

Enter and View Report.

Announced visit to:

The Hollies Residential Care Home

7 Mornington Road. Southport. Merseyside.

PR9 0TS.

Tuesday 18th September 2018, 2pm.



What is Enter and View?

Enter and View is about seeing and hearing for ourselves how services are being run and allows Healthwatch Sefton to collect views at the point of service delivery. This might involve talking to staff, service users or observing service delivery.

Enter and View visits are conducted by 'Authorised Representatives' for Healthwatch Sefton who are trained volunteers and staff members. The full list of authorised representatives can be found on our website: <https://healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view/>

Visits can be announced (we plan the visit with the service provider) or unannounced (when the service doesn't know when we are visiting).

All Enter and View visits have a clear purpose as identified by Healthwatch Sefton to ensure effective evidence gathering and reporting.

The Local Authorities (Public Functions and Entry to premises by Local Healthwatch Representatives) Regulations 2013 allows local Healthwatch 'Authorised Representatives' to collect the views of service users, patients and residents, collect the views of carers and relatives, collect the views of staff, observe the nature and quality of services and provide feedback.

Enter and View 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 use the service first hand.



Acknowledgements

Healthwatch Sefton would like to take this opportunity to thank staff on duty at the time of the visit. We would also like to thank the residents for taking the time to speak to us and for their contribution to this announced Enter and View visit. We would also like to thank the manager, staff and family members for taking the time to fill out surveys and return them to us.

Please note that this report relates to the findings observed on the specific date and time of the visit and feedback from staff, residents and family members. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

The visit also takes into consideration that some of the residents spoken to, may have an illness and/or disability, including dementia, which may have an impact on the information that is provided.



General Information.

Providing accommodation and personal care for up to 24 people, 'The Hollies' Residential Care Home is located close to Southport town centre. Accommodation is provided over three floors and can be accessed by stairs or a passenger lift. There is parking at the front of the building and a secluded garden at the back. Disabled access is provided at the rear entrance via the patio doors.

https://www.cqc.org.uk/sites/default/files/new_reports/INS2-2473659520.pdf

Purpose of Visit

Our visit to 'The Hollies' was conducted as part of a series of pre-arranged visits to care homes across Sefton. National charity, Independent Age, have been carrying out research looking at the things that older people and their families want to know when choosing a care home, as well as consulting care experts for their views on what are the most useful indicators of quality. We used the surveys which were used as part of this work to gather information from the manager, staff, residents and family members, as well as observing a number of different areas.

Findings from this visit will help individuals and families make more informed decisions, while also helping the Care Quality Commission (CQC), local authorities and Clinical Commissioning Groups (CCGs) to build up a comprehensive picture of quality in care homes.

Through this work we aim to:

Provide a different type of information, based on personal testimony, to help fill the gaps in what people can find out from the Care Quality Commission, the local authority and the care homes themselves.

Seek out and share best practice and provide feedback to care home providers based on our observations.

Type of Enter and View visit undertaken

This was an announced Enter and View visit undertaken by the following authorised representatives from Healthwatch Sefton:

-  Anne Major
-  Betty Boner
-  Brian Clark
-  Sarah Ann Blackman

How the visit was planned.

The visit is not an inspection, but offers a lay perspective rather than an in-depth formal inspection.

This visit was pre arranged as part of Healthwatch Sefton's work plan. A meeting with the manager (Helen Eslick) was arranged to discuss the visit and the date and time of the visit was agreed in advance. Posters were sent to The Hollies to make sure that staff, residents and friends and family were aware of the visit (Appendix One).

The aim of this programme of work is to observe services provided by Sefton based; residential, nursing and care homes, consider how services may be improved and share good practice.

The team of trained Enter and View authorised representatives record their observations along with feedback from residents, staff and where possible residents, families and friends. Surveys were left with the manager for completion by the manager, staff and family members. Copies of the surveys are available on request.

Enter and View visits are not intended to specifically identify safeguarding issues, however if safeguarding concerns arise during the visit, they are reported in accordance with Healthwatch Sefton safeguarding policies.

The team write a report reflecting these observations and feedback, making comment where appropriate. The report is sent to the manager of the service to check the facts/information within the report. Any response from the manager is included within the final version of the report which is published on the Healthwatch Sefton website: www.healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view



Observations

Exterior of the building.

