

# Mersey Parks



Enter and View Report, June 2024

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# 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: Mersey Parks Care Home

**Address:** 99 Mill Street, Toxteth, Liverpool, Merseyside, L8 5XW

**Website address of Mersey Parks Care Home:** <https://www.healthwatch.liverpool.nhs.uk/carehomes/mersey-parks>

## The Time and Date of the Enter and View Visit:

Thursday the 15<sup>th</sup> of May 2024 between 2pm and 4.30pm.

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

- Inez Bootsgezel, Engagement and Project Officer
- Sarah Thwaites, Chief Executive Officer

This was an announced visit.

We would like to thank Mersey Parks 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 Mersey Parks Care Home 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 visit.

# About the Service

## Background

Mersey Parks Care Home is owned by HC-One. It consists of 4 purpose-built single storey units with 30 beds each in Liverpool. There is a 5<sup>th</sup> unit on the same site, The Hamlets. This unit also has 30 beds, but is managed by a different provider, Age Concern Liverpool and Sefton. Mersey Parks provides food, laundry and emergency maintenance for The Hamlets but care arrangements and staffing are completely separate. We did not visit The Hamlets.

Mersey Parks Care home supports older people. Stanley and Sefton units provide residential dementia care, Princess unit provides general residential care, and Springfield unit provides general nursing care. The home can have 120 residents across the 4 units. At the time of our visit there were 117 people living at the home.

The home does not charge top-up fees; the manager mentioned that some residents had moved to Mersey Parks from other care homes because their money had run out.

## Discussion with the manager and deputy manager

When we arrived we were greeted by staff and were asked to sign into the care home's visitors book. We met with manager Sue Rush and deputy manager Gemma Bunting.

The manager said she had worked at the home for 3 years and had been in post as manager since June 2023, but with decades of care home management experience. The home has one clinical and one non-clinical deputy manager as well as a night manager. The latter post was being recruited to.

The manager explained that the service received many requests for admission to the residential dementia units but that on assessments they find that some people cannot be accommodated. There are some frail residents in the units and she feels that everyone should feel safe in their home. Sometimes assessors will think that because they are a dementia home they should be able to take anyone with dementia but that does not work as all settings and environments are different. The manager told us about an occasion where not enough information had been disclosed prior to someone moving in; this person had had to leave after 2 weeks because their aggressive behaviour had frightened other residents, and the home is not equipped to manage residents with violent behaviour.

She felt that not enough appropriate settings exist for people with challenging and/or violent behaviours, and that sometimes these behaviours were not disclosed to prospective care homes.

The manager also mentioned that it can be difficult to find placements for those Mersey Parks residents whose dementia has led to increasingly challenging behaviour.

We discussed what happens if someone in the dementia units worsens and needs nursing care. We were told that sometimes people had to move to another care home for dementia nursing because Mersey Parks cannot provide that. This had happened with two residents in the past year, however the manager explained that they would keep someone in the unit for as long as they can. Sometimes if someone's physical needs increased so that that became their primary care need rather than dementia they may be able to transfer them to general nursing. This had happened a few times; the manager said that families are really pleased if residents can be kept on site. She mentioned one resident who moved over to the nursing unit and comes back to their old unit to see their friends.

At the time of our visit 2 beds on the residential dementia units were being held for respite care.

The manager told us that the care home buildings were at least 30 years old, and not built to current dementia-friendly standards. For example, on the 2 dementia units the entrance is visible from the lounge, so for any residents who have an urge to leave it is there as a reminder / potential source of distress. The general residential units don't have the entrance visible from the lounge which would have been better.

We were told that the home is trying to improve the environment to become more dementia-friendly with support from HC-One dementia leads and within the limitations of the buildings. The manager explained that the building design is another reason why how new residents fit in is important; currently the only options for residents are to either spend time in the communal lounge/living room area or in their bedroom.

Plans to make improvements include painting residents' bedroom doors in a colour of their choice and adding the resident's name and a sentence that mentions some of their interests. There are also plans to have a 'life-station' on each dementia unit. This should provide another area for residents who want somewhere quieter.

The home's emergency plans had been put to the test recently when there was a burst hot water pipe in a corridor which had led to a ceiling coming down. Luckily no one had been hurt, but 6 residents had to be evacuated from that corridor. Two residents had temporarily moved to other HC-One homes, others to spare bedrooms in the other units on site. They had employed an extra nurse to help with the care during that time. The manager said that the staff had been amazing, and that HC-One had worked really quickly, everything had been fixed within 5-6 days. They had had to wait for the paint to dry before people could move back to their rooms on that corridor.

