

Glenarie Manor Nursing Home



Have your say



Enter and View Report, February 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: Glenarie Manor Nursing Home

Address: 15 Aigburth Drive, Liverpool, L17 4JG

The Date of the Enter and View Visit: Monday the 3rd of February

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 Glenarie Manor 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 Glenarie Manor 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

Background

Glenarie Manor Nursing Home is owned by Lotus Care and housed in a converted old building facing Sefton Park. The home has 26 bedrooms including 4 ensuite bedrooms. The home specialises in Mental Health Nursing and Residential Care.

The home does not charge top up fees.

Discussion with the manager

On arrival we were met by the activities coordinator who asked us to sign the visitors' book. We then met with the manager, who told us that there were 25 residents living at the home, nearly all aged over 50. They do provide respite care but mostly have permanent residents, quite a few of whom have lived at the home for a long time. The manager added that they *"Try not to move on residents unless we have to, the care system can de-skill them and there is not a lot of scope for people to move on."*

Staffing:

The home employs 24 staff. On day shifts there are 2 carers, 1 nurse and 1-2-1 staff as needed. During the night there are 2 carers and 1 nurse. The manager said they have "a lovely team". Some staff have worked at Glenarie Manor for 30 years. She added that she "expect(s) all staff *"to play nice"*, and that they *"are a home in a lovely sense of the word"*.

A dependency tool is used to determine how many staff are needed per shift, but the manager explained that carers tend to do multiple roles so are discussing if it accurately describes what levels are needed. The manager told us that *"everyone is expected to do a bit of everything"* such as helping in the kitchen and with activities.

The home employs 4 domestic staff, one of whom is employed on bank shifts. One of the domestic staff also runs the bingo sessions. They also employ 2 chefs.

During Covid they did not use any agency staff; the manager said they had used *"a little smattering of agency nurses"* more recently but couldn't remember when they had last used an agency carer. As a result of the change in owners the home had gained full-time activities staff, but handyman hours had been reduced.

Food:

The chefs prepare the food in-house, usually *"English food"*; the manager said most residents don't like spiced foods and that there had not been any *"cultural requests"*. The chefs had been trying to introduce Indian food, and they had Chinese food options to celebrate Chinese New Year. We were told there is fish and chips on Fridays. Breakfast usually is cereals and/ or toast but on Saturdays they have a brunch fry-up.

The menu usually offers 2 choices and 'off-menu' options like toast and other tweaks. One option tends to be vegetarian as some residents have a vegetarian diet. Menus tend to be planned when the weekly food delivery arrives; the manager explained that often there had been so many substituted items that it was easier to see what they had and take it from there:

"We used to have a rolling 4 week menu but because the food deliveries on a Thursday can change we plan on what has come in that day"

Staff encourage residents to choose their dinner in advance as that helps with the planning, but not all residents wanted to make advance choices. Most people eat in one of the two dining areas; the manager added that *"some people only see others at mealtimes"* so they encourage people to eat in the dining rooms.

Accessibility

On arrival at the home, we noticed there are stairs to the main front door without a ramp. There is a fairly narrow winding ramp at the back of the building, but we wondered how accessible the building was for people with limited mobility or those using a wheelchair. The manager explained that inside the building accessibility was difficult too. One resident whose mobility had deteriorated continues to live at the home. Staff are supporting this resident to access all areas, and say they make it work as it is her home. The resident has a specialised chair to aid her and staff in moving around the home. She is the only resident that uses a wheelchair. We were told that it's up for debate whether they could accept more residents with mobility issues:

"Medication can slow you down and adds to it. It's not a great environment for accessibility and at the moment we don't have anyone in a wheelchair. We do have someone who uses a wheeled walker. One resident requires hoisting but we make it work because it's her home."

We did observe one resident who was moved around in her bed to be able to join in with communal activities.

Health care

Most residents are registered with Earle Road Medical Centre, but some of the residents chose not to join that GP practice and are registered with Princes Park, Ash Surgery or Sandringham Medical Centre instead.

We were told that the Earle Road GP is *"good and attentive, will turn up and see others while here and gets our people"*, and was more responsive than Sandringham GP practice.

They use the same phone line as any other patient to contact the GP practices. The home also uses Immedicare; we were told that there can be long waits on the phone, but that *"It's okay, there can be a delay getting through but once you have the medic its really quick"*

Most residents don't have a Community Psychiatric Nurse (CPN), but for those that do the CPNs will visit.

We were told that Community Matrons were *'very understaffed'* but that the one who regularly attends was *"lovely"*. *"We have (community matron) and they are lovely but understaffed. We have built up trust together and we contact them only when we need them and they are proper great."*

During our initial visit we were advised that the home has no MDT meetings with health clinicians/ social workers; the manager thought this may be because they are a specialist home, and as such end up being 'last on the list'. She added that they only just got a link social worker, and that *"We'd love something regular with the GP, something set in stone"* but felt that everything seems to be getting more organised now that there is a care home team.

Since the visit we have been informed by management that now have a regular fortnightly MDT with the Earl Road GP and their Matron. They described this new addition as working great and now the matron that has been supporting them well before now has additional matron team members.