Exterior	Excellent	Good	Okay	Poor	Terrible
Parking			☆		
Signage		☆			
Controlled Access (inc. directions on how to gain access/security).			☆		
Physical Access (inc. disability access)		☆			
Upkeep of grounds		☆			
Upkeep of building's exterior		☆			

On arriving at the home, we considered the external environment including upkeep of the grounds, parking, signage and physical access. One of the things we noticed on arrival was not being asked to sign the visitor's book.

In observing the car park area we felt that it would have been helpful to have defined car park spaces as cars were parked at different angles and some looked like they were blocked in.

Signage was good and one suggestion to improve this would be to have larger printed signs on the front of the building. Access to the home is good but we did notice that there were steps leading to the entrance at the front of the home. Wheelchair access was available at the rear/ side of the building.

Reception

Reception	Excellent	Good	Okay	Poor	Terrible
Information provided on care home	★				
Décor		★			
Freedom from obstructions and hazards	★				
Lighting (inc natural light)		★			
Hygiene, cleanliness (free from odours)	★				

On entering the reception area, we observed information relating to the home and picked up a copy of a leaflet. On the wall within the area, a copy of the floor plan was on display. There were little cupboards/ alcoves within this area.

Corridors, Lifts and Stairways.

Corridors, Lifts and Stairways	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. grab rails etc)		★			
Décor		★			
Freedom from obstructions and hazards		★			
Hygiene, cleanliness (free from odours)	★				
Lighting (inc. natural light)		★			

In observing corridors, lifts and stairways there were no obstructions or hazards and all areas were free from odours, with good natural lighting. We did notice that the carpets in corridor areas were patterned and therefore would query if they were dementia-friendly. We observed a dark wooden staircase which also had dark coloured carpet fitted. There was no contrast

colour for the bannister rail which may be a helpful improvement in supporting residents to safely access support when using the stairs.

Dining Area.

Dining area	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. disability)	★				
Décor	★				
Freedom from obstructions and hazards	★				
Hygiene, cleanliness (free from odours)			★		
Dining Area (ambience/atmosphere)	★				
Lighting (inc. natural light)	★				

As you can see from the observation ratings for the dining area, it was observed as being an excellent area of the home, with hygiene being rated as okay. This was a lovely area of the home and was very pleasant to spend time in. At the time of the visit, there was used linen (napkins) still placed on the tables. A notice was observed on the door ensuring that the privacy and dignity of residents was protected during meal times. We felt that this was an example of good practice.

Communal sitting area(s).

As you can see from the observations, the communal sitting area was rated as

Communal Sitting Area	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. disability)		★			
Décor		★			
Freedom from obstructions and hazards	★				
Hygiene, cleanliness (free from odours)	★				
Communal/ Sitting area (general ambience)	★				
Lighting (inc. natural light)		★			

being excellent and good. In one of the communal areas, we observed a notice board which had too much information on it to read and notices on the board were not laminated. We also observed a nice rest area between bedroom areas on the ground floor.

Kitchen facilities/Food preparation area.

Kitchen facilities/ food preparation area	Excellent	Good	Okay	Poor	Terrible
Facilities (e.g. Sinks, Fridges)	★				
Décor	★				
Hygiene, cleanliness (free from odours)	★				
Health & Safety (e.g. are knives stored safely)	★				
Lighting	★				

As you can see, the kitchen area was observed as excellent.

Bathroom/Washing/Toilet Facilities.

In observing one of the bathroom areas on the first floor, there was a small step into the area which was difficult to see, access being an issue.

Bathroom/ Washing/ Toilet facilities	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. disability)			★		
Décor		★			
Freedom from obstructions and hazards		★			
Hygiene, cleanliness (free from odours)	★				
Assistive equipment available	★				
Lighting (inc. natural light)	★				

Residents told us that they all had their own toilet facilities and they all confirmed that they were independent and did not need support to get to toilet or bathroom facilities.






What we learnt from talking to the manager, staff, residents and family members.

During the visit we spoke with many **residents** with four providing feedback which has been used within this report. Following the visit three members of **staff** shared feedback using a questionnaire which we had left at the home for them to return to us anonymously. Five **family members** also shared their views on the home following the visit which provided us with a greater understanding of how their loved ones are being cared for.

The **residents** we spoke with told us that they were happy and that they were happy living at 'The Hollies'. There was a comment from a resident that they would like to see more people living at 'The Hollies'.

Family and Friends agreed that their relative/friend was happy, with one sharing that they didn't think their relative was happy and wouldn't be happy wherever they lived.

