

# Breckside Park Residential Home



Enter and View Report, November 2024

# 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.

## Details of the Enter and View Visit:

Name of the service visited: Breckside Park Residential Home

Address: *10 Breckside Park, Liverpool, Merseyside, L6 4DL*

The Date of the Enter and View Visit: *Wednesday the 20<sup>th</sup> of November 2024*

The Time of the Enter and View Visit: 10:00–12:00

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 Breckside Park 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 Breckside Park 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

### *About the service*

Brecksides Park Residential Home is registered to provide general residential care for older people. It is situated in a large converted old building with a modern extension. The old building has 26 rooms with shared toilets and bathrooms. Residents in this part of the building are not charged top up fees. The extension has another 7 rooms which are ensuite, with top up fee charges of £30 per week.

The registered owners of Brecksides Park Residential Home are Mr & Mrs K Khistria.

## Discussion with the manager

The manager told us that at the time of our visit there were 29 residents aged from 61 and 94, many of whom were very active. Two residents had Deprivation of Liberty Safeguards (DoLS), and more applications were awaiting confirmation. Management said that they had no current residents who were speakers of other languages. Several residents smoked, which they did outside in an external garden area.

## Staffing

The manager told us there were 25 members of staff and said the home had low staff turnover. Management advised they had not used agency staff for the last 3 years, and only had to recruit one new member of staff so far this year. They employed a full-time activities coordinator, 2 chefs, and 2 cleaners, although one of the cleaners was on leave for family reasons.

We were told that the home uses the CareDocs system which helps to keep staff up-to-date. The home also uses WhatsApp groups internally to help communicate with staff and keep everyone up to date.

## Healthcare:

The manager told us that most residents were registered with Dr Kumar in Townsend Medical Centre, and that there was a good relationship with the practice. Some residents were still registered with their previous practice, Priory Medical Centre, and a few still attended their previous GP.

The manager also said they used Immedicare/Telemeds more, which he felt was reasonably good although they had some issues with the phone signal in the building. Management advised that technical support provided had been good and they have been provided signal boosting equipment.

The home had been using the same pharmacy, the Dispensing Hub, for the last 12 years and that is working well with prescription information updated rapidly.

The home uses Sheil Road dentists which we were told was normally good, but the dentist was on long term sick leave, and they were waiting for a replacement.

Specsavers were used for hearing aids, and the manager said that their opticians, EyeCare on call, were fine with no problems.

We were given positive feedback about the community matron Linda Humphries and also the community paramedic who operates out of Townsend Medical Centre. The manager said the community paramedic was helpful as they will come out and triage residents and they have built up trust with the residents. The manager told us the weekly MDT meetings with various health professionals were really useful.

## **Hospital care**

We were told about some issues with residents being discharged from hospital before residents were ready. This had led to some residents having to return to hospital soon after discharge, both to Aintree and the Royal Liverpool Hospitals.

An example of poor practice they had experienced was when a resident was admitted to hospital with their medication sent with them. After 4 days the hospital contacted the home asking what medications the resident was currently taking.

The manager also mentioned that there were delays with cataract operations at St Paul's clinic which had been impacting on residents' quality of life.

Mental health support: the manager said that there often were delays in mental health support, and that the home regularly would be told that residents' mental health issues were 'behavioural'. The community matron had now linked up with the Mental Health team who were due to attend on the afternoon of our visit.

The manager told us that they will do whatever possible to enable residents who are at an end-of-life stage to stay in Breckside Park, and not get moved elsewhere. Staff now certify deaths. Despite initial reservations the manager now thinks the process is fine, as it was following the residents to the end of their life.

## **Residents**

We were advised new residents had an assessment focusing on their goals, diets, likes and dislikes. The first 3 days after someone moved in staff make sure to get to know the new residents and find out more about their interests, likes and dislikes. Staff use various sources to get this information and it is available to all staff on shift via the electronic system.

The home employs a full-time activities coordinator who has worked there for 6 years. Activities include playing games like bingo, cards, and chess. Several newspapers are delivered, and some residents will go out with staff to buy their own. There are organised outings including to Liverpool and Everton Football Clubs. Staff advised that the home organises coffee mornings and themed/timed activities such as around Christmas a local school visits, and Liverpool Lighthouse comes in and puts on plays.