We were told that some residents have their own dentists, but that most would only go if they had to, so they often ended up having to use the emergency dental service.

The pharmacy, Ritecare, is *"sound"* according to the home manager, who added that they are having a debate about emergency medication. The home would like to be able to have more of this type of medication on the electronic prescribing system so they can save time on getting some prescriptions.

Hospital discharges

We were told that hospital discharges generally went well, however the manager told us about a resident who had been discharged from The Royal's A&E department without any discharge papers. This meant that the home was not clear if the resident had been reviewed by the Mental Health team.

The manager also mentioned the need to talk to other residents when someone has to go into hospital, including explaining when someone is very ill and/or likely to pass away:

"We need to be real with people and honesty is important. If we are not honest with them when someone is unwell then they won't believe us when it's not bad"

Visiting

We were told that people can visit *"when they like really"*, but that not all residents have relatives or others who visit them.

The manager explained that the home organises an *"open door"* day on the 21st of every month with cake, quizzes and bingo. They put posters up to make people aware as the home doesn't use social media yet. They also have 4 events per year for relatives.

Residents' interests

Staff will meet with residents before they move in and will try to find out more about people's backgrounds and interests. The manager advised that the home does not admit people based on paperwork. Residents will get a named nurse and key worker.

"We see people first, we don't admit people on paper. We spend time with people when they come as care plans can only tell you so much".

Activities:

The activities coordinator organises regular Monday afternoon quizzes, and as our visit was on a Monday afternoon we observed the quiz being held. Residents had also made cake. There was an activities board on display with some Easy Read text. We also saw a weekly planner, but this had no images.

The home does not have a minivan, and the manager explained they don't really arrange group outings, partly because from experience when things had been organised people would often drop out on the day. Residents individually will use taxis and buses.

The home has a smoking room, but we were told they encourage residents to use the external smoking areas as much as possible. The home has multiple external smoking areas that are covered and in a very pleasant garden. *"The smoke room we try to lock as much we can and only open it when it's really cold or at night. We encourage residents to go outside".*

Belongings

The manager told us that the staff know the residents' clothes and they shouldn't get mixed up. Some residents do their own laundry, and staff take care of the rest. We were told that residents decorate their own rooms. There were no issues with dentures or glasses going missing.

Observations

Upon arrival at Glenarie Manor we were met by staff who confirmed our identity and asked us to sign into the visitors book. We then met the manager Elizabeth (Bee).

Observations of the building and facilities

Observations

Overall, the home appeared clean and well maintained in areas but there were noticeable instances of areas that looked in need of repair or decoration. There was a poster with a QR code to report repairs in the medications room so that staff could let the owners know when work was needed. The manager told us there was a rolling program for decorating the home, however we did notice some outstanding repair work. Management advised that non-maintenance staff were stepping in to help with decoration works.

Main entrance/front door/lobby

The lobby had photos and the names of the staff team on the wall and noticeboards with a variety of information including CQC contact information. Hand gel was provided in a container on the wall.

There was an easy-read care charter and information on display about the mental health act. We also saw a Healthwatch Liverpool poster and care home review flyers displayed.

Lounges

We spoke to the manager in the 'blue lounge' or quiet lounge. She said this room was often used for medical appointments including psychiatric appointments. It was a spacious room with a calm feel, with a couple of sofas and a television as well as a bookshelf with books. It had ornaments and some memorials for previous residents who had passed away. There was some staining on the ceiling tiles. One resident had left his guitar in the room which was left untouched.

The other lounge was being used by residents who were watching television. Again, this was a nice light room with a sofa, armchairs, a TV, DVDs and pot plants. Both lounges had pictures on the walls and looked homely and clean. There was a well-behaved cat who we were told had been in the care home for many years. There are also two outdoor cats that residents and the home take care of.

Games room

The games room had lots of natural light coming in with a view of the garden. There was a pool table and table football table, but the manager said the latter was not being used by residents, so they were going to remove that. The hand gel dispenser on the wall was full.

More information about activities was on display in this room including information on the walking club. There were lots of posters of superheroes and decorations. A large mirror that covers the wall into the manager's office looked like it might be 2-way glass, and the manager said she had to reassure people that it was not.

Corridors

Some of the corridors were narrow, which confirmed what the manager told us about accessibility potentially being difficult inside too. There were no grab rails in corridors but due to the corridors' width it may be difficult to fit those in.

Sluice room

We noticed that a door with a 'sluice' sign stood open. The manager explained that the sluice was not in active use but was on the maintenance list, and that Glenarie Manor staff were undertaking some of their own upkeep at the moment.

Toilet/shower:

We saw a combined toilet/ shower room with a sink, toilet, urinal and a shower. The shower area was partly separated by a wall. Although the bathroom looked clean there were several ceiling tiles missing, both above the shower area and further along the wall where the toilet was. The manager said the ceiling had been reported for repair.

