

Grace Lodge Nursing Home



Have your say

Enter and View Report June 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 and View Visit:

Name of the service visited: Grace Lodge Nursing Home

Address: Grace Road, Walton, Liverpool, Merseyside, L9 2DB

The Date of the Enter and View Visit: The 30th of June 2025

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 announced visit.

We would like to thank Grace Lodge 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 Grace Lodge 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

We met with Suma Kaimal, who had been in post as the manager at Grace Lodge since September 2024.

She told us the home has 61 bedrooms, all with ensuite toilets, but at the time of our visit there were only 36 bedrooms registered with the CQC. This will gradually increase, as *"Safety comes first, staff ratios need to be correct"*.

The owners of Grace Lodge Oceancross LTD have another care home, and sometimes staff from the other home can help out if needed at Grace Lodge. An example given was if maintenance staff are on holiday for example.

"The owners are very good"

The home has recently started charging top-up charges, but the manager said it depends on the circumstances of the family with some flexibility involved.

Discussion with the manager

The manager advised that during the day the home usually has 6 care staff on duty, as well 1 nurse, 1 care coordinator (the deputy manager of the home), and the manager. At night there are 3 care staff and 1 nurse. The home has not used any agency staff since February and uses a bank staff system. Management praised staff members flexibility with covering shifts.

In addition to the care staff there are also other multiple support staff such as a chef and assistant chef, housekeeping, laundry admin and maintenance staff. There is also a dedicated activity coordinator. The manager said, *"there is a good team here"*.

Several staff members have worked at the home for over 20 years, including a housekeeper, a nurse and the care coordinator/deputy. The manager did mention that there is a higher turnover of care staff, with some moving onto work in the NHS when qualified. They also mentioned that turnover is partly due to visa restrictions for post-graduates with a 2-year work visa.

Management advises that both her and her assistant manager tend to start early so they can deal with any issues arising from the night shift to make it easier to make arrangements such as organising appointments or arranging extra staffing if needed.

Health care

All residents are registered with Aintree Park Group Practice which the manager described as a good service. The home is nearby to the practice and has a direct phone number to contact the practice without having to join the 8am queues.

Management said the GP has worked with the home for a long time and knows their residents and as it is nearby it is easy for staff and residents to visit.

There are MDTs every week, with input from the GP, community matrons as well as other professionals. Management said the community matrons Paula Murphy and James know the residents well and will pro-actively contact the home to offer support. They said that Paula has been supporting Grace Lodge for a long time.

The home uses Rightdose Pharmacy in Ormskirk and we were told that they were fine, if there are any issues they can be resolved quickly.

For dental care a dentist based in Manchester visits to carry out dental checks. Some residents do refuse checks, and this then recorded on their care plan. The residents' oral hygiene is monitored by staff.

On the day of our visit Mersey Care's community dental team visited to provide 'Mouth Care Matters' training which the manager advised was useful and advised they will cascade this learning through to the staff ***"I feel more alert after the training"***.

Immedicare is used for any medical cases classed as non-urgent. The manager explained that they also provide training which gets added to an 'info file' for staff which is then recorded. We saw well organised files that included many things from residents' meetings to training, meals and more.

The nurse on duty told us that Immedicare was great at weekends and out-of-hours but added that on weekdays it could cause delays and that at times it would be easier to be able to contact the GP practice directly. They mentioned that Immedicare had really improved in the time they had been using it. ***"I find it really helpful it's brilliant of a weekend, but can be a bit frustrating of a weekday"***. The nurse also mentioned positive input from Speech and Language Therapists and Dieticians.

Hospital admissions and discharges

Management advised that the home can't always meet the needs of prospective residents and so needs an accurate description of residents. ***"We have to be able to meet their needs"***. Unfortunately, the care needs described in some hospital referrals can be very different to the reality of the resident's condition.

There was an issue recently with a resident not having been discharged with medication needed, but the manager told us that on contacting the hospital the required medication was sent immediately by taxi. The manager added that they understood hospitals were very busy, and that they had been very satisfied with the speedy solution.

Another example was of a resident who fell acutely ill at the weekend, but between the paramedics and out of hours GP it was decided to treat the resident at home. The manager said anything they cannot manage safely such as out of control bleeding or broken bones had to go to hospital, but that otherwise it was better to keep people safe and dignified at the home.

The home has an admissions cut-off time of 4pm, so that if there are any issues relevant professionals can be contacted. The manager advised that if it's a resident they are familiar with and they are satisfied that their condition is as represented there is more 'wiggle room' for later admissions.

Residents

Management advised that the home consults the initial referral they receive and then carry out their own pre-admission assessment. They will ask relatives to visit the home where possible and have a look around. The home will collect information about the resident's habits, hobbies, food likes/dislikes and allergies and will then plan for their admission. The resident can decorate the room to their own tastes, and the home will support this, and we saw multiple rooms decorated to a resident's own tastes.

"We want our residents to have happiness"

Apart from protected mealtimes visitors can come any time up until 8pm. If people are traveling from far away or a resident is unwell there is a bit more flexibility.

Residents' belongings

Management advised that laundry assistants label any clothes that haven't already been labelled by the family and will support care staff in returning any lost items. The housekeeping staff also tend to have a good idea of what belongs to whom as they know the residents well.

Hearing aids, glasses and dentures are all in residents' care plans and this information is included in staff handovers.

There were no speakers of other languages at time of our visit but some of the residents have cognitive impairments which can impact their expressive and receptive language skills. Management advised that staff get to know the residents over time and consult their care plans which supports them in understanding them.

