

Woolton Grange Care Home



Have your say



Enter and View Report, February 2026

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 usually last 2 hours and as such can only 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: Woolton Grange Care Home

Address: High St, Woolton, Liverpool L25 7TE

The Date of the Enter and View Visit: 18/02/2026

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 Woolton Grange 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 Woolton Grange 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 were met by Dannielle the deputy manager at Woolton Grange Care Home who had worked for 9 years at the service. We were asked to sign in, and our credentials checked upon our entry.

The home is owned by the We Care group and staff advised that Woolton Grange provides residential and EMI care. They mentioned that there are some issues with their Google search results advertising them as a nursing service, but they said that is not the case and the service has never provided nursing care. We noticed that the CQC website also has the home listed as a nursing home which can cause confusion for prospective residents and families.

Woolton Grange is housed in a listed former church with later extensions and additions to the original building. There are 38 bedrooms including 3 double-sized rooms. 2 of the bedrooms have en-suite toilets with one also having a shower. At the time of our visit there were 33 residents living at the home, including one couple who share a double room.

We were told that Woolton Grange regularly has to reject inappropriate referrals for people with needs too complex such as severe mental ill health or active addictions. This is similar to feedback we have had from other care homes.

The home did not charge top up fees at the time of our visit, but we were told that this may have to change in future due to rising costs and the growing complexity of residents.

Staffing

The home uses a dependency tool to determine the number of staff needed. We were informed that if occupancy rates change, the staff numbers would be amended. At the time of our visit the home employed 4 care staff and one senior care staff during the day, as well as the deputy manager who supports as needed, and the manager.

At night there are 3 care staff and 1 senior care staff, and this number is again set using the occupancy tool so can be adjusted for need.

The home also employs an activity worker Monday to Friday 9am-4pm, 3 cleaners and a chef and kitchen assistant.

We were told that 50% of the staff had worked at Woolton Grange care home for at least 7 years. Night staff tend to change more regularly but most had been in post for over 2 years. The home uses agency staff to cover annual and sick leave. Staff said they have a good relationship with the agency, and some agency staff have been hired permanently.

Health care

Woolton Grange residents are registered with Woolton House GP Practice. Residents receiving respite care often stay with their own GP or register with Woolton House Practice as a temporary patient.

Staff advised they do not have a dedicated phone number for the practice but have no problems contacting them. They say the GP is a regular visitor and will often pop in for unannounced check-ups. The GP was visiting the home during our Enter and View visit.

Weekly MDT meetings are attended by various staff including Woolton Grange's manager, Dr Ram from Woolton House Practice, community matrons and staff from the SWAGGA team as needed. Many of these staff will do a 'round' of the home afterwards.

We were told that *"We love all of our district nurses, they are all amazing. With our district nurses and community matron we are fully supported in every way we can be; the matron takes on a lot more work"*.

Staff advised that having the district nurse support in place means that many residents can stay at Woolton Grange without having to move on when their needs change.

Mental Health

We were told that Mental Health support for the residents is good and the GP supports the home with referrals. An example given was a recent MH referral that was picked up by Leigh Moss older people's community mental health team within the week.

Staff said they have noticed that more prospective residents were presenting with complex mental health needs and/or active addiction which they do not have the facilities to support.

Immedicare

Telemeds/Immedicare is used as standard and is the first point of call. We were told that it works well most of the time, but the main drawback is that care home staff don't receive notification when a clinician has been informed or of the timescales of if/when they will come out to see the resident.

Staff did mention they experienced longer waits during bank holidays or at Christmas time.

"The only thing with Immedicare that is disappointing is that we can't see any communication between telemeds and the doctor"

Pharmacy

The home used Ritecare which we were told was *"amazing, no issues whatsoever, the best pharmacy we have ever used"*. The home finds that staff will reach out with emails and WhatsApp contacts and are *"more on the ball"*.

Dental care

The home does not currently have a dentist; we were told that several residents who used to be with a dentist had been removed from the dentist's lists since the pandemic. The home needs a dentist willing to do home visits as not all residents can attend a practice.

"We have no dentist it's been war, not everyone is suitable to be seen in a practice, some of our residents have agoraphobia and Mental Health conditions and need home visits."

For now, the care home is using NHS 111, and some families will take residents to a private dentist if they have that option.

Hospital admissions/discharges

We were advised that most residents will go to the Royal Liverpool University Hospital or Whiston hospital unless they have a fracture in which case they usually attend Aintree hospital.

The home tries to give a cut-off time of 8pm for admissions to ensure the person can have a meal and settle in and not miss any medications. After 8pm they will ask for the resident to be admitted to the home the next day.