We were told that residents' meetings were held every 3 months, and resident surveys are carried out in a 'you said, we did' format. A hairdresser also comes in every 6 weeks to the care home.

The home does not have its own minivan but can access one via the L6 Community organisation. We were told that not many residents use the bus and most get taxis. Nearly all residents require assistance from staff to leave the care home.

#### **Food:**

The manager told us that the home employs 2 cooks who had worked there for 7 years and 1.5 years respectively. Residents are given 2 options to choose from for their dinner, and the menus are seasonal with soft diets provided. Snacks are available at any time. Residents usually eat their meals in the dining room. We were told that currently there was one resident who had asked for dietary adjustments because of their culture or religion but later advised it was because of food choice. Some residents have soft diets.

The manager advised that apart from trying to avoid meals, visits could take place at any time. He added that many of the residents did not have families and did not get any visitors. Those who did get visitors often used the front lounge as that was usually quiet or visited in their rooms.

The manager told us that keeping residents and their belongings together was '**better than it used to be**'. The home uses individual laundry baskets, and they had a 'lost and found' where residents' belongings may be recognised by staff and returned to the right person. We were told that dentures sometimes went missing which was especially problematic when Sheil Road dentist were down on staff and it was harder to get replacements made

# Observations

Upon arrival at Breckside Park Residential Home we were met by the manager Thomas Michael Agnew who greeted us, checked our credentials and asked us to sign in.

## Observations on arrival

The largest part of Breckfield Park care home is housed in an old, converted building. Lounges had high ceilings and ornate mouldings, and there were chandeliers in place across the home which provided a lot of personality to the home. The manager advised they have tried to maintain this aesthetic across the home.

However, both members of Healthwatch Liverpool staff did notice an unpleasant odour upon entering the care home which we felt persisted around the environment. There was an air purifier near the entrance set up. One of the wet rooms had a smell akin to sewage.

We also noticed floors that weren't clean across several areas and rooms in the home, and some of the doors did not look clean, including the metal finger plates by the door handles. We mentioned cleanliness standards to the manager.

There is a narrow descending staircase on the ground floor which leads to the kitchen and visitor's basement. Although the door to this staircase has a locking mechanism, the door was left ajar on three occasions during our visit. We notified the manager who wrote it down and noted it on the first occasion. We saw the door left ajar on two more occasions during our visit and again made management aware. Whatever closing system was in place on this door was not self-closing correctly during our visit. We felt that this was a potential risk for residents as the staircase was narrow, dark and not suitable for people with poor eyesight or physical disabilities. The doorway is also en route to the dining room and downstairs bathroom, so it is a hallway in use.

We saw one member of care staff during our visit. When a resident woke up and said they needed to use the toilet we noticed this resident was unsteady on their feet, and we were warned by another resident that they might fall. We supported this resident while locating the manager, who had returned to his office so that we could speak freely with residents. The manager then took over and ensured the resident was supported.

At one point during our visit, we noticed another resident who appeared quite distressed. We mentioned this to the member of care staff who we saw a little bit later. Staff said this was due to the resident's condition which made them feel distressed by our visit. We later noticed the member of staff accompanying this resident who at that point appeared calm.

## Observations of the building and facilities

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## Hallways, corridors and stairs.

We were told there was one lift, but that the lift never was out of action for long as the home had a good contract for lift repairs and maintenance. There were plans to renew the lift.

The hallway leading to the manager's office was narrow and had rails that were noticeably higher than the height normally seen including rails elsewhere in the care home. We do not know if this is due to the older nature of the building. This is in the same corridor with the staircase leading to the kitchen.

Going up the stairs to upper floors the flooring looked to be in good condition but did not look clean in areas. Handrails here were at a lower height, more in line with what we have seen in other care homes. There was framed artwork on display which we were told had been created by a resident's relative and which made it feel more homely.

On one small landing between two sets of stairs there was a comfortable chair with a cushion facing near the downwards portion of the staircase. We raised this with the manager as we wondered if this could be risky for residents who are less steady on their feet, however we were told that residents generally used the lift.

