not on site) had phoned the office and didn't understand why the visit was taking place. We advised the member of staff to explain it as a Healthwatch 'Enter and View' visit. We were then once again approved to carry on with the visit.

We spoke with 4 (four) residents, structuring our conversations around the following areas: care, comfort and connection (see appendix 2) , designed to gather information concerning residents overall experience of living at Hawthorne Lodge Residential Care Home.

Following the visit we made a safeguarding referral to Sefton Metropolitan Borough Council, which is currently being investigated.

The team also recorded their own observations on the environment and facilities available at Hawthorne Lodge Residential Care Home using an observation sheet (see appendix 1)

## **Enter & View observations.**

Observations were scored on a scale of 1 to 5:

1 = unacceptable, 2 = poor. 3 = Average, 4 = Good, 5 = Very Good

### **Exterior**

On arriving at the home we considered the external environment including upkeep of the grounds, parking, signage and physical access. The home was located on a corner of 2 roads and we could clearly see the signs for the home from both roads. The garden area opened up to the car park, which lead to the main road. There was a gardener present and the grass had recently been mowed and was maintained but there were weeds growing around the front entrance.

There was an uneven path at the front of the home which was not accessible and would be difficult for individuals who were unsteady on their feet or required the support of a frame or wheelchair. If trying to enter via the front entrance, the grass area would have to be used rather than the path to get to the ramps. The front door had a slight step which may provide problems with access. We later observed that there was a gate which offered wheelchair access to the front entrance but this could only be accessed from the street. However at the time of the visit the entrance was blocked due to work being undertaken outside in the road.

The parking area was small, unmarked and was gravelled. There was no disabled access from the car park to the front entrance of the home as the path was narrow. There was wheelchair access from the car park to the back of the home as we observed a resident in a wheelchair accessing the home through the fire door. At the back of the car park there was what looked like old carpet in a pile.

The front of the building was painted, with the windows at the front and throughout the home being observed as dirty.

The following areas were observed/ scored as;

 Parking	<b>3/5</b> (average)
 Signage	<b>5/5</b> (very good)
 Controlled access (including directions on how to gain access & security)	<b>5/5</b> (very good)
 Physical Access (including Disability access)	<b>3/5</b> (average)
 Upkeep of Grounds	<b>3/5</b> (average)
 Upkeep of buildings exterior	<b>3/5</b> (average)
 Hygiene, cleanliness (free from odours)	<b>4/5</b> (good)

### Reception

On arrival the front door was locked and a member of staff greeted us and welcomed the team in. The reception area was odour free and we observed that there was information available. The Care Quality Commission (CQC) strategy (2015/16) was observed as was other general information about CQC. There was no specific information available about Hawthorne Lodge. There was also leaflets and information available from 'The Alzheimer's Society'.

We didn't observe a compliments/complaints box in the reception area or in any other area in the home.

The reception area was bright with lots of natural light and was free from obstructions.

 Information provided on the care home	<b>2/5</b> (poor)
 Decor	<b>3/5</b> (average)
 Freedom from obstructions and hazards	<b>5/5</b> (very good)
 Lighting (including natural light)	<b>5/5</b> (very good)
 Hygiene, cleanliness (free from odours)	<b>4/5</b> (good)

### **Corridors, Lifts and Stairways**

On re-entering the home after observing the exterior of the building we noticed that fresh air spray had recently been used. The first corridor we walked down was light but there was no natural light available. The corridors were clean but the décor was dated. There were grab rails on either side of the corridors and stairs and there was a lift situated near to the stairs. There was a seat available in the corridor which was also located close to the lift. We observed a table in one of the corridors which had an artificial flower on which was covered with dust. We also observed a coat rail which was overloaded with coats. Apart from this corridors were free from obstructions and hazards but stairways were steep and narrow.

On visiting the upstairs of the home, the sides of the floors were dirty and the steps were steep. Cobwebs were observed in the upstairs corridor.

There were 2 large florescent lights in the upstairs corridor, one being exposed with no case. The corridor was bright, there being a large window at the end.

From the hallway and near to the upstairs communal area, a door to a resident's room was open. The resident was lying on their bed in the dark with the curtains closed.

