

Brierfield House Care Home Brierfield

Wednesday 13th May 2026

10:00am – 12:00pm



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 patients who met members of the Enter and View team on that date.

Contact Details

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Care Home Contact:

Louise Kay (Manager)

Date and Time of our visit:

Wednesday 13th May 2026

10:00am – 12:00pm

Healthwatch Lancashire Authorised Representatives:

Steven Walmsley (Engagement Team Leader)

Debra Worthington (Healthwatch Lancashire Volunteer)

Introduction

Healthwatch Lancashire is the independent public voice for health and social care in Lancashire and exists to make services work for the people who use them. We believe that the best way to do this is by providing the people of Lancashire with opportunities to share their views and experiences.

Healthwatch Lancashire has statutory powers to listen, act, challenge and gather feedback to improve local services and promote excellence throughout the NHS and social care services.

To help achieve this Healthwatch have a statutory power to 'Enter and View' health and social care services that are publicly funded. The purpose of an Enter and View is to listen to people who access those services and observe service delivery.

Following the Enter and View visit a report is compiled identifying aspects of good practice within the service visited along with any recommendations for any possible areas of improvement.

As we are an independent organisation, we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. The report is sent to the service provider providing an opportunity to respond to any recommendations and comments before being published on the Healthwatch Lancashire website at:

www.healthwatchlancashire.co.uk

The report is available to members of the public along with the Care Quality Commission (CQC), Healthwatch England and any other relevant organisations. Where appropriate Healthwatch Lancashire may arrange a revisit to monitor the progress of improvements and celebrate any further successes.

General Information

Brierfield House is a residential care home providing personal care to residents, including those living with dementia. The home is currently home to 26 residents.

Acknowledgements

Healthwatch Lancashire would like to thank residents, relatives, staff and management, for making us feel welcome and for taking the time to speak to us during the visit.

What did we do?

Healthwatch Lancashire Enter and View Representatives made an announced visit to Belmont Care Home on 11th August 2025 and received feedback from:



Pre-visit survey

Healthwatch Lancashire emailed a pre-visit questionnaire to the care home manager. The aim of this questionnaire is to gather information about the staff structure, resident population, services offered and activities that are planned for residents to take part in. Some information from this questionnaire is included in the summary below.

Introductory meeting with manager

At the beginning of the enter and view visit, Healthwatch Lancashire met with the Manager to discuss the care home and view the facilities. This involved discussing some of the activities and aspects of the daily routine, and to hear the Manager's perspective on what is currently working well at the care home.

One to one discussions with residents and their relatives

Residents were asked about their experiences in the care home, including their opinions on the facilities, daily activities, food, and the care they received. They were also asked about how they were involved in the day-to-day life of the home, and whether they were included in planning activities.

Discussions with members of staff

Staff were asked about their experience working at the care home ,what they thought was working well, and anything they thought could be changed to improve the experience for the residents, as well as staff members.

Observations

Observations were made throughout the visit. These observations focused on resident and staff interactions, how accessible the care home is for residents, and the condition and cleanliness of the facilities.

Summary



Healthwatch Lancashire representatives made an announced visit to Brierfield House Care Home on the 13th May 2026 and spoke with 8 residents, 4 staff members and 5 relatives.

Throughout the visit, observations were made of staff interactions with residents. We found that residents were generally happy with the care they received, describing the home as clean, warm and well looked after, with staff treating them with respect and attending to personal care such as bathing, hairdressing and nail care.

Residents were satisfied with the food on offer, describing a good range of choice, although one resident commented they would like more salads. Some residents felt that there could be more activities available for everyone, with one resident specifically requesting skittles.

The relatives we spoke with felt well informed about their family member's care and was complimentary about cleanliness and communication, although they were unsure of the formal complaints process. One issue was raised around the discharge to assess process, which is not a reflection of the service delivered at the home and has been raised with the local NHS provider.

The staff members we spoke with felt well supported and trained, and would recommend the service to a close relative, although communication support measures for residents with additional needs, such as BSL, were something that was identified had not yet been considered as a formal process.



Service Overview

Location and public access

Belmont Care Home is located on Inglewhite Road on the outskirts of Longridge. There are several parking spaces for relatives and staff to use around the perimeter of the home, with no designated disabled bays. There is access to local bus services on Chipping Lane which is approximately a ten minute walk from the home.



Background of the home

Brierfield House is a residential care home currently providing care to 26 residents. The home offers a mix of ensuite rooms and provides residential and intermediate care, with some residents accommodated as a first step towards a dementia unit. There are plans in place to further adapt the facilities to deliver more specialist care and work is due to take place this year. (Recommendation 1)

Services available

The home provides a range of services including visits from dentists, opticians and physiotherapists. Referrals are made to local providers and dentists and staff from the local GP practice visit the home as needed.

