



Healthwatch Liverpool Enter and View Report
Brecksid Park Residential Care Home
10 Brecksid Park
Anfield, Liverpool
L6 4DL

February 2016



Contents	Page
Section1: Introduction	p1
Section 2: Basic Details about the Enter and View visit	p1
Section 3: General profile of the service that was Entered and Viewed	p2
Section 4: The reason for the Enter and View visit	
Section 5: Recommendations from the original report, initial response from the Care Home and observations/information received	p2
Section 6: Feedback from residents, relatives and staff	P13
Section 7: Summary/Conclusions	P13
Section 8: Safeguarding	P13
Section 9: Healthwatch Liverpool Contact Details	P14
Appendix: Healthwatch Liverpool- Powers to Enter and View Services	

Section 1: Introduction

Healthwatch Liverpool has powers to carry out what we describe as ‘Enter and View’ visits in order to assist us in the role as an independent local champion for patients’ rights concerning health and social care services (see the Appendix for more information about this). These visits are carried out by small teams of trained members of Healthwatch 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. Healthwatch only visits services that are publicly funded, e.g. through the NHS or via local authorities.

During an Enter and View visit Healthwatch talks to people using the service, whether patients or residents, and their 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. Feedback and observations are collated in a report, which 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 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.

Section 2: Basic Details about the Enter and View

Name of the service visited: Breckside Park Residential Care Home

Address: 10 Breckside Park
Anfield, Liverpool
L6 4DL

The Date of the Enter and View Visit: 4th February 2016

The Time of the Enter and View Visit: 2:00pm - 4:00pm

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

Sarah Thwaites - Healthwatch Manager
Andrew Lynch - Healthwatch Information and Project Officer
Laura Yallop - Healthwatch Support

This visit was announced, a date and time had been agreed with the manager at Breckside Park beforehand.

Healthwatch Liverpool would like to thank the Breckside Park manager for facilitating the visit and for taking the time to talk to us.

Section 3: General profile of the service that was entered and viewed

Brecksid Park has 26 rooms, one of which is en-suite, and at the time of the visit had 21 residents. The home offers residential care to adults.

Section 4: The reason for the Enter and View Visit

Healthwatch Liverpool conducted an Enter and View visit at this home on the 26th November 2015 and made a number of recommendations. This follow up visit was to observe any changes made, and to speak with the manager (who had been unavailable at the last visit). This report provides the recommendations made in the previous report, the initial response made by the Brecksid Park Residential Care Home, and further observations and the outline of discussions held during this visit.

Section 5: Recommendations from the original report, initial response from the Care Home, and observations/information received

5a) Recommendation from report dated November 2015 Out of date compliance certificates are replaced with current certificates.
Response to November 2015 report All out of date certificates have been removed. Only current certificates are on display.
Observation/from discussion 4th February We observed only current certificates now on display.

5b) Recommendation from report dated November 2015

All staff should be aware of where to find the complaints procedure and how to implement it. Information about the complaints procedure should also be clearly displayed for residents and visitors.

Response to November 2015 report

All staff are made aware at induction of the home's policies & procedures, and where all such information can be accessed. The home's complaints procedure is displayed on the notice board in the foyer and in each service user's room. It is also contained in the service user guide which is issued to every resident, a copy of which is also held in the office.

Further to your visit, I shall be conducting a training supervision session with every member staff to ensure full awareness.

Observation/from discussions on the 4th February

Copies of the complaints procedure are behind every door and in each service user handbook.

Previous policy stated that complaints should be raised with the manager and escalated to the owner. Now this has been amended to state that complaints can be raised with any member of staff verbally or in writing. In addition the amended policy states 'we will use this information to improve our service', which is positive to note.

5c) Recommendation from report dated November 2015

Externally the front needs tidying of metal waste, and the missing gate replaced.

Response to November 2015 report

The stairs in question are used by staff only, as they provide access for deliveries to the kitchen and are also a fire escape (so cannot be gated). However, service users who might otherwise be considered to be "at risk" from these steps, do not have unsupervised access to them and hence no such risk (of slips, falls etc) exists.