There were steep steps in the upstairs hallway which required navigating. From the lift or landing of the stairs, to get to the communal area a resident with mobility issues would require help from staff to navigate the steep step up. Due to the step up, a ramp would be required to access the communal area from the lift for wheelchairs. Similarly, if a resident was in the communal area or any bedroom on the first floor had mobility issues and required access to the bathroom again a ramp or assistance would be required. (No ramps were observed in this area during the visit)

-  Physical access (including grab rails for example) **3/5** (average)
-  Decor **3/5** (average)
-  Freedom from obstructions and hazards **5/5** (very good)
-  Lighting (including natural light) **4/5** (good)
-  Hygiene, cleanliness (free from odours) **4/5** (good)

## Dining Area.

When entering the dining area it was bright as the area had large windows and there was a fan on to cool the room. The dining area had 5 tables and approximately 11 chairs were available.

A member of the team sat in one of the chairs which had crisps down the side of the chair. There were fruit bowls on the table with fresh fruit available but no food menus were observed.

The décor was observed as dated and was decorated with wallpaper which was chipped. We observed dirt at the bottom of skirting boards. Mirrors which were up in the area were dirty with hand marks. There was a radio but it was not turned on during the time of the visit.

There were double doors to the outside garden but there was a sign on the doors stating 'doors to only be opened in an emergency'. During the first part of our visit the doors were closed. A short while after we were present, staff had opened the doors and a resident was sat in a wheelchair inside by the doors.

 Physical access (including disability)	<b>5/5</b> (very good)
 Decor	<b>3/5</b> (average)
 Freedom from obstructions and hazards	<b>5/5</b> (very good)
 Hygiene, cleanliness (free from odours)	<b>4/5</b> (good)
 Dining area (ambience/atmosphere)	<b>5/5</b> (very good)
 Lighting (including natural light)	<b>5/5</b> (very good)

## **Communal sitting area.**

### Communal sitting area – downstairs.

The décor of this room was the best observed throughout the visit, with it being clean, with bright wallpaper. The room had large windows which let in lots of natural light and room lights were also on. The temperature of the room was comfortable. A member of staff informed us that the carpet had recently been changed to carpet tiles so that if someone had an accident it would be easier to clean.

During the visit, the manager told us that a sing along session was going to start. A member of staff was facilitating this, playing songs from a mobile phone but residents appeared disengaged but after a few songs a couple of residents appeared to like this activity. This activity prevented us from talking to residents. Magazines were available and in the corner there were reading books but they appeared to be old and untouched. Knitting materials were observed. There was a large TV on the wall and when we arrived this was turned on.

The residents lounge was not organised in a way to encourage or simulate conversation between residents. Resident's chairs were positioned around the perimeter of the room, in a big square.

### Communal sitting area – upstairs.

There was a large step we had to use to enter the room. The décor of this room was dated but had large windows allowing lots of natural light. A hairdresser was present and was seeing to one resident. They were the only 2 people in this area. 2 computers were also located within the area and we observed that both had large keyboards.

 Physical access (including disability)	4/5 (good)
 Décor	5/5 (very good)
 Freedom from obstructions and hazards	5/5 (very good)
 Hygiene, cleanliness (free from odours)	4/5 (good)
 Communal /sitting area general ambience	5/5 (very good)
 Lighting (including natural light)	5/5 (very good)

### **Kitchen facilities/Food preparation area.**

As per regulations, we did not have access to the kitchen facilities/ food preparation area during this visit but the manager opened the door and allowed us to have a quick look in from the dining area. We were informed that the facilities had a food hygiene rating of 5.

When we spoke to one resident they informed us that there was no choice for breakfast and that they were given cornflakes every day.

### **Bathroom/Washing/Toilet Facilities.**

There was a toilet near to the dining area. The toilet was observed as being clean but dated in appearance. The wallpaper was peeling from the wall, there were holes in the wall and there was nothing available to dry hands on as the towel dispenser was empty. There was an unlocked cupboard within the area which contained bottles of bleach and other cleaning items. On top of the cupboard there were a number of heavy items including a radio.

'Tena pads' were being stored in the room. Whilst observing the area, the manager came into the toilet area and at this point we left.

We also observed 2 of the bathroom areas located upstairs. There were both large and bright, the décor was dated but both were free of odours. There was a hoist seat available in one of the bathroom areas. There was a large step for residents to get up and down from when accessing the bathrooms.

