

# Ranelagh House



Have your say



Enter and View Report, July 2005

# 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](mailto:engagement@healthwatchliverpool.co.uk). Alternatively, you can contact us via: [www.healthwatchliverpool.co.uk/have-your-say](http://www.healthwatchliverpool.co.uk/have-your-say)

## Details of the Enter and View Visit:

**Name of the service visited:** Ranelagh House care home

**Address:** 533 Aigburth Road, Liverpool, Merseyside, L19 9DN

**Date of Visit:** Monday the 7<sup>th</sup> of July 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 an announced visit.

We would like to thank Ranelagh House 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 Ranelagh House 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

Ranelagh House is a residential care home. Several residents also live with dementia. The building was not purpose-built as a care home; there are 24 bedrooms over 2 floors in a series of connected, centuries-old houses. 19 bedrooms come with ensuite toilets.

At the time of our visit, there were 22 residents living at Ranelagh House, with another resident due to move in the following week.

Depending on circumstances, the home does occasionally charge top-up fees of £30.

## Discussion with the manager

We met with the manager Sheila Cousins who has been in post at Ranelagh House since 2019. We were asked to sign in and our credentials were checked.

During our visit, we were advised that Ranelagh House was in the process of changing providers. Management felt that a change in provider would allow for more focus on upgrading the environment and was positive about the opportunities a change in ownership can bring to the home.

**Please see the update from the manager in the summary section for an update on the ownership, building and facilities.**

## Staffing

We asked about staffing at the home and were told that on weekdays (Monday to Friday) the day shifts are covered by 3 carers and 1 senior carer, 2 cleaners, 1 activities coordinator, 1 cook, and the manager. The deputy manager works part-time on Tuesdays and Wednesdays.

During the day at weekends, there are 3 carers and 1 senior. The manager is on call at weekends and is there when needed. Night shifts are covered by 3 members of care staff.

The home rarely uses agency staff, and instead, regular staff will usually provide cover. For continuity, the same agency is used when needed, and they often provide the same agency staff who tend to know the residents.

There are multiple long-serving staff at Ranelagh House including one carer and the cook who have worked there for 30 years, and others who have worked there for 14 or 15 years. However, some staff are time-limited due to visa stipulations and can't work at the home for more than 3 years (although our understanding is that requests can be made to extend visas).

## Health care

All residents are registered with Grassendale Medical Centre. The manager told us that the practice is fine and the staff are lovely. The GP does a round at the care home every month, and there are weekly MDT meetings. Another staff member told us that the GP is very good, and if there are any more private issues with residents that may impact on their dignity, she will contact the GP practice, not Immedicare.

The manager told us that the two community matrons who visit are great. The home also uses Immedicare, which the manager said was "alright", but with residents with dementia, it can be more challenging as they are not able to engage with the process, and staff also feel it is not well-suited for more private issues. Because of this, the staff advised that they will sometimes contact the community matrons directly if they feel it is appropriate.

A registered dentist from West Derby does annual check-ups and supports residents in any dental pain. This is great news as there is lack of NHS dental care available in the Liverpool area. Management also advised there are regular visits by podiatrists.

The home uses Rite Care pharmacy, staff told us that there can be some issues, but they have good email contacts with the service, and they tend to be quick at fixing any errors. Rite Care does not deliver at weekends but there is another pharmacy near the home which they can use in emergencies.

Community equipment tends to be arranged via the matrons, as they can get items faster, and we were told equipment arrives quickly. There can be delays in returning equipment, but management advised that this is not a problem.

We were told that it can take time to get mental health care for residents. We have been advised by other care homes that this can be an issue in Liverpool.

## Hospital admissions and discharges

We were told that there were no recent problems with hospital admissions and discharges overall, but previously the home had experienced one negative discharge. The manager mentioned that staff will visit prospective residents in hospital, especially when the home does not get much information otherwise. She added that a member of staff at bed brokerage was '*pretty good*'.

## Finding out about residents' interests and communication needs

We were advised that staff first consult external assessments from other professionals and GP notes, and discuss as a team whether they feel they can meet that person's needs. Management advised that decisions on new residents are taken as a team with multiple staff sitting around the table to discuss if they can meet the person's needs. If they feel they can, they carry out their own assessments and preadmission forms. Staff often visit prospective residents if in hospital, and they will speak to families and ask the family to bring relatives for a visit so they can familiarise themselves before moving in.

At the time of our visit, there was one resident who was a speaker of another language. This resident did speak and understood some English, but we were

told that their family could be contacted when interpretation was needed, and staff would use a translation app occasionally.

## **Activities**

We were told that the home's activities coordinator organises quizzes, bingo, baking, and also fundraises in the local community to support residents at the home. She also organises entertainers, trips out to various places, including Garston market. We were told that therapy ponies had recently visited the home.

A hairdresser attends regularly, and residents get visits from a church and occasionally a mosque.

We were told that the home organises a lot of activities around Christmas, and local supermarkets will provide some gifts. The local Aigburth Toby Carvery also often offer free meals as a raffle prize for Christmas.

## **Food**

The home has a chef, but we did not see any menus displayed during our visit. We were told that residents can get themselves a take-out if they want, like a chippy etc.

One resident does not eat pork because of their religious beliefs, but the manager told us that this resident will eat other, non-halal meat. However, when we spoke to this resident afterwards, the resident told us they would like the option of halal meat.

## **Visiting**

The manager told us that people can have visits any time until around 9pm. There are protected mealtimes, but the manager advised there is some flexibility if a relative can only visit at a certain time. The manager also said that residents could have their meal in their room in that case for example. We did see signs displayed advising relatives about protected mealtimes by the entrance.