The metal waste has been removed and the front of the building / car park area is clear.

Observation/from discussion 4th February

The metal waste had been removed and the front looked tidier.

5d) Recommendation from report dated November 2015

Healthwatch Liverpool would like to see maintenance work including

- work in the lounge area to repair the wooden barrier and to ensure the carpet is fitted around the furniture without leaving any pieces of loose carpet
- the seat in the bathroom is either replaced or cleaned and repainted
- the table in the conservatory repainting
- the team noted the grab rails are painted the same colour as the walls, these should be painted a different colour to the walls making it easier for anyone with a visual impairment
- repair or replace the armchairs located throughout the home
- The toilet in one of the shower rooms was cracked and the toilet was dirty around the base. This toilet should be replaced
- The team observed the ground floor main corridor flooring was damaged in places. This should be added to the maintenance schedule for repair or replacing along with other works identified by the home.

Response to November 2015 report

All maintenance issues raised have been reported to the owners of the home and are scheduled to be addressed.

As at the time of this response

- The loose carpet has been removed from around the base of the wooden barrier in the front lounge.
- I have asked the owners to order a new seat & stand for the bathroom/toilet.
- The table in the conservatory has been repainted.
- The hand rails adjacent to the wall on the rear staircase have been repainted. However, I would point out that our service users do not tend to use the rear stairs - the majority use the lift, while the few who are able to use the stairs will use the central staircase.
- We have recently replaced the armchairs in the communal lounges. Those on the landing, that you identified as being in need of repair, are not really used and will be disposed of.
 - The cracked toilet in the rear first floor shower room has been replaced.

Observation/from discussion 4th February

- Loose carpet around barrier in lounge had been removed.
- The bathroom seat has been replaced
- The table in the conservatory has been repainted
- The grab rails have received a base coat but are still waiting for their top coat.
- One armchair which was stained and torn still remained, the others had been removed.
- The cracked toilet had been replaced.
- The main corridor hasn't been repaired or replaced. This can be a difficult area to keep clean and to maintain because of the high volume and nature of traffic. It may be that a material more suitable to such a thoroughfare would be longer lasting and more efficient to clear. Healthwatch suggested speaking with the Infection Control Team for some advice.

5e) Recommendation from report dated November 2015

The wheelchair partially blocking the entrance to the lift on the ground floor is moved and an area is identified to store it in future.

Response to November 2015 report

There is now clear access to the lift.

Observation/from discussion 4th February

This area was now clear.

5f) Recommendation from report dated November 2015

The team observed a corner of the garden which is over grown with a large tree propped up against the wall. The tree needs to be removed and Healthwatch would like to see the overgrown area of the garden cleared.

Response to November 2015 report

The dead tree has now been removed from the corner of the garden. I would advise that The area of the lawn which appears to be "overgrown" is in fact harbouring some wild flower bulbs which were bought by one of the service users. The grass was left uncut to identify this area and prevent it being walked upon and / or winter lawn feed being applied to it.

Observation/from discussion 4th February

Healthwatch welcomed the explanation for the area of longer grass and appreciated the home's willingness to work with the interests of that former resident.

The tree had been removed but the corner of garden which was overgrown with large piles of chopped wood hadn't been cleared.

The manager has assured the team this will be cleared in the next couple of weeks.

The garden is only currently used by smokers, one had left a spent lighter by the door. The manager assured us he would speak to all the smokers today to stop it from happening again.

5g) Recommendation from report dated November 2015

As the team went upstairs we passed the understairs storage area, a couple of chairs had been used as a barrier to the equipment. This area should have a more permanent barrier put in place if this area is to remain a storage area.

Response to November 2015 report

The area under the stairs will not be used as a storage area moving forward and, accordingly, I have requested the provision of additional storage solutions which our proprietors are currently looking into.

Observation/from discussion 4th February

This area had been mostly cleared, there was still a chair. This area needs to be cleaned and there is an old carpet which should be replaced with some properly fitted flooring to prevent this from being a trip hazard.

