

Mr & Mrs K Khistria

# Brecksides Park Residential Home

## Inspection report

10 Brecksides Park  
Anfield  
Liverpool  
Merseyside  
L6 4DL

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Brecksid Park Residential Home ("Brecksid Park") provided personal care to 29 people aged 65 and over at the time of the inspection. The service can support up to 33 people in one adapted, three-storey building within a residential area of Anfield in Liverpool.

### People's experience of using this service and what we found

Although we received some mixed feedback, overall people told us they were happy living at Brecksid Park. People told us about individual circumstances that had led to their admission to the service and one told us, "I had to move in [after events at home] and I am happy I came here – I am happy here." However, we found that at times the safety and quality of people's care needed to be underpinned and ensured by more robust processes.

The cleanliness and infection control of the service, as well as the planning and deployment of staff to support a safe quality service, needed to be improved. We made recommendations regarding these areas. The robustness of governance, such as meeting regulatory requirements, ensuring effective quality assurance, development of safety related plans and best practice learning, at times needed to be improved.

However, we also observed a warm, homely atmosphere and interactions that showed people and staff knew and respected each other. This was supported by personalised care plans that were continuously being developed. The service worked effectively with other professionals to achieve positive outcomes for people and this had been complimented by health visitors.

The service involved people, relatives and staff in the design and delivery of people's care. Questionnaires and meetings sought everyone's opinions and implemented changes to make improvements when needed. The provider has extended the building, to provide updated accommodation for people. This had also added a brighter, more spacious dining room, as well as an accessible patio and garden for people to enjoy.

There were different activities for people to get involved in and we saw they enjoyed this. The service continuously developed trips out for people and supported people to retain or develop their independence. A Christmas dinner had been arranged for everyone to attend at a restaurant in the community, staff not on shift had come into work to support this. There was an ethos of a service led by people, which staff described as, "The staff do not run this house - the residents run this house. It is their home."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice and had been improved since our last inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 19 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Brecksid Park Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and one inspection manager.

#### Service and service type

Brecksid Park Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one visitor about their experience of the care provided. We also reviewed satisfaction questionnaires to get additional insight into how people and relatives viewed the quality of care. We spoke with six members of staff including the provider, registered manager, deputy manager and care workers. We walked around the service and observed interactions between people and staff throughout the day, as well as people's lunchtime experience.

We reviewed a range of records. This included five people's care records and different medication records. We looked at records relating to recruitment and staff supervision. A variety of records relating to the management and quality assurance of the service, including checks and audits, as well as meeting minutes, were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe.

### Staffing and recruitment

- At certain times, staff planning and deployment needed to be reviewed, to ensure consistency in people's support to maintain their safety, dignity and equality. For example, at lunchtime we observed that those who required assistance to eat had to wait over 45 minutes to be helped.

We recommend the service continues to review and update their staff planning and deployment, to reflect changes in service layout and ensure staffing supports people's safety, dignity and equality.

- Generally, people and staff told us there were enough staff to meet people's needs. People told us when they pressed their call bell, staff usually attended quickly, and we saw this during our inspection, too. Staff felt that while some days could be busier than others, there were enough staff to keep people safe.
- The registered manager was addressing staffing through ongoing recruitment. New staff continued to be recruited using appropriate checks.

### Preventing and controlling infection; Using medicines safely

- Cleanliness of the service needed to be improved, to help protect people from the risk of infection and ensure safe medication practice. Parts of the service, including bathrooms, furnishings and the medication storage room, were not always clean and hygienic. People also gave us mixed feedback about the cleanliness of the service and its crockery.
- The service respected people's wishes regarding acceptance of personal care. However, we considered with the registered manager that support still needed to ensure, by using sensitive, person-centred approaches, that people were helped to stay clean and hygienic. This also included clothes they wore. This was echoed in a recent complaint we saw from a relative.
- The food standards agency had awarded the service a rating of 3 out of 5 in February 2019, which means they found it generally satisfactory.

We recommend the service develops their monitoring and assurance of cleanliness and infection control and reviews provisions made to ensure this, with respect to the service's growth.

- People told us staff ensured they got their medicines at the right time. A generic protocol agreed with community professionals was in use for people's 'as required' medicines. People were able to ask for these medicines when they needed them, but we discussed with managers how protocols could become more personalised.
- Stock levels of medicines matched those on people's records.

#### Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed on an individual basis. Assessments were reviewed regularly and updated when required. We saw examples of risk-reducing actions from people's care plan being carried out in practice by staff.
- We highlighted a few areas for development, such as including further details and safety measures, to keep people who smoked and those around them safe.
- Regular health and safety checks of the environment were completed. Self-closing doors were now widely in use that shut automatically in the event of a fire alarm. However, this had not included the manager's office, where electrical equipment in use posed a fire risk. The provider assured us this would be rectified immediately.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe living at Breckside Park. One person told us, "I had to move here [after events at home] and I am happy that I did. I am happy here."
- Staff were aware of safeguarding responsibilities and had confidence in managers to address any concerns.
- The registered manager completed safeguarding investigations and analysed accidents when needed. This had identified actions to take to prevent reoccurrence and we saw these had been implemented by staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they were.

At our last inspection we recommended that the service review and develop their MCA practice in line with guidance. At this inspection we found the necessary improvements had been made.

- People's capacity to make certain decisions had been assessed appropriately. The use of a new electronic care plan system supported this, and this had been further personalised by staff.
- Processes to ensure people's best interests were maintained had been recorded in people's care plans. Appropriate applications to deprive people of their liberty had been made to the local authority.
- Staff sought people's consent before providing care, respected their wishes and encouraged choices.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service and this supported the planning of effective care.
- Successful support approaches helped people to achieve good health and wellbeing outcomes and make a difference to their quality of life. This included promoting people's mental wellbeing through patient, sensitive approaches. It also involved promoting physical health, such as supporting people to stabilise their

weight or regain their mobility.

- The service was aware of best practice guidance, such as how to support good oral health in care homes. Implementation of this needed to be developed, which we considered as part of the service's continuous learning and development.

Staff support: induction, training, skills and experience

- Staff felt well supported.
- Staff were guided to be competent in their role through induction, regular supervision and a variety of training. This included a mix of online and in-person training, as well as distance learning for more specialised subjects.

Supporting people to eat and drink enough to maintain a balanced diet

- Previously there had been mixed feedback about the quality of food and we could see this reflected in people's satisfaction questionnaires. Improvements had been made and people were involved in the development of menus.
- People spoke positively about the food. Their comments included, "The food is very good" and "The food is very nice. We used to have a roast every Wednesday, then they stopped it – but they have brought it back and we have it again most Wednesdays and it is nice." We saw that this had taken place based on people's feedback.
- Staff were aware of people's specific dietary requirements. When people were at risk of malnutrition, the service monitored them and ensured appropriate referrals to professionals when needed. We highlighted a few considerations to ensure soft diets remained appetising.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had received training by the North West Ambulance service in how to assess sudden changes in people's health effectively, to help avoid hospital admissions. The registered manager explained the impact of this had been mixed, but the use of telemedicine, which allows remote assessment of people by health professionals, had been more effective.
- The service worked with a variety of health professionals to promote and maintain people's health and wellbeing. People saw a doctor or other external health professional when they needed them.
- Very positive feedback from regularly visiting health professionals praised the staff for "working so well with [health professionals], providing high quality care to the residents and supporting us daily. Your staff are a credit to you all and their willingness to help does not go unnoticed."

Adapting service, design, decoration to meet people's needs

- The service had recently been extended, to provide additional and newly refurbished accommodation for people.
- The service's garden had been made more accessible and a new patio had been created. This had been enjoyed by people during the summer when the service held barbecues.
- A new dining room had been created for people, to offer a brighter mealtime experience in a more spacious setting.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect. We observed warm and caring interactions between people and staff, which showed they knew each other well.
- People were overall happy living at Breckside Park, and there were many positive comments. People told us, "I am well looked after here. Staff help me" and "It is very good here, the staff are good and kind to us." Recently, people had been supported on a trip out to enjoy a Christmas meal together. Staff had come in on their days off, to help with this.
- Although there was some slightly mixed feedback, people felt they could raise any concerns with the registered manager, who would listen and act on them.
- Feedback from professionals praised the team and stated, "Your management team go above and beyond for residents always ensuring they are treated with respect and that they feel like they are at home."
- A visitor told us they were very happy their friend was at Breckside Park and that they were happy there. Visitors and family friends were made to feel welcome, invited to join people at mealtimes and looked after by staff.
- Although the planning and organisation of mealtimes needed to be reviewed, we found that staff also created a calm, unrushed atmosphere. When staff assisted people to eat, they did so with kindness and patience. People were smiling and engaged well with staff support. People sitting at tables together, at times with visitors, were chatting and laughing.