**Quote from resident:**

*"There is no toilet in the room and when I have to get to the toilet I call for help due to the step, another toilet on the same level would be good"*

 Physical access (including disability)	<b>2/5</b> (poor)
 Decor	<b>3/5</b> (average)
 Freedom from obstructions and hazards	<b>5/5</b> (very good)
 Hygiene, cleanliness (free from odours)	<b>4/5</b> (good)
 Assistance equipment available.	<b>5/5</b> (very good)
 Lighting (including natural light)	<b>5/5</b> (very good)

We spoke with 4 residents during the visit. A sing along session started shortly after the Enter and View team arrived which restricted us being able to talk to residents who were sat in the communal area.

## Care.

### Summary of responses by 4 (four) residents:

- 6 3 residents said they had access to hand cleanser/sanitizer (the team observed hand cleansers in bathroom and sink areas).
- 6 All residents had regular access to drinks (tea, coffee and Ovaltine were given as examples)
- 6 2 residents said that the menu was appropriate and they enjoyed most of the food. They told us that regular changes were made to the menu. 1 resident didn't agree. \* 1 resident was not asked this question.
- 6 3 residents told us that the alarm/call system was efficient/ok and was answered quickly. 1 resident told us that their alarm was switched off (the alarm systems were located in the bedrooms and we didn't observe the alarm system during the visit).
- 6 All 4 residents told us that there were no problems with noise at the home.
- 6 All 4 residents were aware of how to express any concerns they had and how to make a complaint. Residents said they would speak to a member of staff if they needed help or wanted to complain but were not aware of the formal complaints policy. All 4 residents said they would feel comfortable making a complaint.
- 6 All 4 residents told us that staff treated them with dignity and respect.
- 6 3 residents said they were asked to give consent/permission when staff wanted to care, treat or support them. 1 resident said they were not asked.

**Quotes from residents:**

**“Cornflakes every day, no toast, no choice”.**

**“You get used to the noise from the traffic and the railway”**

**“Don’t see the staff much, but are around when needed”**

**Comfort.**

**Summary of responses by 4 (four) residents:**

- 🍌 2 residents told us that the temperature was ok for them. 1 resident told us it was too cold and one felt it was too hot.
- 🍌 All 4 residents told us that they were able to wear their own clothes (residents we spoke to were well dressed and clean)
- 🍌 When asked if they saw a dentist on a regular basis, 2 residents didn’t know and 1 resident said they would speak to their family if they needed to see a dentist. \*1 resident was not asked the question.
- 🍌 1 resident told us that they received regular foot care checks and 1 resident told us that they didn’t. 1 resident didn’t know and couldn’t answer. \*1 resident was not asked the question.
- 🍌 3 residents told us that when they first came to the home they were allowed to bring in small items of personal furniture, pictures and favourite ornaments. 1 resident told us that they were not allowed to bring in any of the above items

**Quotes from residents:**

**“A manicurist visits and I have the option of a Podiatrist”.**

**“I brought in my own TV and this is in my bedroom”**

## Connection.

### Summary of responses by 4 (four) residents:

- 🌱 3 residents told us that there were no regular trips out and no outings were organised. 1 resident talked about their own attempts to organise trips out for residents. \*1 resident was not asked the question.
- 🌱 3 residents told us that they did not get to go out and were not taken out into the local community. \*1 resident was not asked the question.
- 🌱 All 4 residents told us that they did not get taken out to make personal purchases, for example to buy their own clothes or other things they would like.
- 🌱 All 4 residents told us that no organisations (for example, the local history group/arts group) come into the home.
- 🌱 2 residents told us that staff did not do anything to make sure residents didn't feel lonely. The same 2 residents told us that they often felt lonely. This was at times when they were in their own rooms or when eating meals. 1 resident told us that they loved living at the home. \*1 resident was not asked the question.
- 🌱 2 residents told us that they could access the garden but sometimes there was an issue when trying to get back into the home. 2 residents told us that they could not access the garden (we found that access to the garden was via fire exit doors and there was no seating available in the garden).
- 🌱 3 residents told us that there was a private area for them to be able to talk to family members/friends aside from the communal areas. 2 of the residents told us they would go to the upstairs communal lounge and 1 resident said they would go to their own room. \*1 resident was not asked the question.