The transition/edging strip between the corridor and the conservatory floor needs replacing.

5h) Recommendation from report dated November 2015

The back of the home including the conservatory, stairwells and corridors were cold at the time of the visit. So that these areas of the house can be used by residents more comfortably the home should look at ensuring the external doors can be closed and this area of the house should be heated.

Response to November 2015 report

As previously stated, the rear staircases are not usually accessed by residents, and there are fire doors leading off which ensure that all upstairs corridors are kept warm. The conservatory in winter is indeed an issue that we are looking into, though I should mention that when electric oil filled radiators were trialled in there a year ago, none of the then current service users wanted to use it (the conservatory). In fact, even in the summer months the conservatory is very under-utilized, with most residents preferring to spend their time in the other communal lounges. The door to the garden is often left open by residents who go out for a cigarette. We have requested that this is kept shut and I have asked staff to monitor it. In addition, I have requested that the rear fire door to the ground floor corridor is kept shut in order to maintain the warmth in the home.

Observation/from discussion 4th February

The external door was closed, the conservatory was heated and a number of residents were in the conservatory at the time of our visit.

5i) Recommendation from report dated November 2015

We were informed a new mattress has been requested for a room with a very strong smell coming from it, Healthwatch Liverpool would like to be kept informed as to whether this has been replaced and what policies the home has in place to ensure this doesn't happen again.

Response to November 2015 report

Healthwatch Liverpool received a response to this recommendation, but as it refers to an individual who may be identified as a result of the response this will not be published.

Observation/from discussion 4th February

This was discussed with the manager at Breckside Park, but notes from this discussion will not be published as the individual in question may be identified as a result.

5J) Recommendation from report dated November 2015

The team observed a number of areas which would benefit from more regular monitoring for cleanliness, i.e. toilet areas, armchairs located throughout the home.

Response to November 2015 report

This has been raised with all staff as a priority, particularly given that many of our more “independent” service users might not advise staff if they have had an accident or left an area in need of attention. As previously stated, the armchairs on the landings etc are to be disposed of.

Observation/from discussion 4th February

We discussed the potential benefits of using the infection control toolkit. The manager will look at accessing a steam cleaner for some items like toilet pull cords.

5k) Recommendation from report dated November 2015

Carers were observed by the team to be walking around the home wearing white aprons and gloves. White gloves and aprons are for personal care and should not be worn between residents. Healthwatch recommends that hygiene and safety procedures are reviewed to take account of this.

Response to November 2015 report

Gloves and aprons are removed and disposed of immediately after administering personal care (and hence would not be used when dealing with the next service user). Staff do, however, put gloves and aprons on in, for example, the bathroom, outside a bathroom etc and then walk to where the service user (needing the personal care) is. I have spoken to my senior staff and have asked them to make sure that, from now on, all carers put their gloves and aprons on at the point of delivering care and not beforehand.

Observation/from discussion 4th February

No staff were observed walking around the home wearing white aprons or gloves.

5l) Recommendation from report dated November 2015

The team observed one of the shower rooms, the door to the hot water tank was not locked, there was a sign instructing this door must remain locked. Healthwatch recommends that safety procedures are reviewed and all staff are made fully aware of these. Also, as the team came to the door to the stairs that lead to the kitchen should remain locked, it was found to be open. This was pointed out to the senior who immediately closed the door. Whilst the team were still in the corridor speaking with staff we observed one of the carers exiting this door, not pulling the door shut behind her. Healthwatch recommends that health and safety, and training procedures are reviewed to take account of and rectify this.

Response to November 2015 report

The health & safety issues identified are being discussed with staff during their supervisions to ensure full understanding. I have already spoken to senior staff to ensure ongoing compliance. New signage is also being put in place to facilitate compliance.

Observation/from discussion 4th February

The door to the hot water tank in the shower room was locked at the time of our visit. The door to the stairs down to the kitchen was also locked, we were informed that the lock had been adjusted so the door closes properly.

5m)Recommendation from report dated November 2015

The set of stairs and the corridor leading to the kitchen should be included on the schedule for regular cleaning. Although not an area residents use, it should be kept clean.