-  *"They are fed and well cared for 24 hours a day"*
-  *"My relative is happy at this home and is well looked after"*
-  *"When asked by family or outsiders, always says that he's happy there"*

We observed **residents** to be well dressed. One **resident** told us that they wear what they have as they have nothing else to wear, with another sharing that they didn't choose their own clothes but that they were always clean.

Have a registered manager in post.

The **manager** told us that their job was rewarding but also challenging as every day can be different, flexibility being needed as it's not a 9am – 5pm job. They are working within a small family run business and being self employed they can manage their own time. The **manager** enjoys making residents happy and working with good reliable and trustworthy staff. *"I love the sound of the residents enjoying themselves and the "buzz"/ chat at mealtimes – feels like home"*.

Two **residents** could tell us the managers name, with two residents not knowing who the manager was. For both of these residents, they told us that they had not lived here that long.

Family members felt that the manager(s) were friendly, efficient and supportive in addressing any concerns raised. It was generally agreed that there was an open door policy in place.

Staff members also told us that the manager has an open door policy (365 days a year, 24 hours a day) and can be contacted at any time, even when not on the premises. This can be by phone or by email. We were told that the manager works from home a lot but is on site most weekday afternoons.

Getting to know residents and recording changes to health and care needs.

The **manager** shared that all care staff will speak to new residents. Staff will read through care plans and learn about their life history and past. They also speak with family and friends and also get a medical history from the residents GP. This view was supported by what **staff** told us. They felt that they have

good knowledge of each individual resident, familiarising themselves with individual care plans/ medical history, personal likes and dislikes. One **staff** member told us that they speak to all residents individually and keep a log of key issues. This is updated on a regular basis. They felt that they have developed a good rapport with residents.

The **manager** also told us that staff had access to both internal and external training with some being mandatory. There is training for NVQ level 2 health and social care.

Family and friends told us that there had been a lot of new staff join the home recently and they were settling in. There was a suggestion though that some **staff** needed a better understanding of mental health to support residents.

Family members have access to care plans when they ask. Two shared that they had never asked to see the care plan.

In looking at how information is updated when a residents needs change, the **manager** gave us a number of examples of how this happens. For example, the cook discusses any dietary changes frequently and they are documented. Issues relating to dietary requirements are discussed at resident meetings. Community dieticians or nutritionists may need to be involved and fluid charts may need to be implemented. Care plans are updated to reflect changes as and when they happen.

Time to care for residents and staffing levels.

Residents told us staff members have the time to care for them. We were told that **staff** are good and work hard and are always there to help them. When asked if staff have the time to stop and chat, we were told by the **residents**, that they did, although one did share that they didn't encourage the staff to talk to them as they have a job to do.

Two members of **staff** told us that they had the time to properly care for residents with one unsure. We were told that there were plenty of staff available both day and night and that extra **staff** were available when **residents** want to go out shopping, for trips or have appointments, this leaving regular staff to have the time to care for the other **residents**. One **staff** member who had other responsibilities outside of personal/ social care felt that they tried to make as much time as possible for **residents**.

Family members & friends shared that in their opinion enough staff worked at the home. For **residents** who require support with their mental health, **family and friends** shared that this was in place and great care was provided. One shared how their relative had been supported through some difficult times and that the care provided had helped to improve their general care and well being. Another told us that they were grateful to the home for their care and understanding given to their relative who requires support with their mental health.

Residents were aware of the alarm/ call system in place with one **resident** saying they would rather shout. They told us that this was available in their rooms and in bathrooms. One **resident** had used the system on behalf of another resident and staff had come quickly.

Offer a varied programme of activities and support residents to get involved.

The **manager** spoke to us about the activities coordinator and the wide range of in house activities available. Examples of activities were given which mirrored those shared by **staff** and **family and friends**.

Staff shared that the home offered a wide variety of activities. We were told that many outside entertainers come into the home from singers to harpists. School children also come into the home to sing. **Residents** told us that activities took place, two sharing that they had taken part in singing.

Staff told us that social events and charity days take place. Examples were provided including; a brass band in the summer and BBQ's in the garden. There is a weekly trip out to the local pub for lunch for those that want to get involved. **Staff** felt that activities were promoted to all residents and **staff** would include everyone no matter what their abilities.

One **resident** told us that they didn't take part as they preferred to spend time outside and **residents** shared how their family came to take them out so they could go shopping and go on family trips. Another **resident** shared that they enjoy getting their hair done.