## **Conclusion.**

One of the main issues highlighted through the Enter and View visit was the lack of stimulation for residents. There appeared to be little activities that took place within the home and residents told us that they did not get to go on outings or go out to purchase personal items. Access to the garden area for residents was via double doors in the dining area but there was a clear sign on the doors stating 'only to be opened in an emergency'. The garden area did not have a seating area and also led straight into the car park and outside street area. The main concern is that residents do not have access to being outside or in leaving the home.

Physical access on the first floor needs to be reviewed as ramps as required to ensure residents are safe.

## **Recommendations.**

From our observations we would recommend:

1. Review physical access on the first floor. Access to be improved from the first floor bedrooms to the toilet/bathrooms and upstairs communal area. Ramps should be made available
2. Activities to be arranged for residents. Outside organisations to be invited in on a regular basis to support activities.
3. Residents to be given opportunities to go out. This to include trips out, including trips out to the local community and to shop for personal items.
4. Access to be improved at the front of the home.
5. Access to the garden to be improved for residents. Seating area to be set out. Security to be addressed as the garden area led out to a main street.
6. Décor of the home to be updated.

## **Response from the provider.**

Results of the Enter and View visit were fed back to the provider who provided the following response:

A copy of the draft report with an accompanying letter was sent for the attention of Karen Oakley, registered manager and Suresh Mahadeo, responsible individual in September 2016 and a response to the report and the 5 recommendations made within the report was expected by Tuesday 25<sup>th</sup> October.

A response was not returned to Healthwatch Sefton by the deadline and Healthwatch Sefton made a number of attempts to contact Karen Oakley by telephone.

On the afternoon of the 16th November 2016, a further attempt was made to contact Hawthorne Lodge and Diane Blair, Healthwatch Sefton manager was able to speak with Karen Oakley. Karen confirmed that a written response to the report had been sent back to Healthwatch Sefton via post. Karen said that she would re-send the response by post that week.

As no response has been received (December 2016), Healthwatch Sefton has taken the decision to publish the report without a response from Hawthorne Lodge, ensuring that the local commissioner of the service is aware of the report and lack of response from the provider.

## Appendix 1: Observation Sheet.

<b>Exterior</b>	<b>Very Good</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Unacceptable</b>
Parking	<input type="checkbox"/>				
Signage	<input type="checkbox"/>				
Controlled Access (inc. directions on how to gain access & security).					
Physical Access (inc. disability access)	<input type="checkbox"/>				
Upkeep of grounds	<input type="checkbox"/>				
Upkeep of building's exterior	<input type="checkbox"/>				
Hygiene, cleanliness (free from odours)	<input type="checkbox"/>				
<b>Reception</b>	<b>Very Good</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Unacceptable</b>
Information provided on care home	<input type="checkbox"/>				
Décor	<input type="checkbox"/>				
Freedom from obstructions and hazards	<input type="checkbox"/>				
Lighting (inc natural light)	<input type="checkbox"/>				
Hygiene, cleanliness (free from odours)	<input type="checkbox"/>				
<b>Corridors, Lifts and Stairways</b>	<b>Very Good</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Unacceptable</b>
Physical Access (inc. grab rails etc)	<input type="checkbox"/>				
Décor	<input type="checkbox"/>				
Freedom from obstructions and hazards	<input type="checkbox"/>				
Hygiene, cleanliness (free from odours)	<input type="checkbox"/>				
Lighting (inc. natural light)	<input type="checkbox"/>				
<b>Dining Area</b>	<b>Very Good</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Unacceptable</b>
Physical Access (inc disability)	<input type="checkbox"/>				
Décor	<input type="checkbox"/>				
Freedom from obstructions and hazards	<input type="checkbox"/>				
Hygiene, cleanliness (free from odours)	<input type="checkbox"/>				
Dining Area (ambience/atmosphere)	<input type="checkbox"/>				
Lighting (inc. natural light)	<input type="checkbox"/>				
<b>Communal / Sitting Area</b>	<b>Very Good</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Unacceptable</b>
Physical Access (inc disability)	<input type="checkbox"/>				
Décor	<input type="checkbox"/>				
Freedom from obstructions and hazards	<input type="checkbox"/>				
Hygiene, cleanliness (free from odours)	<input type="checkbox"/>				
Communal / Sitting Area General ambience	<input type="checkbox"/>				
Lighting (inc. natural light)	<input type="checkbox"/>				