The toilet near the activities room was dirty when we saw it but the manager noticed this and immediately asked a member of staff to clean it. This was done within a few minutes. Some residents had poor mobility and one of the residents seemed slow on his feet, although not unsteady to the point where he appeared to need assistance. This resident used the toilet unaided; providing residents with the least restrictive options may mean compromising on continuous cleanliness, although that was quickly dealt with.

Small 'overspill' kitchen

This kitchen had facilities for making snacks and hot drinks. It looked basic but clean and had a microwave. A resident was using this room to have some quiet space, so we did not go in as we did not want to intrude.

Garden

At the back of the house is a large garden on 2 levels: a patio on the lower level with seating, and grass on the upper level with picnic tables/ benches as well as a couple of arbors. We were told one of the residents does gardening. The area seemed private and looked like a great place to spend time outside. Residents also have Sefton Park on their doorstep.

Smoking room:

The smoking room did not look inviting and this was on purpose to encourage residents to use the external smoking areas which are much nicer. There was no furniture, only a large metal ash tray on the floor. A wall ventilator and smaller vents in the windows were installed to deal with cigarette smoke and allow for air circulation. The floor looked dusty.

Laundry Room

This room looked clean and organised with named laundry baskets; a member of staff was sorting out laundry.

Medication room

This room again looked clean and had a desk for the nurse as well as several medicine cabinets.

Resident's room

One resident allowed us to have a look at their room which seemed relatively small but was nicely decorated and contained a bed, wardrobe, chest of drawers, a chair and a wash basin. The room had a great view of the rear garden.

Feedback from residents, relatives, and staff.

Healthwatch spoke to several residents about their experiences of the home during our visit. We also spoke to 2 members of staff and received feedback from 3 relatives via our care home survey.



"I like to go different places. I like the people around here, I feel very safe"



"The food is very nice. There is enough choice. Staff are all good, and I like the bingo."

Resident A

"I like that it's close to Sefton Park. It's one of the best ones (*care homes*) I've been in. I like the games room. I play pool, and used to do a game of darts. I always take part in the quiz and bingo, and we have done soap making and helping with pizzas in the rehab kitchen."

"Here you have got your own money, I manage it myself with help from a relative who I see every Saturday."

The food is good, 2 options for lunch and the evening meal. Spag bol, pizzas, and fry ups”.

Resident B

“It’s a friendly and happy atmosphere. We do bingo and quizzes. The food is nice and well prepared, and the portions are good. I can go down the lane for a coffee if I want to. You don’t want to just stay in bed” (Anything you would change?) “No, I’m happy as it is”

Resident C

“There is enough to do what you want to do. The food is great, I had corned beef hash for dinner yesterday and you can have more of it if you want. They are very good and accommodating”

Resident D

“I like living here, you can go out shopping and go to Sefton Park and just sit down for half an hour and get a coffee. My room’s alright and I feel safe.”

Resident E

“Auntie Bee (*the manager*) is always well behaved!”

Resident F

“I like to go different places. I like the people around here, I feel very safe. I like the horse racing and watch it on the telly. I want to go on living and stay here.”

Resident G

“I love it actually, I love the mental health side of it, it’s so interesting. (*About Telemeds*) I love it, it’s the best thing knowing there is always back up available. (*About MDTs*) There are no MDTs, but I would like it.”

Staff Nurse

Summary and recommendations

Summary

Glenarie Manor felt homely and calm on the day of our visit. The home was clean, although we did notice some outstanding maintenance. Residents appeared well-cared for, and staff and residents seemed to know each other and treat each other with respect. The manager Bee came across as caring deeply for all the residents, past and present.

The location of Glenarie Manor next to Sefton Park alongside a fantastic private garden gives residents plenty of opportunity to spend time outside in the fresh air with nature right on their doorstep. The well-trained house cat can provide a source of comfort to many residents and staff alike and makes the home feel more homely.

The residents and members of staff we spoke to during our visit had a lot of positive things to say about the home, and the feedback from relatives which we received through our survey was positive too.

We particularly liked the idea of the “open door” days that are organised on the 21st of every month; as these days fall on different weekdays/ weekends throughout the year it should give relatives and friends an opportunity to visit and be involved.

Recommendations

We make the following recommendations for Glenarie Manor Nursing Home

- Glenarie Manor is housed in an old building, and as such requires more upkeep and maintenance. We like that a QR code is in place to quickly report maintenance issues, however we do recommend that any outstanding maintenance is acted on quickly by the owners.
- We recommend that the large mirror in the games room has some posters added to help avoid the impression that it is a 2-way mirror.

Positives and good practice

We found during our visit to Glenarie Manor Nursing Home examples of positives and good practice which included but were not limited to:

- Management at the care home has been consistent for a number of years and this helps build a stable environment for both residents and staff. During our short visit we got the impression that the manager cared greatly for both residents and the staff team.
- The rear garden of the care home is a great size, private and has lots of covered seating. The trees and natural environment felt like it would be a fantastic place to pass the time. Combined with the location near Sefton Park it makes Glenarie Manor a place where residents can spend lots of time enjoying being outdoors.

Response from management

Management responded promptly to the recommendations in our report and advised us of the positive changes at the care home detailed above in the report.

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.



healthwatch

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