
Hollins Bank Care Home Report

December 2015

Healthwatch Blackpool



Resident's voices - a Healthwatch Blackpool Review

1 Introduction

1.1 Details of visit

| Details of visit: | |
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| Service Address | 601-603 Lytham Road, Blackpool. FY4 1RG |
| Service Provider | Hollins Bank Care Home |
| Date and Time | 01/12/2015 @ 10:00 HRS |
| Healthwatch Representatives | S Garner, J Smith, V Pemberton |
| Contact details: Healthwatch Blackpool | 333 Bispham Rd, Blackpool. |

1.2 Acknowledgements

Healthwatch Blackpool would like to thank the service provider, service users, visitors and staff for their contribution and for facilitating us to carry out our consultation.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users, only an account of what was observed and contributed at the time. |

The views expressed in this report are primarily from those who reside in the home. It is acknowledged that some of the participants in our studies may suffer from conditions such as dementia or other memory impairments which do not enable them to give fully balanced and reflective views. However we feel that it is essential that every voice is heard and recognise our duty to all who receive care in Blackpool. In order to allow for this to happen we request feedback from the care home for clarification of the issues that are raised.

2 What is Healthwatch Review?

Part of the local Healthwatch Blackpool programme is to carry out regular reviews and visits to health and social care services. Healthwatch representatives carry out these visits to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorized representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Our visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch reviews 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. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

To gather information about the experience of living in a care home in Blackpool directly from those who reside in them, including quality of life factors such as activities and choices. Also to look at homes from the perspective of "would I wish for my relative to live here?"

2.2 Why did we do this?

Many of our elderly people in residential care have no one to speak on their behalf. Working alongside the CQC (Care Quality Commission) and Blackpool Council, Healthwatch Blackpool contacted, by letter, 14 Residential Care Homes in Blackpool in December 2015. We asked if we could come into their homes and speak to the residents. We wanted to know if they were happy about the levels of care that they were receiving.

2.3 What were our aims?

Our aim was to allow the residents to have a voice and a say in the care that they were receiving. Were they living in comfort, did they have privacy, did they receive 1 to 3 home cooked meals daily, was their housekeeping and laundry services met and was there a plan in place to manage their medication needs etc. To do this we needed the help and the cooperation of not only the residents but also the care homes, their staff and the families/carers of the residents. By collating this information we were able to evaluate the quality of care within each care home we visited.

2.4 Methodology

It was decided beforehand that we did not want to perform an enforced Enter and View visit to any Residential Care Home in Blackpool. We felt that to be invited to attend the home would give us a more balanced view and encourage openness and co-operation with the care home. To do this we wrote to every care home we intended to visit, outlining our intentions and the purpose of the visit. We also provided every home with a full colour poster confirming the date and time of our visit and its aims. We asked that each care home place the poster in a prominent position where staff, residents and resident's families / carers could read it. A few days before each visit we telephoned the care homes to confirm that they were aware of our visit, the date and time of the visit and the intentions of the visit.

On the day of the visit all Healthwatch representatives wore identification badges. Before speaking to any resident we explained fully who we were and the purpose of our visit. Those residents that were happy to speak to us were asked a series of open ended questions about what they liked most and what they felt could be improved. We confirmed that their name would not be linked with anything that they told us and that they were free to end the conversation at any point. We made observations throughout the visit and made notes of what we saw around the home.

2.5 Summary of provider

Hollins Bank Residential Care Home is situated in a residential area of Blackpool. Accommodation is provided on two floors and there are gardens to the front and the rear of the property. Communal space is accommodated in 2 lounges and a dining room. When full the home has capacity for 44 residents. On the day we attended the home was undergoing extensive refurbishment work and as a result of this there were only 15 residents living in the home. The home had recently changed hands and it was evident that the new owners were making improvements. New furniture had been purchased for the rooms and the intention was that when all renovations were completed every room would be en-suite. Many of the old staff had been moved on and new staff were now in place. All staff were now in ongoing training.