Family and friends also confirmed that there were lots of activities in place including musical activities, singing, and chair based exercises, BBQs, Halloween and Christmas parties. Trips have been organised to Blackpool lights and a canal boat trip took place. A number of **family and friends** shared that their **relatives** could not be encouraged to take part but were aware of the range of activities and that **staff** did try to encourage residents to take part.

In asking **residents** if they went out for trips and shopping we were told by a number of **residents** that they had family who came to take them out. We were told by **staff** that sometimes they come in on their own free time to take a **resident** out for shopping or just for a coffee if they cannot manage by themselves.

One **family member** explained how the activities coordinator shares photographs of their relative taking part in activities and this helps to know they get involved.

Offer quality, choice and flexibility around food and mealtimes.

Residents agreed that the food was good. One resident told us that the chicken casserole was really nice, whilst another liked pasta and the rice. One shared that the food wasn't 5 star but it was nice.

In asking about choice, **residents** agreed that there was choice and that they got enough to eat. The **manager** and **staff** told us that there is an 8 week rotating menu in place and it will often have at least 3 options for lunch, there being up to 6 options at tea times. The weekly menu is displayed on tables and there is a daily menu board which is put up in the quiet lounge. **Staff** told us that food is made fresh daily with food bought from local supermarkets and greengrocers. **Family and friends** also agreed that there was a lot of choice on the menu. One **family** member shared that their relative had been given additional choices to support them with dietary requirements. A number of **family and friends** told us that they have been at the home when food is served and have been able to sit with their relatives during meal times. There was one comment about there not being enough food available.

One **resident** felt confident that if they didn't like what had been served, then they could ask for something else. A member of **staff** told us that they were always encouraging feedback on meals. All of the **residents** we spoke to enjoyed mealtimes.

Snacks and drinks are available, with one resident telling us about afternoon tea, which was served at 3pm. There was a general feeling that **residents** could get something to eat and drink when they needed to. There is a water station available and residents have jugs in their rooms and jugs are available on tables. The **manager** told us that drinks and snacks were available all day and gave an overview of the daily routine;

- Breakfast
- Morning coffee/tea with biscuits
- Lunch
- Afternoon tea with biscuits and cake
- Tea
- Supper with drinks.

Residents shared that they could choose where to eat their meals and snacks with some liking to sit with their friends/ other people for company. The

manager said that they encouraged residents to eat in the dining room as it was a good social hub. When the weather is nice, residents eat in the garden.

The **manager** told us that the consistency and size of food on a plate helps a resident to chew and they are not over faced. Food can be chopped up into bite size amounts. Plate surrounds are available for residents with visual impairments and staff will support by telling them what their food is and where it is on their plate. Special feeding cups (with lids) and cutlery are available as are bibs to help protect clothing.

Access to health and care.

Staff members told us that opticians come into the home to see residents who are not registered with their own. Those who are registered are taken to appointments by **staff** or **family members**. All **residents** are registered with the local dental practice and are taken by **staff** to appointments which are booked months in advance. **Staff** also told us that Chiropodists and District Nurses also made regular visits to the home.

Only one of the four **residents** we spoke to was confident that they saw a dentist/ optician on a regular basis but told us that they see a GP when needed. **Family and friends** told us about regular visits to the home from the optician and visits to dentists and gave examples of the visits.

One **family member** did inform us about an issue relating to hearing aids and that their relative doesn't always have them in. They also shared that it was important that hearing aids are not lost as this means that a visit to the local hospital is needed for replacements, this involving a member of staff, transport and time. This can be very disorientating and stressful for the **resident**. During the visit we made the **manager** aware that one of the **residents** who we were speaking to needed an appointment with the audiology department as their hearing aid was in a box and they were unable to wear it as they needed a smaller one to be able to hear better. When this was raised with the **manager**,

it was responded to straight away and a member of staff was asked to book an appointment.

Accommodating resident's personal, cultural and lifestyle needs.

Staff told us that the home supports and respects resident's personal, cultural, religious and lifestyle needs and we were told about a regular visit from a local minister who undertakes communion to any resident regardless of their religion. A **family member** also spoke about visits from a vicar and other **family members** shared how staff were understanding of the differing needs of residents giving a number of examples of how this support had been offered. The **manager** shared how dietary requirements were asked about upon admission and the cook informed with good examples of how **resident's** needs were catered for. During the visit we were told about support in place for **residents** when one of the **residents** passes away. We also observed 'Twiddle Muffs' being used by residents with Dementia.