## Staffing

The units are staffed as follows:

	Morning	Afternoon	Night
Springfield nursing	7	7	4
Stanley and Sefton	6	5	3
Princes	5	5	3

We asked about staffing levels and the use of agency staff. The manager said that they are overstaffed if anything; this allows cover for sickness, annual leave and for managers to get supernumerary time. At the time of our visit this was used to transfer residents' care plans onto a new system HC-One are introducing called Nourish.

We were told that Mersey Parks use agency staff sometimes for a night senior but had interviewed someone recently, and they hoped to not need agency for this post in future. The manager said that staff do overtime if needed, but that using bank staff did not work well because they weren't available when needed.

A night nurse role for 3 nights a week was filled by the same nurse from an agency all the time. The manager explained that they thought they had filled that post but had to go back to recruiting for it again.

The manager said that many members of staff had worked at the home for a long time, some for 20, 25 or 30 years.

## Relationships with GP/Pharmacy/Dentists

Central Primary Care Neighbourhood (PCN) has divided Mersey Parks' units between GP practices to share the workload. The manager explained that this works, and there is a weekly MDT meeting with GPs, pharmacists and community matrons on site which she said worked well. St James' Health Centre looks after

the Stanley unit, Brownlow Health after Princes and Sefton units, and Abercromby after Springfield unit.

However, we were told that dental care is a struggle. If residents don't have their own dentist the home has to call the dental emergency number. The last few times they were given an appointment at a local venue but it can be anywhere. The home now has a minibus so can take residents out to an appointment if they can get seen. Community dentists used to visit much more in the past, but not anymore. The manager said that

“We are made up when new residents are registered with a dentist”.

### **Working relationships with hospitals and trusts**

We were told that the community matrons are very supportive and cover all units. One likes to come out when new residents arrive and when residents have been discharged from hospital. This has proved to be useful because the home often has not received any hospital discharge papers.

The manager said that some discharges had been really poor, including some where the resident had to immediately go back to hospital. The district nurses were described as supportive; there is a good relationship between Mersey Parks' staff and district nurses. The manager said that district nurses may be visiting one resident, but if staff were worried about someone else she could ask them to have a look, and they always would.

Mersey Parks uses Telemed 99% of the time. They occasionally haven't, e.g. with something very obvious like a stroke or heart attack when they would go straight to 999. The manager said that Telemed is sometimes useful, but it can be hard for the person on the other end to get a complete picture and sometimes they have got it wrong.

The main issue the home has had is with verification of death. At night, when GP practices are closed the home tried to use NHS 111 who said they wouldn't send a GP, and that the pathway was to use Telemed. Telemed will notify the GP practice. On those occasions residential staff are being asked to certify death, and the manager feels that has a psychological impact on staff who may have known the person for years. One member of staff had told managers

“It's like asking me to verify my nan's death”.

She explained that their staff aren't trained to verify deaths, they have a different relationship with residents. The remote procedure came in during the pandemic and has never stopped. The home was never formally notified that this is the process now. The manager feels it has an impact on family members too; the GP verification of death visit was often an opportunity for the family to be given advice on the next steps.

### **Visits and Activities**

We were told that Mersey Parks has an open visiting policy except for protected mealtimes. Visits during mealtimes are allowed if relatives want to support a resident with eating their meal, or if a resident is at end-of-life.

External visitors include a lady from a church who comes in to do communion with those residents who want to. A chiropodist comes in, and a hairdresser visits although some residents will go out to visit a hairdresser. The home is looking for a nail technician to come in because some residents like acrylics. The House of Memories van came twice last year – the regular van and for Eurovision.

There are 3 full-time and 1 part-time Wellbeing staff who carry out activities with residents. In addition, a former volunteer has been taken on for 1 day per week to do activities. The staff will take some residents out one-to-one if there is something particular, they want to do; for example, a member of staff used to regularly accompany one of the residents to a local mosque.

They also organise a book club, arts and crafts, meditation and Tai Chi. The home is also looking to purchase an oven to take to the units for baking.