<b>Kitchen facilities/ Food Preparation area.</b>	<b>Very Good</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Unacceptable</b>
Facilities (e.g. Sinks, Fridges, is equipment there?)	<input type="checkbox"/>				
Décor	<input type="checkbox"/>				
Hygiene, cleanliness (free from odours)	<input type="checkbox"/>				
Health & Safety (e.g. are knives stored safely)	<input type="checkbox"/>				
Lighting	<input type="checkbox"/>				

<b>Bathroom / Washing/ Toilet Facilities</b>	<b>Very Good</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Unacceptable</b>
Physical Access (including disability)	<input type="checkbox"/>				
Décor	<input type="checkbox"/>				
Freedom from obstructions and hazards	<input type="checkbox"/>				
Hygiene, cleanliness (free from odours)	<input type="checkbox"/>				
Assistive equipment available	<input type="checkbox"/>				
Lighting (inc. natural light)	<input type="checkbox"/>				

Please record other observations made here: (for example is the home Dementia Friendly)

## Appendix 2: The 3 Cs



### Questionnaire: Care Comfort and Connection (3C's)

Who did you speak with (resident / family / friend?) .....

Age (if willing to share)	
Gender	M / F

Date of visit	
Time of visit	
Location (where you spoke to the resident):	
How long has the resident lived at the home:	

**CARE** (*\*information in italics is for you to observe and note or try and ask more about when talking to residents*)

	YES	NO	DON'T KNOW	COMMENTS
Do you have access to hand cleanser/sanitizer?  <i>*Did you observe arrangements for the prevention and control of infections?</i>				
Do you have access to regular drinks?				
Is the menu appropriate? Do you enjoy the food on the menu?  <i>*Is the menu designed for the client group?/ what is the menu repeat cycle? Do residents get any input into the menu?</i>				
Is there an efficient alarm/call system? Does it get answered quickly?				
Is noise a problem?				



	YES	NO	DON'T KNOW	COMMENTS
Are you aware of how to express any concerns or how to make a complaint? Would you feel comfortable about making a complaint?				
Do staff treat you with dignity and respect? <i>*Do staff talk to residents appropriately?</i>				
Are you asked for your consent/permission when staff want to care, treat or support you? <i>*Are families listened to? *Do residents have access to advocates?</i>				
<i>*if appropriate - Are Dementia patients cared for sympathetically?</i>				

**COMFORT** (*\*information in italics are for you to observe/ try and ask more about when talking to residents*)

	YES	NO	DON'T KNOW	COMMENTS
Is the home too hot/too cold? <i>*Do the premises smell nice/Are the premises smelly? *Are the premises crowded?</i>				
Are you able to wear your own clothes? <i>*Does the resident look clean and neat/ hair brushed *Make up/ false teeth/ hearing aid (if appropriate)</i>				
Do you see a dentist on a regular basis? <i>* Does the resident go to the dentist/ does the dentist visit the home?</i>				
Do you receive foot care checks on a regular basis? <i>* Does the resident go to the Podiatrist/ does the Podiatrist visit the home?</i>				



	YES	NO	DON'T KNOW	COMMENTS
When you first came to the home were you allowed to bring in small items of personal furniture, pictures, and favourite ornaments?				
<i>* Does the home meet the residents needs in relation to their cultural background, language, gender, disability, age, sexuality, religion or beliefs</i>				

**CONNECTION**

*(\*information in italics are for you to observe/ try and ask more about when talking to residents)*

	YES	NO	DON'T KNOW	COMMENTS
Are regular trips/ outings organised?				
Do you go out/ are taken out to the local community?				
Do you go out/ are taken out to make personal purchases? For example to buy your own clothes or other things you like?				
Do you have anyone/ organisations which come into the home for example, local history group/ arts.				
Do staff make sure that you don't feel lonely? <i>*if the resident has any hobbies do staff help them to keep up their hobbies?</i>				
Can you access the garden?				
Is there a private area for you to be able to talk to family members/friends other than the main communal area/lounge?				
<i>* Are residents with a sight or hearing loss socially isolated? / What arrangements are there to ensure they play a full part?</i>				



If you have any additional comments or questions please feel free to include them below:

If you would like a copy of this report please provide contact details below. Your details will not be shared with the provider or any other organisation.

Name:	
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