## **Residents' belongings**

Families are asked to mark or tag the residents' clothes. All laundry is done in-house, and usually the staff know which clothes belong to whom; however, we were told that finding out who the underwear and socks belong to can get more complicated. The home has a 'lost items' basket in the laundry room.

Glasses, hearing aids and dentures tend to have names etched in and are checked every day.

# Observations

## Observations of the building and facilities

Please see the update from the manager in the summary section for an update on the building and facilities.

### Communal areas

The manager made it clear that they would like to be able to do more upkeep and decorating of the communal areas. We found that many of the communal areas could be improved by redecorating. It was obvious that funding was an issue, but we were told about plans to redecorate many of the communal areas and were invited to revisit when these works have been completed.

We were pleased to see that lots of the doors in the home had easy-read signage, including bathrooms.

The manager also showed us an album with photos of residents involved in a variety of activities. These were to be displayed in communal areas once redecoration had been completed.

### Hallways/corridors

The corridors in the building were narrow with walls mostly bare, and there were no grab rails in areas although it looked like they had previously been in place in areas. Management advised that once the hallways and corridors had been decorated the pictures that used to be in place would be going back up. There were pictures of staff near the main doors as well as the dignity in care charter on display.

During our visit, work was being carried out to replace fire doors.

### Bedrooms

We were shown several bedrooms and they all looked personalised and nicely decorated to individual residents' taste with different coloured wallpapers, photos, and individual belongings. The manager told us that residents and families were asked what colours and wallpaper they like before they move in.

All bedrooms shown were a good size and we were told that the smallest bedroom usually was reserved for respite stays.

### Lounges

The home has two lounges on the ground floor. Each lounge had a television on the wall and armchairs positioned against and around the walls. Most residents were present in either of the lounges. In the smaller lounge the activities coordinator was running a quiz, in the larger lounge residents were mainly sitting comfortably, not interacting much, but appeared content.

We were shown a removable pod in one of the lounges that had been installed to support safe visits during the Covid pandemic. The manager explained they were due to remove this to provide more space in the lounge. We noticed that one lounge was more decorated compared to the other lounge.

The manager told us that one of the lounges was due to be decorated. We saw that the wallpaper and radiators in one of the lounges were visibly stained and marked.

### Dining room

The dining room had been re-decorated and looked fresh, clean, with plenty of natural light and views of the enclosed garden. There was a hatch between the kitchen and dining room, so it was easy to communicate between the two rooms. Tables had 4 chairs each and were laid with cutlery and condiments on each table. There were no menus on display; when we asked, we were told that these were kept in a folder in the kitchen. The flooring did look a little scuffed in areas from use.

### Bathrooms

Although we did not see the bathrooms, we were told that there is a bathroom with a movable bath seat on the 1st floor and a wet room on the ground floor.

# Feedback from residents, relatives, and staff.

Healthwatch spoke with 6 residents, 1 relative and 3 members of staff.



“My bedroom is very nice. Quite happy to be here, and it is nice to be able to talk to people. Staff are good.”



Resident A

"I'm not leaving here until I die. I'm happy here. I love (the manager)".

Resident B

"If you ask for something they will do it for you."

"The food is quite fine yes. It can tend to be the same thing, and we don't get to see the menu."

Resident C

"The staff are lovely, and I could not say one bad thing about them. I am a bit worried about when the dark nights come in. We could be doing a bit more rather than just sitting. I like dancing and singing". (The resident mentioned they had really enjoyed a recent visit from a singer).

Resident D

"My mum is happy here. She was diagnosed with Alzheimers and is well-looked after. She loves the food".

(when asked if she seemed settled)" Yes, she is settled here. They have activities, over Christmas a school choir came in, the residents loved it. She has made connections with other residents, and her room is fine. The staff are all lovely; she only came in for respite and we felt comfortable straightaway. And it is spotless."

Family member A

# Summary and recommendations

## Summary

(Please see feedback from manager below about takeover)

Overall, we observed Overall we found Ranelagh care home to be care home that was clean without unpleasant smells. We liked the work that had gone into personalising residents' bedrooms; they were all clearly individually tailored towards the person living there. Staff had clearly put effort into the areas they could personally make the most difference too.

Ranelagh house is located in a series of interconnected buildings presenting challenges such as narrow corridors that cannot be helped. We noticed that many of the communal areas were in need of redecorating. The dining room looked good aside from the flooring recently been redecorated. We hope that other communal areas of the home will be redecorated to the same standard. Having pictures and photos back up in the corridors as planned by the manager will add to the homely feel.

Residents we spoke to mostly told us positive things about living at Ranelagh House. There were a few things mentioned by residents that should be easy to remedy such as more access to food menus.

## Feedback from Manager on takeover:

We contacted Sheila Cousins the manager for more information, and she advised us that the takeover of Ranelagh House had been completed, and the home had been sold to Partnership Caring.

Sheila advised that the takeover had been 'a really positive outcome for everyone with minimal disruption'. She advised that refurbishment had already begun on areas of the home, including the lounge and outside areas.

## Recommendations

We make the following recommendations for Ranelagh House

- That menus with large size font text and photos are displayed in the dining area so that residents can easily see what the options are and feel empowered to make choices
- That the planned redecorating of communal areas is carried out as soon as possible (This seems under way already according to feedback from management).

## Positives and good practice

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

- We felt that the joint decision-making process when accepting new residents is a great idea and shows that management values their staff's expertise, experience and opinions.
- We were impressed by the efforts that the activities coordinator has taken to provide and fund activities for residents. Their efforts were praised by both management and residents, and we hope the new owners support them accordingly.

# 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](http://www.healthwatchliverpool.co.uk) or contact us using the details at the end of this report.



**healthwatch**

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