

Pelham Grove Care Home



Have your say

Enter and View Report, March 2025



Introduction

What is an Enter and View visit?

Healthwatch Liverpool has powers to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care. Enter and View visits are carried out by small teams of trained members of our staff and volunteers to observe a health and social care service at work, for example at a GP practice, a care home, or a hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

What happens during an Enter and View visit?

During an Enter and View visit we talk to people using the service, whether patients or residents, and to friends and relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. We also observe the service. We write up our observations and the feedback we receive and publish it as a report. Our report is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate.

If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

Our visits give us a 'snapshot' of a service. We are always grateful for feedback from residents, relatives and other visitors to be able to get a fuller picture. You can leave feedback via telephone on 0300 77 77 007, or email engagement@healthwatchliverpool.co.uk. Alternatively, you can contact us via: www.healthwatchliverpool.co.uk/have-your-say

Details of the Enter and View Visit:

Name of the service visited: Pelham Grove Care Home

Address: Pelham Grove, Lark Lane, Liverpool, Merseyside, L17 8XD

The Date of the Enter and View Visit: Monday the 31st of March 2025 between 2pm and 4pm

The members of the Healthwatch Enter and View Team that undertook the visit were:

- Terry Ferguson, Engagement and Project Officer
- Inez Bootsgezel, Engagement and Project Officer

This was an announced visit.

We would like to thank Pelham Grove Care Home staff and residents for facilitating the visit and for taking the time to talk to us.

Why did we carry out this visit?

Enter and view visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to Pelham Grove Care Home was to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

Safeguarding

Healthwatch Liverpool Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

There were no safeguarding concerns identified during this enter and view visit.

About the Service

Discussion with the manager

Pelham Grove Care Home has 34 bedrooms of which 8 are ensuite. At the time of our visit 28 residents lived at the home; this was due to refurbishment works being carried out following a significant leak in the building from a water heater.

We were greeted by staff who checked our credentials and asked us to sign the visitors' book. We then spoke with manager Angela Styles. She described the care home as a general residential environment but told us that it is more 'dementia-residential'; the home has noticed an increase in referrals for residents with more pronounced/ advanced dementia.

The home provides palliative care on-site supported by community nursing. Respite care is also provided, and the manager gave an example of someone coming to stay 4-5 times over the course of a year, which supported this person's family who usually cared for the person at home.

Pelham Grove Care Home does not charge top-up fees.

Staffing

The manager told us that there usually are 4 care staff during the day and 3 at night on site when the home is fully occupied. As some of the bedrooms were closed for refurbishment at the time of our visit there were 2 staff working night shifts at that time.

We were told that there were multiple long-serving members of staff on the team. The manager had been in post for around 15 years, and a senior carer had worked at Pelham Grove for 12 years. A domestic staff team member told us she had worked at the home for 3 years.

We were told that the only time the home used agency staff was during the recent flu epidemic which affected multiple members of staff. Usually regular staff would work extra (bank) shifts to provide cover.

The manager advised that they personally organised most contractors. We were also told that the building's plumbing was a challenge with 6 boilers on the premises, and the home had suffered a major leak recently. The manager told us that she, together with other staff, also did the painting and wallpapering, but that those working hours were managed separately from the care Rota so that care was not affected.

A member of staff in the housekeeping team told us that she looked after both floors of the home and was the only full-time cleaning staff member. She added that she was happy with her workload and felt that she had enough time to complete her tasks. We were told that another member of the cleaning team had left due to ill health, but other staff would assist with the cleaning, including on days that the housekeeping staff do not work.

We spoke to a member of care staff who told us they had worked at Pelham for 22 years and said that “It’s fine, it’s a nice home, it’s nice and cosy.”

Health care

All residents are now registered with Dingle Park Practice, and we were told that this had been a positive change for the care home as the practice is very responsive. The manager praised the GP, Dr Cait Taylor, as well as the previous GP, Dr Aliman. Management told us they have MDT’s every two weeks and that the doctor visits on Wednesdays if needed.

The manager said that the district nurses and community matrons who visit the home were all nice and the home has a good rapport with them.

Pharmacy services are provided by Rite Care and management felt there was a good relationship with this service; it was all handled by email and if there were any issues the pharmacists responded quickly.