Response to November 2015 report

This matter has been raised with both the domestic staff and the kitchen staff and will be included in the cleaning schedules.

Observation/from discussion 4th February

The team were able to see this area was cleaner at the time of our visit, there were however, coats hanging over the banister which is a safety hazard that should be removed immediately.

5n) Recommendation from report dated November 2015

Healthwatch Liverpool recommends a thorough audit of the kitchen area is carried out, any identified maintenance actions are carried out and the kitchen areas are deep cleaned. We also recommend food safety and hygiene practices at the home are reviewed that and staff undergo any training which may be identified as a result.

Response to November 2015 report

A deep clean of the kitchen, together with any associated maintenance will be undertaken as a priority. In addition, and further to your visit, we have looked at storage and preparation of food and have introduced new air tight sandwich trays and other tupperware.

Additional monitoring of the kitchen is in place to ensure that all of the shortcomings which you had identified do not reoccur.

Observation/from discussion 4th February

The team observed the kitchen to be cleaner than on our previous visit. However the grout is old and stained and is not practical to clean, the kitchen walls therefore need re-grouting or re-tiling. There are also gaps around the switches where food/dirt can get trapped.

The Enter and View team had a discussion with the manager and covered a number of topics

Staffing

- Breckside Parks have 4 care staff (including the manager) and 1 cleaner, 1 maintenance worker and kitchen staff on shift during the day and 2 care staff at night
- The home has 10 residents who require the assistance of 2 carers with tasks such as getting dressed, washed or going to the toilet. When this is happening to one resident it only leaves two staff to care for the others, potentially, 25 residents.
- In recent years people have been entering residential care with a higher average level of need than in the past as people with lower level needs are now more likely to be supported to live at home. This can have real advantages for individuals. It does mean that on average the residents on Breckside Park now need more care and pressures on staffing levels have increased. Another contributory factor is the layout of the building, Breckside Park has a number of flights of stairs meaning they are unable to accept people who are mobile but easily confused because of the risk of falls. This means the home now has a high number of residents with low mobility who need a lot of assistance.

- When asked how social outings and medical appointments are facilitated the team were told an extra member of staff is called in to cover taking residents to medical appointments and staff come in unpaid on their days off to take residents out for social outings including day trips and lunches out.
- We spoke about social isolation; many of the residents are lonely and don't have regular visits from family. There is limited staff capacity to provide activities, entertainment or social stimulation given the practical care tasks which need to be undertaken. The home may benefit from an activities coordinator who can plan activities including chatting, reading papers and other activities with residents
- Given the pressure on staffing it would be useful to see what activities currently carried out by care staff could potentially be carried out by some additional domestic staff hours. This would enable the best use to be made of the care staff's limited time. One example might be laundry duties, which can take a considerable amount of time.
- Staff are currently going through a period of training, including Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) training.
- Four staff members have recently attended Malnutrition Universal Screening Tool (MUST) training as this had been identified as a priority.

Infection control, cleanliness and maintenance/refurbishment

- There is still a smell of stale urine in some areas around the home.
- We spoke about the possible benefits of using the Infection control toolkit, the manager will follow this up with their infection control lead.
- When looking at redecorating Breckside Park should consider advice for people living with dementia, including using colours to help with navigation etc.

Garden

- The Healthwatch team and home manager discussed the under-utilisation of the garden and ideas for making it more inviting, maybe as a sensory garden.
- This is a link to a news article about memory/ sensory gardens and their benefits for people living with dementia
http://www.dignityincare.org.uk/Dignity_in_Care_news/News_item/?cid=7903
- As most residents have low mobility they need to be accompanied by staff and the home should ensure these needs are included when designing any plans.

Kitchen area

- We discussed the kitchen area and Healthwatch advised it is good practice to ask all visitors to wear blue aprons in the kitchen, and to ask visitors whether they have been ill in the last few days before allowing access to the kitchen area.