We were told that some of the residents regularly attend a club attached to a church in Belle Vale where they will have lunch, see some acts and play bingo. It is a favourite activity of those residents who are known by the other attendees. They get on very well there and love it. Residents also go bowling, to the cinema, to museums, the bingo hall or to watch football. Some go for outings to Blackpool or Chester Zoo. Now that the home has a minibus with space for 8 or 9 people including staff there may be more opportunities for outings. When staff go on outings, they won't wear their uniforms so that it looks more like a family group. The manager did point out that not all residents have money to come along to any activities that need to be paid for.

One resident on Springfield unit was due to get a dog; a group of people will visit the Dogs Trust to help choose. The resident wants to get the dog and will cover the costs of insurance etc. but the whole unit will benefit from it.

Sefton unit has a bulldog named Shankly visiting most days. The dog belongs to the unit manager, who said that she only brought him in for one day originally, but the next day the residents wanted to know where the dog was. We were told that there is a resident who will hide Shankly; this resident has little verbal communication but will engage with the dog.

## **Meals and food**

Mersey Parks is part of HC-One which owns several hundred care homes across the UK. UK-wide summer and winter menus are provided, but the manager explained that they adapted the menus to local tastes where appropriate and as long as the nutritional values were the same. Many residents want things like pie, potatoes and vegetables or ham, eggs and chips. The manager is collecting feedback about the food to encourage changes to the HCl menu. One way she wants to do this is by using 'smiley sheets' that give people an easy option to give their opinion. These sheets can also be used to gather feedback about activities.

The manager explained that some people like a big breakfast which then needs to be balanced with a smaller lunch. The HC-One menu has its main meal at lunch time and sandwiches for the evening meal, but the manager felt people might be hungry by bedtime if they had a sandwich for tea, so the home provides something more substantial. Yet lunch is still a full meal and not as light as it should or could be; for example if someone has a pasty, chips and beans



for lunch, a meal at teatime and some cake in between that is a lot of food for someone who isn't very active. The manager explained that if people want a full breakfast, lunch has to be made lighter both from a health and budget perspective.

There is one resident on a halal diet and one vegetarian. Both are catered for, but sometimes staff need to buy food from local supermarkets for people with specific diets because their usual HC-One supplier isn't as good on more diverse food.

There is one kitchen on site to cover the 4 Mersey Parks units and The Hamlets. The manager said the kitchen isn't as big as she would like considering they provide food for 150 people plus for staff working a full shift.

They have one head chef, one sous chef and 2 cooks. Residents are asked what they would like to eat at residents' meetings.

## **Residents**

We asked how the staff dealt with residents' communication needs. Nearly all the residents at the time of our visit had English as their first language. There were a couple of residents who spoke other languages but their English was good. One member of staff spoke the same language as one of these residents. There were some non-verbal residents, especially on the dementia units.

We asked about residents' belongings. The manager explained that the bedroom furniture is old and built in. People can bring in a chest of drawers or chairs but not a wardrobe because of the fixed furniture. Some families have replaced curtains or bedding (which has to be fire-proof) if that will help their relative settle.

Clothes are marked with a colour for each unit, and the home now has a new press to add labels with more information to clothing. We were told that the laundry is very well organised but relatives are welcome to check if items go missing, and the home will reimburse residents or relatives if something has gone wrong.

There are regular residents' meetings which move between units, and residents from other units will come over to attend. The same happens with entertainment, parties etc. so residents get to mix with people from other units. WE were told that one resident is due to become a resident ambassador; this resident has lots of ideas and is quite outspoken. The manager said they are setting up a residents' walk-around to trial that approach and to see the home through residents' eyes.

The home also schedules monthly meetings for relatives, alternating between 1pm one month and 6pm the next. Only one family attended the May meeting, but the manager explained that there were other ways for people to leave feedback including leaving a note in a post box provided on each unit. The office area also had an HC-One touch screen for feedback, but the manager said that wasn't really used.

There is a monthly newsletter and weekly timetables will be added to this, as well as displayed on the noticeboard. The newsletter was started in response to feedback at a relatives' meeting.

# Observations

Upon arrival at Mersey Parks care home we were met by staff at the main reception. After signing in and confirming our identity we were taken to the manager's office to talk.

## Observations on arrival

The exterior of the site looked in good condition and was tidy with a well-maintained car park.