Pelham Grove does not have access to an NHS dentist. This was described as a real problem by the manager:

“It’s so, so bad”.

Some residents were still registered with NHS dentists from where they had lived previously, but others could not get NHS dental care. Management told us that the community dentist service that used to be in place had been really good, but that this had stopped roughly 3 years ago.

Hospital admissions/discharges

We were told about various issues with admissions and discharges from hospitals including The Royal Liverpool Hospital, Aintree Hospital and Whiston Hospital.

Lost paperwork upon admission was described as a common issue. This includes DNAR (Do Not Attempt Resuscitation) forms, MAR (Medication Administered Record) charts, admission forms and next of kin documents. This results in care home staff having to duplicate the paperwork and make multiple phone calls with the hospital, adding to the care home staff’s workload. Staff also reported long waits to get through on the phone, and being hung up on and transferred without warning.

Another issue was that paperwork from hospitals and social workers frequently did not adequately reflect the prospective resident’s condition; it often was underestimated. This may initially enable the person to return or be admitted to the care home but causes many problems. We were told that this happened across hospitals, but it seemed to be more common in the Royal Liverpool Hospital.

Misrepresenting a resident’s condition by hospital staff is something we have been told about by multiple care homes; whilst care home staff understand the pressures hospital staff face, the Pelham Grove manager explained that when the home received an inappropriate admission it could take many months to

move a resident to a more appropriate setting. This could be really upsetting and frustrating for staff, residents and families alike.

The manager gave an example of when they had queried a resident's assessment with a social worker; the social worker admitted that the assessment had been completed more than a year ago in which time a person's condition can change substantially.

Another example was given of a recent discharge from the Royal where a resident had had a catheter fitted. This was not on the discharge notes, and no one had checked with the care home if they had any catheter stock. They did not, and as the discharge happened after 5pm this turned into an emergency; it took the senior carer on duty two hours to find catheter stock. This had belonged to a previous resident who had died.

The manager also mentioned issues when residents needed a mental health focused care setting if the home was unable to provide this support. We were told about cases where other partners, e.g. social workers, attempted to rehome residents in other general residential homes which staff felt was inappropriate and distressing. Although behavioural/ mental health support teams visit residents, the manager felt that all parties dragged their heels on getting the right environment for residents with some remaining in inappropriate care settings for many years.

We were told that Pelham Grove accepts emergency admissions but prefers the residents to be at the care home before 7pm. This helps the resident to settle in and means that medication and other admission checks can be dealt with. The medication hospitals supplied on discharge was described as generally okay, and the pharmacy team at the Royal was praised.

Immedicare

The Immedicare service received mixed feedback. Management said

"It's great after hours and on weekends but I don't agree with having to use it during the working day. There are multiple steps, and it can take an hour to reach the same response".

The manager also told us that in some parts of the home it can be difficult to contact the service as the Wi-Fi signal across the care home is patchy.

The manager added that they refused to certify deaths using Immedicare as they did not feel it to be appropriate. The home had decided they did not want to do the training despite approaches from Liverpool City Council. Management also told us that they flatly refuse to do anything via Immedicare that they consider will impact on residents' dignity, e.g. anything on video that involves private parts of the body.

Resident likes/dislikes

We were told that the home likes to compile a life history about a person which includes information about their family, jobs they used to do and interests.

A pre-admission form is completed with the resident and family where available. Residents with specific cultural, religious and/or dietary needs are supported by

the staff, for example we were told one resident was supported to be able to pray in their room as they were unable to travel to their place of worship.

Belongings

Management advised that all residents' clothes have names in them and there is a lost and found area for any items that get mixed up. All laundry apart from bed linen is handled at the care home, and residents have individual baskets to prevent clothes from becoming mixed up.

Management told us that all residents have a communication section as part of their care plan which includes information on glasses and hearing aids to make sure residents are wearing these as appropriate. This information is available to all staff on shift.

Food

We were told that the home can provide residents with a variety of diets such as a Halal diet, and that staff often keep their eyes open for Halal options when shopping. Dietary needs are managed by the in-house chef. There are 4-week rolling menus with 2 options, and alternative choices as well as snacks available.