We were advised that discharge summaries had improved recently and better reflected the person's condition. They said there still are occasions when staff must have several conversations with hospital staff to get a clear and honest picture. If there is doubt the home asks for a Trusted Assessor to be involved.

They gave an example of one resident who they were told needed nursing care due to changes in their mobility and diet. When advised that the care home could not provide this nursing care, they received another call from staff at the hospital. This time they were told that the resident was mobilising using a walking frame and were eating as before. Staff said they had to involve the trusted assessors in this case.

The majority of residents return to the home in a hospital gown with their clothes in a bag ready to be washed. Staff said they look like they have been in hospital but that they do not look unkempt on their return.

Family report about their hospital experiences

We spoke to one family who said their loved one was on a trolley for four days during their treatment at hospital and that they have raised a complaint with Whiston Hospital about an unsafe discharge.

They said they put screens around them whilst waiting in the corridor for some privacy as it was so full. They said their loved one was also waiting in an ambulance outside the hospital for 3 hours and mentioned that there seemed to be plenty of empty beds in the frailty ward.

They reported that their loved one was not adequately supported with hydration with no access to 'Sippy' cups to support residents with physical difficulties. The family says they were given a small 5 ml syringe and had to squirt water into their loved one's mouth to give them a drink.

End of life care

We were told the home has not experienced any difficulties obtaining end of life care for residents; district nurses will attend quickly and the scripts for painkilling medication via syringe drivers is arranged in a timely manner.

Visiting

Woolton Grange has protected mealtimes in place but relatives can still visit loved ones in their bedrooms during protected mealtimes. Staff said this is to protect the dignity of other residents when eating. Otherwise, residents can receive visits at any reasonable time. When a resident is at end-of-life stage relatives can come at any time with the home making arrangements to support them.

Communication

The home has previously had bi-lingual residents, and a resident using BSL who gets regular visits from volunteers who can sign. We asked what happened outside those times and were told the resident can lip-read and speaks English.

Getting to know residents

Before someone moves in staff say they will have spoken either to the family who will have visited the home or – if local authority funded – to a social worker who will have shared information. Some residents without family will have advocates who support them with getting their wishes known.

Once someone has moved in staff will complete an 'About me' form; this will form the basis for a care plan. This is then added to as staff get to know the resident better through experience.

Activities

We were told that the activities coordinator provides a wide range of activities, and the home also has external companies come in to provide 'musical moments' which includes arm exercises. Entertainers come in, and schools visit with a choir. A hairdresser comes in every week and there are various beauty treatments and pampering activities offered. Newspapers are delivered daily for the residents to read.

The home does not have its own transport and does not arrange outings (e.g. theatre etc) as they have been unable to find a wheelchair accessible coach with toilet facilities. Some residents go out with their families in their own transport, use accessible taxi services or use the bus.

Several residents will have individual activities arranged; we were given an example of a resident whose advocate mentioned they wanted to watch snooker and pool, and they now have a TV in their room to play snooker/pool DVDs.

Some residents attend church with their families. We were told one resident goes to the shops every day, but most residents need support when going out.

At the time of our visit the home did not have any smokers, but there is a smoking area available. There was one resident who vapes and uses the outside area.

Any resident on a DOLS (Deprivation of Liberty Safeguarding) without family will get an external advocate. Staff advised they have 2/3 residents who have advocates and that this is normally arranged via the GP DOLS procedures.

Food

Food is prepared on site by the chef and kitchen assistant; they can prepare any type of food including special diets/ food consistencies. The company prepares menus for all the homes and sends out the ingredients, but staff say they can be adapted locally by the care homes. Staff say they ask residents what foods they like to eat.

There are some residents with adapted diets to adjust the consistency of food and some who require a gluten-free diet.

There are easy read picture menus up on the board in the lounge; these help to support residents in choosing meals and accessing the menus.

Belongings

Staff informed us that when someone moves in an inventory list is completed with photos. Clothes are labelled but written names often wash out as do sticky labels. Families don't always tell staff when they have brought new clothing items in so then that item won't be recorded as belonging to the resident.

Laundry is done in house, and there is a 'lost & found' shelf as well as boxes for socks and slippers.

Glasses are marked with the resident's details. Staff say they have not had any issues with missing dentures.

Observations

Observations of the building and facilities

The deputy manager explained that the home was carrying out a programme of decorating work across the home, but we found communal areas to be clean and generally well-maintained with no strong or unpleasant smells.

There was easy-read signage throughout the home as well as doors to certain rooms that had a consistent colour scheme such as laundry service having red doors and bathrooms having yellow doors. This is an example of good practice in supporting navigation around the care home and is an example of dementia friendly design.