## Basement storage room

A storage room in the basement provided fridge freezers and food storage. We noticed a door with a 'fire door - keep closed' sign was propped open with a bin. The floor was visibly not clean and had food debris on it.

## Basement kitchen.

We saw the kitchen very briefly – again the floor was visibly not clean with food debris on it.

## Lounges

We were shown the 3 lounges, all on the ground floor. The **main lounge** had a large TV, armchairs along the walls and photos and paintings on the walls. This was the room where most residents were seated. There were no tables in the middle of the room, so it was easy to move around. There were photographs of the residents displayed on the wall making the environment more homely. Some wallpaper looked damaged and was coming away from the wall.

The **second lounge** was quieter, with one sofa and chairs along the walls. There was a budgie in a cage that one of the residents we spoke to looked after. This room had an access ramp as it was on a slightly lower level. There was a bookcase which may have been more for decorative purposes as it was blocked by a chair. Again, some wallpaper looked damaged and was coming away.

The **third lounge** again had plenty of natural light. We were told this room was mainly used as an activities room. There was a large table with chairs around it, as well as some armchairs against one wall. Some large picture frames/boards were leaning against the sofa which could pose an obstacle. One resident was using the home's laptop at the table when we visited. We were told that some



residents also used the laptop to contact family, e.g. to talk to relatives in Australia via Skype

### **Dining room**

This was in the new-built extension and was bright, airy and looked clean, with a door leading to the enclosed garden. The room had dining tables and chairs, and low stainless-steel shelving against one wall with a variety of packets of cereals. We asked if residents could help themselves to cereals but were told that staff usually would serve them up. There was a large TV on one wall and artworks including some local celebrities. The day's menu was shown on a board on the wall which seemed very accessible with photos of the 2 choices of food and puddings for each day as well as large text.

### **Garden**

The garden had a large grass-covered area. There was a paved area with a covered gazebo, tables, chairs, and a barbecue. An outbuilding was currently used for storage, but management felt it had potential to be used for other purposes. High fencing, trees and bushes made the area feel private.

### **Bathrooms and toilets**

We were shown 2 bathrooms that were next to each other on the ground floor, one with a bath, the other with a shower. One of these had a hairdressing station with a dirty mirror. We noticed several yellow wastebins in one of these, and a sewage smell which we assumed came from the drains. We were also shown a combined toilet/bathroom on the ground floor near the manager's office. We were told that the bath in this room was not used as there was a newer bath. The floor in front of the toilet did not look clean.

### **Residents' rooms**

We were shown two empty residents' rooms. The room on the new extension had an ensuite shower/ toilet, a bed, wardrobe and a TV on the wall. There was plenty of natural light coming in.

The other room we saw was on the top floor of the original, older part of the home. It again had enough natural light coming in. The heating had been switched off while the room was not in use but we did notice some possible mould growth on an exterior wall. There was a bed, TV and wardrobe, and a wash basin with a mirror above it. The manager told us that residents can choose the colours on their walls and can bring their own furniture and belongings.

# Feedback from residents, relatives, and staff.

Healthwatch spoke with six residents about the care home

*Feedback from resident A*

“I like it here. If you ask them (*staff*) anything they will do it for you. They will get you tablets if you have a headache. Staff are friendly and I am friendly with them.”



Resident A

I like bingo and (*activity coordinator*) is back on Monday. She is good, very helpful. The food is good, you get cups of tea and they make it how you like it. I can't fault them. Tom (*manager*) is good. There is nothing I would change; you do get looked after here”

Resident B

“I was in hospital and then came here. I was in a different place before but had to look for something more permanent. It's not been difficult to fit in. The first few days I was looked at like a dead fish on a slab (laughs). I ate with the same person for 10 months, but they then moved. I went to visit them a few times with (*the activities coordinator*).

*(About activities)* I play games, cribbage and chess, and I've been setting quizzes. Staff go out to get my necessities, like newspapers and a few cans. The library service comes once a month with a few books. *(about food)* I think they give us too much food! I put on weight but have lost some again. They've been quite supportive, when I was in the Royal as well, they came and visited while I was in hospital."