## Observations of the building and facilities

### General areas

The deputy manager showed us around 3 of the 4 units. We were told that both residential dementia units had the same design, so we visited Sefton Unit, Springfield unit and Princess unit. We didn't visit the 4<sup>th</sup> unit because it was the resident's protected teatime by then and we did not want to disturb.

Entrances to the units were clean and secure. There was information on display and printed copies of the newsletter were available.

Each unit had its own garden with greenery, grass and paving. As the weather was nice the doors from the units to the gardens were open and the indoor space felt comfortably airy. Several residents were outside in the gardens. There did not appear to be a lot of seating considering the number of residents in each unit, although there were spaces available to sit outside when we visited. At the Sefton unit staff told us they were looking at buying some new garden furniture and painting existing furniture. They also wanted to get the garden surface in the dementia units levelled as there was a slope and it was uneven in places which may make it more difficult for some residents to get around. The gardens we saw had a raised bed which did not appear to be used at the time of our visit. We suggested that some residents might enjoy planting something in those.

Shankly the dog was happily moving about in the garden of the Sefton unit and seemed to be well-liked by the residents we saw.

### Lounges

The lounges we saw in each unit were large with comfortable looking chairs arranged in groups. There were pictures on the walls, and a large TV. In Springfield unit the lounge felt calm and orderly; not many residents were in the area. In contrast Sefton unit's lounge felt busy and quite full-up; there were many residents in the lounge area, as well as staff attending to them.

Each unit had a part of the lounge partially screened off by open shelves with vases etc. which provided a small but quieter area for residents.

## **Bathrooms**

We saw several communal bathrooms (the home does not have ensuite bedrooms). They were spacious and clean. One bathroom had been installed more recently and looked a bit less 'clinical' as various colours had been used for the tiling etc., in contrast with the other, mainly white, bathrooms we saw.

## **Dining room and kitchen**

We did not see the kitchen. The dining areas we saw were part of the same large lounges, with doors opening to the garden which were open at the time of our visit. All looked clean. Observations of residents and staff

All the residents we saw looked appropriately dressed, clean and well-cared for. We saw staff engaging with residents in a respectful manner.

One resident's own wheelchair had a broken wheel which made it difficult to manoeuvre; we were told this had been mentioned 3 weeks ago. The deputy manager checked with staff who said there was a generic wheelchair available but the resident did not want to use it, and it appeared that the delay was with the wheelchair service.

# Feedback from residents.

Healthwatch spoke with 3 residents, 2 on the Springfield unit and 1 on the Princess unit One resident said:



“It’s absolutely wonderful, really good. The temperature is kept right, not too hot or too cold. There is space, so much space. The care is fantastic, absolutely



fantastic. If we need anything the care comes, not always immediately but it comes. The staff are wonderful” (Springfield unit)

The same person told us (Healthwatch) “It is great to see you and know that there is someone else who is interested in us”.

We spoke to another resident on the same unit who – staff told us – normally does not speak much. This resident told us she loved singing. She smiled when singing and dancing were mentioned. The staff member with her seemed pleased that the resident had been able to speak clearly to us.

A resident on Princess unit told us “I like it, I have been here a long time. They are pleasant and helpful. It more or less feels like home, I’m very lucky. The food sometimes needs a bit of thinking about, but it’s ok.”

We also observed a resident who was outside Sefton unit who when asked by the deputy manager how he was, smiled and said he was always happy when she was on duty.

# Summary and recommendations

## Summary

The small number of residents we spoke to gave positive comments about the staff, the care and the home. Despite being quite large the lounge areas managed to have a homely feel and looked well looked after. The home appeared clean, although there was a very slight smell of urine on entering one of the units.

We were pleased to hear about the plans to improve some of the units' environments to make them more appropriate for residents living with dementia. As the manager pointed out, there were not many options for those residents who might want to spend some time in a quieter area apart from going to their bedrooms.

The gardens we saw were large and pleasant, but we felt they could be improved on by adding more seating and by using the raised beds for gardening, especially if any of the residents would be interested in being involved. We also think levelling Sefton unit's garden is a good idea.

Overall, we observed that Mersey Parks seems a well-run care home with staff who care about the residents. We would like to return later this year to see some of the planned changes, and to be able to speak to more residents and staff.

## Recommendations

We make the following recommendations for Mersey Parks care home:

- Improve seating arrangements in the gardens
- Use the raised beds in the garden areas
- Continue with plans for quieter dementia-friendly community areas

# 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.



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