Bedrooms

We were shown one bedroom which was one of the few double-sized rooms and had an ensuite shower. There was a large window, and the room was bright and clean. We were told that although furniture is provided, residents can bring their own furniture and television if they fit. Maintenance staff will support residents in hanging pictures, and people can change the wall colours etc. Residents are encouraged to bring anything they can to make it homely for them.

Bathrooms/toilets

All the bathrooms and toilets were clearly marked with easy-read signs and yellow doors to assist in navigation. We were told there are 5 bath/ shower rooms in total including one with an assisted bath. There are toilets separate from the bathrooms as well on each floor.

Corridors

All corridors were nicely decorated, including one part where brick wallpaper had been used to give the illusion of being outside. The bedroom doors looked like house front doors and had been painted in different colours, which can help with orientation.

We were told the home has 2 lifts and that if there are any problems the repairs company is quick to come out, the home has a good relationship with the company.

Ground floor Lounge

This was a large lounge with a conservatory area at one end which was bright and had comfortable armchairs. There were more armchairs along one of the walls, with dining tables and chairs along another wall. There was an easy-read menu with pictures of that day's food and an easy-read activities board also. As the space was quite large we suggested maybe adding a bookcase to possibly screen off a smaller area to provide more choice for residents of where to sit; we were told that the bookcase that had been there had been temporarily dismantled due to the decorating works.

Upstairs lounge

At the time of our visit this smaller lounge was not in use. There was hardly any furniture but we were informed that furniture had been ordered and that some redecorating work would be carried out. Once that has been completed and the room furnished it is to be a quiet lounge; it did feel more separate, private and less stimulating compared to the large lounge on the ground floor.

Garden

There is a small, pleasant garden at the front of the home that has a bench covered but there is not much green space or areas for walking outside. Staff advised they tried to create a dementia garden near the car park but were refused by the council due to the buildings listed status. There are woods nearby, but this may be inaccessible to a lot of residents.

Feedback from residents, relatives, and staff.

Healthwatch Liverpool spoke with 2 residents and 1 relative during our visit.



"It's alright, we have a laugh the staff are nice"



Resident A

How is it here? *"It's alright, we have a laugh the staff are nice"*

How is your room? *"My Bedroom is comfy"*

Do you do any activities? *"There is not really activities"*

Resident A

"It's very comfortable, generally they come and look after you. It's different being on this side of the fence, being looked after instead of doing the looking after" (The resident explained that they had been looking after relatives).

About activities: *"I join in and try and be sociable, but I can't always get the jest"*

About food: *"I'm not a picky eater, occasionally there is something that I can't face but I will ask for something else"*.

Any improvements? *“Can’t think of anything, it’s not home but you make the best of things.”*

Resident B

“She is always up dancing, they get the singers in, and she loves the arts and crafts. It is hard to motivate them, but they do their best to motivate them, they got to know her”

“It’s quite good and there is plenty of staff, even if they are busy there is always someone in the room with them. They do treat them with care and dignity. ”

“Her room is always kept nice and clean and there is no smell here like you get in other places. They communicate well and let us know about them”.

Family member

Summary and recommendations

Summary

Overall, we observed during our short two hour visit that Woolton Grange Care Home seemed to be a well-run home in an interesting setting.

The restored church building looked in good condition and was clean and well maintained throughout with no obvious trip hazards in any of the resident areas that we visited. Staff have clearly worked hard to keep such a challenging building in good condition and that should be praised.

From our discussions with staff, it seems like they have built strong and effective relationships with health partners and residents are benefiting from this allowing healthcare to be accessed effectively. Staff have put the effort in to build and maintain these relationships.

The lounge area did initially seem to have fewer staff than expected but when we returned to this room, we noticed multiple staff assisting the residents for their dinner. Staff were also supporting several visitors at the time including ourselves, the GP and Allied Health professionals so it was a busy day. We received feedback from family members who said that staffing numbers were a positive in their experience.

The large lounge area where most of the residents were could benefit from some focus particularly opposite the conservatory area. This is challenging as it is such a large room with features not explicitly designed for a care home. We feel that a combination of some decorative touches, combined with using the quieter lounge could help make this lounge feel more homely and less busy.

Recommendations

We make the following recommendations for Woolton Grange Care Home.

- Utilise the quieter lounge when the furniture ready to give residents more options for spending time outside of the busier lounge. This could be a nice space for adding opportunities for solo activities such as reading and crosswords.

Positives and good practice

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

- The building was fascinating from an architectural perspective with many original features kept in place. It would be an interesting place for people keen on architecture particularly with many historic buildings nearby.
- There was lots of effort that has gone into making Woolton Grange a dementia friendly environment. This included creating easy-read menus and activity boards and the colour coordination of doors to help direct residents around the home.
- Woolton Grange Care Home seems to have built good relationships with key partners such as the GP practice and the community matrons and district nurses.

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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