Visiting

There are protected mealtimes at Pelham Grove, but we were told that families don't usually visit unannounced. Some residents don't have any visitors.

Activities

The activities coordinator has been in post for 4 years and works on a part-time basis. Other staff join in to support activities as needed. We observed staff during our visit carrying out a quiz with residents and putting on music videos for residents.

An activities planner was displayed. Activities include bingo, entertainers, quizzes, parties, getting nails done and pampering. Management says that the activities coordinator brings in daily newspapers for the residents and has set up a bulletin board. The home does not produce a newsletter.

Management was very positive about the services provided at the Sefton Palm House and the dementia club at the local Policeman's Club. Some residents like to go to the pub, and although there only is a small front garden, Sefton Park is on the doorstep.

The home does not have access to a minibus but can hire one from a local charity group in Dingle. They had used this for a trip to Blackpool.

We were told that the one resident who smokes is supported to use the smoking area at the front.

A hairdresser has been coming to Pelham for a few years. There is a hairdressing room, but staff told us that residents prefer to have their haircuts in the lounge and that the hairdresser caters for this.

Observations

Observations of the building and facilities

Dining room

The dining room was bright and spacious. Tables and chairs were clean and decorated with vases and the furniture and ornaments gave a homely feel. The 4-weekly menu was on display but did not have pictures and small letters; we felt it would not be very dementia-friendly or easy to read independently.

Garden

The home does not have a dedicated garden but there is a small outside area by the entrance with seating where residents can sit. We saw a family using this area to celebrate a birthday. Some residents told us that they like to watch the wildlife outside including regular visiting squirrels. A local school in collaboration with Sefton Palm House has provided ornaments and wildlife feeders for the home and residents commented positively on these. The care home is within walking distance of both Sefton Park and Princes Park which provides a great area for accessing green space.

Lounge

The downstairs lounge was a large open space with big windows that let in a good amount of light. The carpet did seem older but was not frayed in any way that we saw. There were numerous chairs arranged around the room and a large TV playing music. The activities planner was on display in the lounge as well as photos. During our visit the residents celebrated a birthday and later took part in a quiz.

The upstairs lounge was similar in size but appeared sparser in terms of decoration and the carpet did again look dated. There was a piano with a box of paint on top; management told us that they were planning to redecorate this lounge soon.

Hallways

The flooring in the downstairs area leading to the kitchen had been damaged by a significant leak and management told us this was under repair. The area of the leak was safely blocked off for any unauthorised access.

There was clear signage around the home for toilets and towards the hairdressing room.

The hallway upstairs was fairly dark due to the building's design; some areas have no windows. We were told that the floor covering was new. We noticed the floorboards underneath were noisy when walking on them and they could be felt to be physically flexing underfoot.

There was a seating area in the upstairs hallway which looked like an inviting place to sit away from the lounges, with bright wallpaper with a striking parrot

design and tables. The Alzheimer's Society dementia friendly environment checklist advises that people with dementia use 'landmarks' to navigate their way around and that the more attractive and interesting the landmark the easier it is to use it as a landmark. This makes this area a great example of dementia-friendly design already in place.

The bedroom doors were similar in design to a residential front door and residents had names and pictures outside their doors. The doors, walls and handrails were all painted in similar colours which made them blend together visually; whilst looking neat this could make it harder to navigate for people with dementia. This link for the Alzheimers Society provides some guidance on creating dementia friendly signage and navigation tips:

www.alzheimers.org.uk/dementia-professionals/resources-professionals/resources-gps/dementia-friendly-signage

Lift

The manager told us that the lift had recently been renovated after it had been out of service for 3 months; this had prevented some residents with restricted mobility from moving around the care home.

Bedrooms

We were shown an ensuite bedroom which had a spacious feel, with big windows and pleasant views of the outside. We were told that residents can bring their own furniture and decorate as they like. One of the bedrooms was no longer in use as maintenance staff was currently unable to rectify an odour in the room.

Feedback from residents, relatives, and staff.

Healthwatch Liverpool spoke with 5 residents and 4 staff members.

Resident A



"I really like it. There are so many people to talk to." Resident A



"I have been here for 18 months. I like to go out to the café and go out nearly every day. The people (at Lark Lane) know me and are always shouting out my name and saying hello."