Entrance to the home was through a secure locked door, staff greeted us on arrival and we were asked to sign the visitor's book. The Care home had a homely feel to it, it was clean, fit for purpose, and there were no unpleasant odours. All meals were prepared onsite. On the day of our visit we spoke to the acting manager. There were plenty staff on duty and the interaction between the staff and the residents was positive. On the day of the visit we spoke at length to 6 residents.

2.6 Results of visit

General

All the residents that we spoke to said that they enjoyed living in the home and that they felt that they were safe and comfortable. They felt that at all times they were treated with dignity and had their privacy respected, especially when they were in their rooms, saying that staff always knocked and made reference that they were coming in before entering. Those that were mobile could come and go as they wished. One resident enjoyed going into town to have her hair done. Residents felt that if they had a problem or an issue they could approach staff with it and it would be acted upon. On the day of the visit we spoke at length to a residents relative who had been considering moving her mother, however since the new owners had taken over it was clear that positive changes had taken place and she was now very happy for her mother to stay in the home.

Food and drink

All the food is prepared on the premises. All the residents that we spoke to said that the food was good but felt that the set menu provided limited choice. All residents had the opportunity to have 3 meals per day, breakfast, lunch and tea. Tea, coffee and soft drinks were available throughout the day and was provided by staff either in cups or in beakers dependent on the resident's needs. Food was served in the dining room which was clean and bright. We observed the staff being polite and respectful to the residents, talking to them by name and encouraging

then to eat their meals. Those residents that were finished were sitting chatting to staff and the whole atmosphere was that of enjoyment.

Activities

The home has a garden at the rear of the property and residents enjoy sitting outside when the weather permits. Residents did say that to get to the garden area they had to pass through the smoking area and that as non-smokers they felt that this was not desirable. The communal lounges were large and spacious with ample high backed seating placed around the room. The dining room was bright and clean with tables preset for meals, there was a blackboard informing residents what was available to eat. Laundry was done regularly by the staff and all the residents that we spoke to said that their clothes were always returned clean and folded. Activities within the home were arranged by the staff and included sing songs, bingo, and days out. Male residents tended not to be too involved in the activities saying that they were more appropriate for females than males.

Staff

All the staff we saw were smart in appearance, they were friendly and approachable and were interacting with the residents. The overall view by the residents in response to our questions about staff were all positive. They said that they were caring with a good attitude towards them, they were friendly and approachable and were always keen to help. Many of the residents thought that the staff knew what they were doing, were always respectful and understood their needs at all times. One elderly resident said that the staff were really friendly and enjoyed a laugh and a joke with the residents.

Involvement in key decisions around their care

Meetings with residents take place regularly to discuss resident's wishes. All the residents had personal care plans and were allocated a key worker, however when we asked residents about this many were unable to tell us who their key worker was.

Concerns & Complaints

The home confirmed that they had a complaints procedure in place, although when we spoke to the residents about this no one mentioned ever having to use it.

2.7 Recommendations

This report highlights the practice that we observed and reflects the feeling that residents felt about the care and support that they were receiving. While it was not our intention during this visit to make recommendations, it was our intention to talk to residents and ask if there was anything that they felt would improve

their quality of life within the care home. Residents felt that the following areas could be looked at for improvement:

Food & Drink

1. More choice at meal times rather than the set menu currently on offer
2. Larger portions for the male residents

Activities

1. Residents would like to access the garden area without passing through the smoking area.
2. Male residents said that maybe some consideration could be taken in regards to their needs when providing activities / outings

Involvement in key decisions

1. Many of the residents were unsure who their key worker was.

2.8 Service Provider response

Dear Healthwatch Blackpool,

Please find below, responses to your review December 2015.

Food and Drink:

Further menu choice has been offered to the service users. Staff ensure that portion size are suited to each individual.

Activities:

The smokers have been moved further down the covered ramp to an area where they will not disturb the non-smokers, who also have access to the garden via the side door off the lounge.

A new ACTIVITIES ORGANISER will commence employment on the 18th January and part of her remit will be to discuss with male service users their preferences.

Key Decisions:

All service users have KEY WORKER information on their bedroom wall.

Yours faithfully
Sue Lepori
Manager
Hollins Bank Care Home