Activities form a significant part of daily life and include a wish tree, for residents and relatives to make suggestions. Meetings are held with family members on a bi-monthly basis and there is a newsletter which is used to advertise upcoming events and communicate any updates that are happening at the home. A minibus is used for weekly trips out to local attractions and activities. These are planned and delivered by a named activities coordinator.

One feature that was highlighted was that the home operates with a second supper trolley, supper served at 7pm and a night tea at 8:30pm, alongside a visual choice of meals displayed for residents. Bariatric beds are available for residents who require them .

Enter and View observations

External Environment

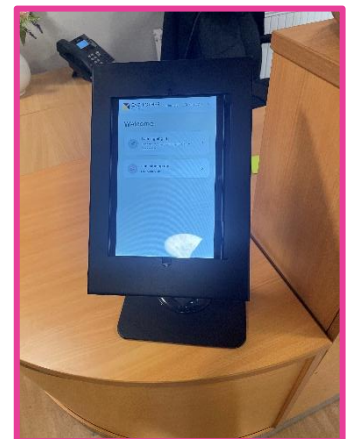
The outdoor area of Belmont Care Home has been adapted to cater for accessibility, with level access and ramps provided for people with mobility aids. There are places to park cars around the vicinity of the building. However, there were no designated disabled bays for relatives to use.

The outdoor areas of the home are spacious, well presented and maintained. There is a large outdoor space to the rear of the home, which residents can access with staff or members of family present.

Internal Environment – first impressions

Upon entry there is a reception with a front desk and a waiting area. Signing in to the home is managed on a tablet which captures visitor details. It was reported that this was a new process that had recently been implemented.

The lower floor of the home is largely open plan. However, access to the stairwell and other areas of the home are secured by keypads to maintain resident safety. At the time of the visit several residents were taking part in activities with the activities coordinator whilst other residents chose to spend time in their rooms.



The home was spacious and free from clutter within shared spaces and corridors. The Manager of the home explained that they had identified some areas of the internal environment, such as corridors and communal use areas that they wanted refresh with newer, more suitable flooring and improved decorations in order to be able to deliver a more specialised offer to residents in need of support with Dementia.

The main corridor has noticeboards with information for residents, informing them about upcoming activities at the home and other services. It was noted that the activities were presented in a simple and clear manner with the use of text and pictures.

Staff policies and procedures were also on display along with photos of activities, examples of art and crafts completed by residents along with examples of events that had happened at the home.

Observation of corridors, public toilets and bathrooms

The corridors are wide enough to allow access to residents and people using wheelchairs and mobility aids.

There were some examples of decoration such as photos of the local area and paintings around the corridors which created a more 'homely' atmosphere. Flooring throughout the home was observed to be dementia friendly, with a plain wood effect, and handrails with contrasting colours are present in all corridor areas for residents with visual impairments and limited mobility.

Signage around the home is somewhat inconsistent with some signage showing the location within the home but not what is available down each corridor. It is suggested that consistent signage is implemented on doors and around the home to help people find their way. (Recommendation 2)



Lounges, dining and other public areas

The dining and communal area is combined on the lower floor. A conservatory was also available for residents to use. During the visit one resident was being visited by their family and they had made use of it for some privacy which they commented was "useful when it's really busy" and was used by them regularly. Most of the residents use the same dining room area on a day-to-day basis, which facilitates a social atmosphere at mealtimes. We were informed that some residents eat in their own rooms, or other communal areas, depending on their personal preferences and care requirements, although staff regularly encourage them residents to use the communal facilities where possible.

The food menu for the day was displayed on the wall of the dining area (See appendix) printed on A3 sheets of paper. It was neatly set out and clearly presented although, it lacked images of the foods available which may present a barrier to residents choosing their preferences. It is recommended that images of foods be added to menus for residents to choose from and provide further clarity around choice of food at mealtimes. (Recommendation 3)



Staff and resident Interactions

Throughout the visit, Healthwatch Lancashire representatives observed interactions between staff, residents and their relatives.

Staff members were observed ensuring that relatives and visitors followed the signing in process on the newly implemented tablet, guiding them through the steps on



Members of staff were observed attending to residents throughout the visit. We found them to be caring and attentive to the individual needs of the residents and had a good working relationship with them. They were observed offering drinks from the hydration station.

One member of staff member of staff was observed encouraging a resident to take part in an activity. They were respectful and courteous to the resident and listened to their wishes. The resident had chosen not to take part in the activity and was taken to their room at their request.