Supporting people to express their views and be involved in making decisions about their care

- People were able to and encouraged to personalise their bedrooms. When people wished to have pets, this had been listened to by the service and supported.
- Independent assessors had been involved to maintain people's best interests. The service had information regarding independent advocacy services for people, if they required someone to speak up on their behalf.
- People and relatives were involved in the planning of and decisions over care. Staff described in their examples the ethos of a person-led service that respected people's rights to make decisions and an understanding of working in people's home.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain or develop their independence. For example, people told us, "If I want to go out to do shopping, I can." Equally the service had worked with a clothes retailer to come into the service, to provide a shopping experience for those who were unable to go out.
- People's confidential records were kept securely on password-protected electronic devices. Paper records

were kept in lockable offices.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People felt staff knew their needs well and staff had involved them in care planning, for example in the writing of people's life stories. One person said, "The staff know me well. They wrote my background down with me when I first came, my past and my present."
- People's care plans contained person-centred information and basic guidance for staff to meet people's needs. Care plans continued to be developed, to provide increasing detail.
- New electronic care plans were in use that encouraged regular reviews and ensured different assessments were linked together effectively.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Important information, such as the complaints procedure or a service user guide, were available, on request, in different formats, including audio and braille versions.
- People's care plans provided information on how to best support their individual communication and understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A variety of activities was on offer for people to get involved in. One person said, "There is enough to do with activities. They came in and did a panto recently." The person described how much they had enjoyed this.
- Activities included chair-based exercises and group games, which we observed people being very engaged with. Staff had also developed more individual activities with people, which they enjoyed, such as knitting or crocheting.
- Trips out for people had become more frequent. The registered manager and activities coordinator were developing this further.

Improving care quality in response to complaints or concerns

- Complaints from people or relatives had been recorded and resolved. One person told us, "The manager listens to what I say and does something about it."
- A recurring theme had been issues with the laundry and improvement of this was ongoing.

## End of life care and support

- Plans to reflect people's wishes and needs at the end of their life were being developed. Where necessary, professionals had provided the service with anticipatory care plans.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspect of service management were inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had notified the Care Quality Commission of certain events in line with legal obligations. However, we highlighted the need to inform us of events that stopped the service from operating effectively, such as a repeated break down of the lift, which impacted on people. A servicing contract was in place, to help ensure this would be resolved.
- Some person-centred records needed to be developed to reflect in more detail staff's approaches to keep people safe and meet their individual needs. This included some risk assessments and care plans, such as those to support people at the end of their life.
- Ratings from our last inspection were displayed in the service as required and the registered manager understood their responsibilities under the duty of candour.

Continuous learning and improving care; Working in partnership with others;

- A variety of checks and audits were in place to ensure and develop the safety and quality of people's care. However, the effectiveness of governance systems at times needed to be improved, as issues we highlighted had not always been identified or addressed robustly. This included ensuring consistently safe fire doors and effective staff planning and deployment, for example at lunchtime.
- An external food safety audit had alerted the service to the fact that aspects of hygiene and cleanliness needed to be improved. This issue had also been raised at a team meeting some time ago, however this had not been effectively addressed.
- We considered that the service had also shown development. This was evident in the recent extension build and ongoing refurbishment, as well as improvements in satisfaction questionnaire findings. However, the registered manager agreed that some aspects of service staffing, planning and delivery needed to be updated, to match the increased space and number of people living at Breckside Park.
- The registered manager attended local learning opportunities and networks, to develop their practice. We highlighted that learning regarding key issues communicated at local networks, such as the promotion of good oral health in care homes, needed to be implemented more robustly. For example, local training regarding this was available, but had not yet been booked.
- A real positive for the service was the development of connections with the community. The registered manager had built a relationship with an organisation providing minibuses, so that people could be supported to have trips out more often. The registered manager was also developing links with local schools.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a clear ethos of being people-led and promoted 'residents rights', which were displayed in communal areas and available to people in their bedrooms. A staff member told us, "The staff do not run this house - the residents run this house. It is their home."
- Staff had completed equality training and were able to give examples of how they supported the diversity of people using the service and staff. Staff showed sensitivity to people's individual backgrounds and understanding of how to support different needs.
- We highlighted that at times this positive approach to ensuring people's equality needed to inform quality checks, such as managers' observations of lunchtimes.
- We received many positive comments about the registered manager and their leadership, from people and staff. These included, "[Registered manager] is very understanding", "They are very nice, they listen to what I say" and "They are a good manager, I have spoken to them about different things ."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular satisfaction questionnaires were completed by people and these were analysed to help develop the service. These showed improvements, such as a significant rise in the number of people liking the quality of the food.
- People, relatives and staff were involved in the service through regular meetings. For example, these had gathered input about menus and staff uniforms, and changes had been made.
- There were many thank you cards from former staff, people, relatives and professionals, praising the service for their kindness and care. Staff enjoyed working at the service and told us, "The best things about working here are the residents and the staff. I am proud of the staff and how they look after the residents."