Resident C

"I love it here"

Resident D

*(About food)* "I will try anything... Sometimes try and give it a go...try it. It's just very good, staff are very good. We get dinner and breakfast, and the staff bring us sarnies and cups of tea and biscuits. They do cooked breakfasts, eggs, sausages bacon tomatoes and beans.

*(About activities)* "We go out now and again. "

*(About the resident's room)* "My bed is comfortable."

*(About staff)* "Some of them are good. some are nice people"

Resident F

"The manager is quite pretty but I'm in charge! I picked the care home because you are allowed to have a cat. The food is alright, they give me the food I like. I can make requests, and I do. *(The activities coordinator)* does everything for us. Entertainers and singers."

*(What would improve the home for you?)* "If they let you keep your pets inside and did more stuff with animals. I've heard of Toxteth ponies, and I would like if they brought animals to show us"

### 3. Personal stories: Resident feedback

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“There are pluses and minuses. The staff are excellent, very young girls but very responsible, they’ll do their best and try and sort any problems out. But I miss my freedom, going out when I want to, do what I want to do. I am fed, watered and kept clean. The food is perfectly adequate, but I’m not a fussy eater. We have all medical facilities, dentistry, chiropody, you name it.

The staff are very caring, it’s not easy for them, the age gaps. I don’t really take part in activities, I read, do jigsaws and puzzles, and go to the library. I use my bus pass and then walk back, it’s good exercise. I go to town or the bank with staff, we’re not really supposed to go out on our own. If you look at the amount of patients they’ve got they do really well.”

# Summary and recommendations

## Summary

During our visit to Breckside Park Residential Home we received positive feedback from multiple residents we spoke to, and the residents we saw all looked well cared for. The care home environment had some nice, homely touches, and we were pleased to see that residents could choose from 3 lounges. We thought the photo menu displayed on the board in the dining room was a good way of making the information about menu choices more accessible to residents.

There were, however, several areas where we thought the standards of cleanliness could and should be improved. This included dirty floors in multiple areas of the care home as well as unpleasant odors during our visit.

We also were concerned that the door in the hallway that led to narrow stairs into the basement was left open multiple times during our visit, as we felt that was a potential falls risk for some of the residents. We are aware of several historical incidents of other care home residents coming to harm accessing staircases that were supposed to be inaccessible to them, so this is a cause for concern for us. We immediately made management aware as well as Liverpool City Councils Quality Assurance team who visited and advised that there is a weighted closing system in place with two handles required to open the door.

## Recommendations

We make the following recommendations for Breckside Park Residential Home:

- Ensure that the door to the basement has a working automatic door closer and that staff do not leave this open.
- Add a notice on both sides of this door advising that this door should be kept closed.
- Carry out regular spot checks to ensure good cleaning standards.

## Response from management

Management was quick to respond to the recommendations we made and feedback we have received from the Quality Assurance team at Liverpool City Council also says that the door in question has now been made safe.

*Hi Terry,*

*Thank you for your email with attached report, please be advised that we are currently in the process of improving the overall cleanliness of the home we are developing new cleaning tools to assist with the Management of the*

*cleanliness. Odor in the home was due to service user hoarding waste in their bedroom, service user had refused to allow staff in to clean the bedroom and would leave their bedroom door open this had allowed the odor to travel around the home. Service user has now left the home and staff have been able to deep clean the affected area resulting in the odor being eliminated. We have introduced a new weekly walk round with myself and the owners to help identify any area of improvement.*

*Please be advised door closer was adjusted by myself on the same day the concerns was raised however it was done once visit had been completed, sign post now in place on both sides of the door to remind staff to keep door closed.*

*Kind Regards*

*Tom*

## **Positives and good practice**

We found during our visit to Breckside Park Residential Home examples of positives and good practice which included but were not limited to:

- The activities manager is regarded highly by multiple residents and although we did not get to meet them, they seem to be doing their job very well.
- The external garden is large, leafy and private and seems like it would be a nice environment in good weather. The possible plans to utilise the exterior building could add to this environment further.
- The wall menu in the dining room was highly visual and was updated with personalized pictures making it very accessible and dementia friendly

# 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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