- We discussed the menu as the Healthwatch team raised a concern following our last visit that residents were eating hotdogs in a roll with a jam tart for tea, followed by chips later in the evening. The manager explained the home had tried to change the menu but many residents preferred the 'old' food. Many of the residents are on a high calorie diet, and the home has been given the advice to try and make sure residents get the required calorie intake. Therefore the home will continue with this calorie-rich menu, but will also offer healthier alternatives e.g. vegetable soup.

Reminiscence

- We discussed the possibility of turning the conservatory into an area for reminiscence activities, which would be a great opportunity for the residents.
- <http://www.activityresources.co.uk/home/> are currently offering a free sample of 20 reminiscence activity sheets, these may be useful as part of a trial. Other resources are available from the Alzheimer's Society and other dementia support groups.

Engagement with family and friends

- The manager showed us a copy of the service user guide which he plans to update. Anyone can come in and speak with a member of staff or the manager. Any discussions are recorded in a person's file under social visits, Healthwatch was shown a blank file and how these discussions would be recorded.
- We were also shown a file of minutes from residents' meetings; the last meeting took place on 07/12/2015.

Equality and Diversity

As the care home caters for residents from diverse national and cultural backgrounds Healthwatch Liverpool was particularly interested to hear from the care home management about how they take account of their general duty under the Equality Act 2010. Organisations such as care homes need to take account of their "General Duty" in delivering any public function. That is, they need to do the following:

- Have due regard to the need to Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups

The discussion with care home management did not itself raise any specific concerns in respect of equality and diversity. The ethos and values stated by the care home management during the discussion were very supportive of equality and diversity in general, however, the

care home did not display a high degree of up to date knowledge in respect the relevant legislation or how to effectively demonstrate compliance, Healthwatch Liverpool, therefore, suggests that senior members of staff attend Equality and Diversity training. Healthwatch Liverpool would also welcome the opportunity to view the reviewed Equality and Diversity policy and action plan that we would expect to be developed in the light to the training on this subject. A good starting point for getting a basic understanding of the equality legislation can be found using the following website link:

<http://www.equalityhumanrights.com/legal-and-policy/legislation/equality-act-2010>

Action plan/development plan

It would be useful to have an annual review and action plan outlining some of the works. This could include the implementation of policies such as the Equality and Diversity policy, and any other developments, e.g. reminiscence activities and home refurbishment work. The information could be made available for visitors to clearly see - e.g. on the notice board

This website contains a lot of information and links to other resources:

<http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/nationalclinicalaudits/dementiaicarehomes/resources-1.aspx>

Section 6: Feedback from residents, relatives and staff

On this occasion the team took a look at all communal areas, and discussed the previous report and other issues with the manager of the home. We did not speak with any residents or other staff on this occasion.

Section 7: Summary/Conclusions

The Healthwatch team were pleased to see many of our recommendations had been carried out, and action on a number of other recommendations had been planned. During the discussions it was clear the manager knows the residents and has ideas on what would best support those individuals. The discussions were very positive and the team felt there is a real desire from the management to improve the experience of the residents of the home.

Although Healthwatch is not listing recommendations here, suggestions have been made throughout the report and Healthwatch would welcome further communication with the manager and staff at Breckside Park.

Section 8: Safeguarding

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

Section 9: Healthwatch Liverpool Contact Details

Healthwatch Liverpool

151 Dale St

Liverpool

L2 2AH

Main Number: 0300 77 77 007

Fax: 0151 237 3998

Email enquiries@healthwatchliverpool.co.uk

Website www.healthwatchliverpool.co.uk



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. Healthwatch Liverpool works to give local residents a stronger voice to influence and challenge how health and social care services are provided. Healthwatch Liverpool enables people to share their views and concerns about local health and social care services to help build a picture of where services are doing well, and where they can be improved. Healthwatch Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist Healthwatch Liverpool in carrying out its statutory functions under the Health and Social Care Act 2012. Healthwatch Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for Healthwatch Liverpool to get a better understanding of the service by seeing it in action and by talking to staff and service users.

Healthwatch Liverpool seeks to identify and share good practice wherever possible. However, if during a visit Healthwatch Liverpool identifies 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.