Activities

The care home has an activities coordinator as well as outside visitors who attend to support activities. An example given was a local artist who comes in and does woodwork with residents. We saw examples of the work created in the dining room where menu holders were displayed and one of the residents we spoke to told us they really enjoy the activity.

Some residents also go to the local pub and shops. Management advised that they do not have a minibus.

Management advised that there are monthly residents meeting and that these are all documented and available to residents and families. We were shown the evidence of this in a well organised folder.

Food

We did not see any easy read Menus or standard menus on display in the care home outside of a chalk menu written up on a board in the dining room.

Management advised that the chef discusses choices with the residents personally. As the home is planning on slowly increasing the number of residents on site this may become more difficult to do.

All food is prepared in-house including home-made cakes and desserts.

Observations

Upon arrival at Grace Lodge, we were asked for our credentials and to sign in. We met the manager Suma Kaimal who showed us around Grace Lodge.

Observations of the building and facilities

Corridors

The flooring in the corridors was in a distinct colour from the walls as were the handrails. This is a dementia friendly design that supports residents to navigate safely. There were several display boards with photos of residents on walls and some paintings and photos of local landmarks.

The flooring although not a trip hazard did look worn in places particularly in the quieter dining area.

Lounges

The large lounge on the ground floor had several comfortable armchairs and a large television. Several residents, a member of staff and a relative were sat in there chatting. The atmosphere felt friendly, and residents and families were interacting with each other. Staff were sharing jokes with them and clearly knew the residents and their families well.

There is also a second smaller quiet lounge without a television for residents who preferred this. There were large windows and plenty of natural light coming into this room.

Dining rooms

Both floors had their own dining rooms and kitchens with the downstairs kitchen handling most of the food preparation at the time of our visit. The dining room looked functional but a bit bare. To give it more of a homely feel we suggested maybe some more decorations could be added.

There was a separate smaller dining room with 2 tables for people who preferred or needed support to eat in a quieter environment. This was deliberately less stimulating to encourage residents to concentrate on eating which is good practice for supporting those with dementia. The room did look rough around the edges such as a visible loop of wire on the wall and the flooring was noticeably marked.

Bathrooms

The bathrooms we saw on the ground floor were both of a really good size which made it easy to manoeuvre in with room for hoisting equipment. They were both clean and each was tiled in distinct colours with easy read signs on the door.

Bedrooms

At the time of our visit most of the residents had bedrooms on the ground floor and of those upstairs we were told most would come downstairs during the day. Bedrooms looked to be good sizes, well maintained and decorated, and all were ensuite. There were photos on many bedroom doors and residents can choose to have their names and photographs on the door, or something else if they prefer.

Garden

The garden looked spacious neat and tidy. There was plenty of seating and staff advised they have big umbrellas/parasols for shade, but they were put away due to recent high winds but available when needed.

Feedback from residents, relatives, and staff.

Healthwatch spoke with 6 residents, 2 relatives and 2 members of staff.

Resident A



"These are all my friends"



Resident B

"The Staff all help one another, I feel safe."

"I like the food, but I struggle to eat."

Talking about meeting a Guinea Pig that was brought in "She was beautiful".

Resident C

"They're nice girls here, they get me what I need"

Resident D

"They look after me as best they can"

Resident E

"My (relative) put me on the list for here, I came from another home. I like the bedroom, it's nice and clean. The staff are good, when I ring the bell, they come. The organiser of the care staff (the manager) is excellent, I can't fault any of them. "

(When asked about the food) "The food, I can't fault anything."

Resident F

"I love it I've got my own place and a chance to meet our friends at mealtimes and do things together. I brought my own furniture."

"The food sometimes it's not good but it's mostly good. It can be cold, but they will do other things for you."

"They are very good to me here and I am happy here and I can go out when I want"

Relative A

"My mum has come on so much since she's been here".

Relative B

"It's brilliant I have looked after him for 11 years. All the staff talk to him I love it, just love it. They took me out of a dark place. He has changed a lot since he has been here, they have brought him back I can't thank them enough, they saved me.

He is not wanting for nothing, and they give him more than I can give him, he looks better. All the staff talk to him, pop in, have a chat even if he can't reply."

Summary and recommendations

Summary

Overall, we observed that Grace Lodge seems to be a well-running nursing home. The manager Suma came across as well organised and confident in her ability to support the residents and families. She was clear that she would not rush the introduction of more residents without the support and infrastructure in place to keep them safe and happy.

We did feel that some areas of Grace Lodge did not look as appealing as others and that it could benefit from some targeted maintenance and decoration. The flooring in areas looked ready for replacement and some areas lacked decoration making it look more clinical and worn than other areas with decoration in place.

The residents we spoke to all seemed happy with their care, had praised the staff. Most of the residents that we spoke too also seemed to be enjoying the food on offer. The family members we spoke to had positive opinions about the home with two in particular having the highest of praise for Grace Lodge staff and the positive impact the home has had on their loved ones.

Recommendations

We make the following recommendations for Grace Lodge:

- Discuss with residents, family and staff about areas of the home they feel may need redecoration or renovation.
- Consider the use of easy read menus to build on the good work already in place in creating a dementia friendly environment.

Positives and good practice

We found during our visit to Grace Lodge examples of positives and good practice which included but were not limited to:

- Grace Lodge seems to have built a strong relationship with the GP practice at Aintree Park Group Practice. Building close relationships with the GP practice takes effort on both sides and this will benefit all at the care home.
- The manager has a solid system of organisation in place for storing evidence from residents and family meetings which will allow for residents and family input to be accessed easily.

Response from management

The manager at Grace lodge responded promptly to our report and asked us to correct the GP practice they use to Aintree Park Group Practice but was otherwise happy with the content of 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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