"The food is good, and I take part in the activities when they are on and I have Sky TV in my room. The staff are good as well."

Resident B

"It's okay here I think, the food is not bad, but it can be a bit samey"

Resident C

"I like meeting all the people. I feel at home here. (*When asked what the nicest thing about the home is*) "All the people here". (*when asked about the food*) "Very nice, I like all of it".

Resident D

"It's fine, honestly. I get on with people".

Resident E

Summary and recommendations

Summary

During our two-hour visit we observed that staff appeared friendly and treated residents with dignity and respect; there seemed to be positive relationships between staff and residents. Residents also seemed to get along and to be happy in each other's company.

The physical environment of the care home does seem to provide several challenges, and we felt that some of these could be managed by targeted investment and design. Some of the challenges are related to the physical layout of the building such as areas with less natural light that would be difficult if not impossible to remedy.

Nevertheless, there were areas where we felt like improvements could be made such as in the upper lounge, to the flooring and to signage. We understand that financial and staffing challenges can impact on this work taking place and recent events at the care home such as the boiler leak and lift breakdown are likely have affected budgets.

Recommendations

We make the following recommendations for Pelham Grove Care Home

- Look to improve signage and navigation in areas working towards dementia-friendly standards to support residents moving around the home. This can help support residents to maintain as much independence as possible as they age.
- Continue with the building and decoration improvements already underway. The upstairs lounge could do with a makeover and one room was unavailable due to works needed to identify and repair an odour.
- Discuss menu options with residents as one resident advised they found it "a bit samey". The residents we spoke to including this person did seem happy with the quality of the food, however. Consider options for making menus more dementia friendly so residents can read it more easily.

Resources:

www.alzheimers.org.uk/dementia-professionals/resources-professionals/resources-gps/dementia-friendly-signage

Positives and good practice

We found during our visit to Pelham Grove Care Home examples of positives and good practice which included but were not limited to:

- There were already examples of dementia friendly design in place such as the 'Parrot wall' seating area and visual signage in some areas such as those directing to toilets
- Staff at the care home have made the effort to build positive relationships with local partners such as Sefton Palm House and the dementia club at the local Policeman's Club. This provides opportunities for residents to take part in activities away from the care home and link in with the community.
- The location of the care home near Sefton and Princes Park should provide plenty of opportunity for residents to access green spaces on their doorstep.

Response from Pelham Grove

We shared our report and recommendations to the manager at Pelham Grove who responded promptly and advised us below of the improvements underway at Pelham Grove. We thank management and staff at Pelham Grove for engaging with the Enter and View process.

- Both lounges have been decorated and new carpets for both lounges being fitted 30.07.25
- All corridors have been decorated, and doors painted different colour
- New dining room floor being fitted 30.07.25
- We have a paint and decorator here for 3 months and has been updating most of the home
- All corridor lights have been upgraded to new LED lights
- New bath has been fitted
- Menu – this menu has been done with all residents having there say about their likes and dislikes and we have incorporated this in the menu to suit all needs
- Food survey was carried out in January 25, and we discuss meals on residents' meetings

So, as you can see a lot has been going on.

The home is looking a lot brighter and fresh and we are very pleased with the changes

Thank you for the report

Kindest regards

Angela Styles

Appendix

Healthwatch Liverpool – Powers to Enter and View Services

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. We work to give local residents a stronger voice to influence and challenge how health and social care services are provided.

We enable people to share their views and concerns about local health and social care services, helping build a picture of where services are doing well, and where they can be improved. Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist us in carrying out our statutory functions under the Health and Social Care Act 2012.

Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for us to get a better understanding of the service by seeing it in action and by talking to staff and service users.

We aim to identify and share good practice wherever possible. However, if during a visit we identify any aspects of a service that it has serious concerns about, then these concerns are referred to the appropriate regulator or commissioners of the service for investigation or rectification.

Any safeguarding issues identified will be referred to the Local Authority for investigation. Addressing issues of a less serious nature may be done directly with the service provider.

For more information about Healthwatch Liverpool, please visit our website www.healthwatchliverpool.co.uk or contact us using the details at the end of this report.



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