Throughout the visit there were several interactions observed where it was apparent that relatives had a positive relationship with members of staff and gave updates on what their relative had done during the night..



Resident feedback

Healthwatch Representatives spoke with **eight** residents during the visit.

Tell us what you think about the home

Eight of the nine residents that Healthwatch Lancashire spoke with felt that the care delivered by staff at the home was of a good standard and that staff were attentive to their needs.



“It is nice, clean and warm.”

They told us that staff knew them well and were able to meet their needs, especially when it came to care. One resident commented that they felt like the staff were professional and approachable when they needed something.

One resident who expressed that they weren't entirely happy commented that they were happy with the home but they wanted to return to their own home when they could because they would feel more comfortable.

“It's fine as a care home but I would rather be at home. I know my house better than here and I can rest better.”

How do you find the care you receive?

Residents were positive about the care they received at the home and felt that there was a good range of activities available for them to join in with, but they felt that there were some other options that could be planned for them that appealed to their interests, such as skittles.

Two residents complemented the personal care on offer at the home, explaining that staff regularly accommodated their wishes when they wanted to use bathing facilities.



“I can bathe or have a shower whenever I want.”

Several residents complimented the management team and said that they liked the fact they were present around the home.

One resident commented that they felt some residents were put to bed straight after the evening meal which they felt was too early.

“I think the bed time is sometimes rushed after tea. Sometimes people don't want to go straight to bed.”

Upon clarifying with staff members, it was revealed that sometimes people requested to go to their rooms and bed once they had finished their meals.

How do you find the food provided?

Six of the residents we spoke to about food were satisfied with the range of choices available to them at mealtimes. They also complimented the quality of the food. They commented that it was consistently good.

“They give you a good choice, although I like salads, I would like more of those available.”

One resident commented that they were sometimes unsure about what they had chosen for their meals because they couldn't always tell what was on offer on the menu.

They mentioned that it would help if there were also menus available in their rooms so they could choose in advance. (Recommendation 3)

Relative feedback

Healthwatch received feedback from **five** relatives during the visit.

They complimented the support and care that had been provided by the staff at the home and they:

“They are really good with the residents, I haven't had any major problems.”

They discussed the care that was provided at the home and complimented the attitude of the staff providing support to their relative.



Staff feedback

Healthwatch received feedback from **four** staff members during the visit.



Do you have enough staff when on duty?

All staff members we spoke with were happy with the arrangements to cover resident care at the home, they felt that there was a good mix of staff on hand to provide care to the residents. It was mentioned that there had been some changes in the staff structure at the home and they were getting ready for refurbishment work to be undertaken.

“We work together and plan for annual leave and extra activities.”

They mentioned that there had been a change in management and there were actions being taken to address historic concerns about meeting resident's needs.

“We have developed action plans to ensure that staff are able to do the tasks they are supposed to do to make sure the residents get a good standard of care.”

Two members of staff explained how they would sometimes assist with the rest of the team to cover any sickness which was always appreciated by the rest of the team.

Do you feel supported to carry out a person-centred experience?

Several members of staff said that they were able to deliver a person centred experience to the residents. One member of staff commented that they had a difficult start on their journey at the home but were now supported really well by the new management team.



“It was a bit tricky a while ago but it’s a lot better now.”

One member of staff explained how the home has measures in place to help people with additional communication needs using care plans and viewing residents as individuals.

Are there any changes that can be made to improve the resident experience?

During discussions with staff members we learned about the planned renovations and how they were excited by the opportunity this presented to improve and deliver more specialised care for residents with complex needs.

Recommendations

During our enter and view visit we spoke to staff, residents and relatives, and observed the care environment and facilities. Based on our observations, we have made the following recommendations:

1. Include residents and relatives in the design process for the building refurbishment to give them a say on the final look and feel of the new areas.
2. Implement clear, consistent dementia signage around the home to help residents with navigation and identifying key rooms.
3. Add visual cues to the food menus and ensure they are available around the home for residents to access.

Provider response

Recommendation	Action from provider	Timeframe
Include residents and relatives in the design process for the building refurbishment to give them a say on the final look and feel of the new areas.	When we have information regarding the building works , We will be holding a meeting to discuss ideas and have input from resident s and families	Unable to give a timeframe as we are awaiting building control etc
Implement clear, consistent dementia signage around the home to help residents with navigation and identifying key rooms.	New dementia signage has been applied around the home ensuring key rooms are identified	Completed
Add visual cues to the food menus and ensure they are available around the home for residents to access.	New Daily menus have been implemented with visual pictures (Please see attached) Here at Brierfield House we do provide visual choice of both meals at meal times	Completed

Any other comments?



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