During the visit we spoke with a **resident** who was upset about the way she was referred to in relation to her condition. We raised this concern with the manager.

Open environment where feedback is actively sought and used.

Staff shared that questionnaires are given to families every month and that residents meetings are held every three months. This was confirmed by the **manager**. An example was given of comment cards being collected by the cook from **residents**. Three of the five **family and friends** who engaged with us were not sure that their views and suggestions about how the home is run were asked for and responded to. However they also shared that when they have raised a concern it has always been responded to. One **family member** did not know about the residents meetings whilst another told us about their relative attending meetings and being able to share their opinions, make suggestions and raising concerns.

Staff told us that they have coffee mornings which are held every three months at which they can share their views. There is also a suggestion box which is opened weekly. The **manager** also told us about the box and also shared that **staff** have supervisions and that there is a **staff** ‘what’s app’ group.

In findings out how feedback or complaints from relatives and residents are used, the **manager** told us that they are logged and are looked into immediately. *“I listen to what they have to say as it’s important”*. All ideas are considered and put into place where possible.



Safeguarding Observations

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues but if concerns arise during the visit they are recorded. There were no safeguarding concerns identified at the time of the visit.



Conclusions, recommendations and considerations.

Members of the Enter and View team fed back that this had been a very positive visit, being welcomed by the staff and residents. In reviewing all areas, the home is rated in the majority of areas as either excellent or good.

- There is a registered manager in place who has an open door policy, welcoming feedback from residents, staff and family and friends anytime.
- Staff take the time to get to know residents and provide good care. From the visit we were told this is particularly in place for residents who require support with their mental health and well being.
- There is a wide range of activities which take place in the home and residents get involved. There are also trips out which staff support.
- The quality of food is good and there is a variety of choice. Snacks and drinks are available throughout the day.
- Opticians and Dentists visit the home on a regular basis.
- Suggestions and opinions are actively sought from residents, family, friends and staff in a number of ways. There is a residents meeting which is held.

During the visit we spoke to the manager about a number of issues which residents had spoken to us about. The manager was very responsive to hear about areas which needed addressing. However there was one concern, this relating to staff and how they spoke openly in front of other residents about other residents private concerns. We didn't know if this was a breach in confidentiality and would welcome the views of the manager in relation to this.

The following table shows the areas which we raised with the manager for consideration and other comments which they shared back with us. Following receipt of the report the provider also shared comments with us which you will also find in the table.

We will be following up on all of the issues we have raised and the issues shared by the provider.

Healthwatch recommendations following the visit.	Response from the provider
Recommendations relating to the exterior of the home.	
Larger signage on the entrance to the home was felt to be needed and it would be great to see this improved.	<i>A large A3 sign is being put on the LHS of the building to the side of the main step so people can see clearly to use the side door</i>
Improvements to the car park could be made in having designated spaces which would support visitors and staff to park.	<i>I have spoken with the painter and he is putting parking lines in next week.</i>
Recommendations relating to the interior of the home	
The carpet in corridor areas is patterned. To support the home to be more dementia-friendly, consideration to be made to change the carpet / ensure that when it is re floored it is one colour.	<i>At present I have no plans to change the pattern carpet but will consider this for future refurb.</i>
To support residents in using the stairs, to consider changing the colour of the bannister rail so that it is more visible and stands out as an aid.	<i>The colour contrast has already been changed in some communal areas. With regards to the main stairwell, I will speak to the painter about using a different colour to differentiate the bannisters on the main stairwell.</i>

To declutter to notice board in the communal area so that residents and family and friends have access to up to date information.	<i>I have already sorted this out and the residents have their own notice board now, everything is being laminated or in clipboards.</i>
Recommendations relating to training	
Provide assurance that there is mandatory training in place which will support staff to be aware of mental health and well being and will support them in their caring duties.	<i>This is already in place.</i>

Further responses from the provider.

Exterior of the building	<i>I can only apologise, I don't know why you were not asked to sign the visitor's book, I have reminded all staff on our Managers monthly newsletter of this.</i>
Dining area	<i>I apologise for the dirty napkins these should have been changed after mealtimes.</i>
Time to care for residents and staffing levels	<i>"It did surprise me that a resident said that "they didn't encourage the staff to talk to them as they have a job to do" – this is far from the truth and I always encourage staff to spend time and chat</i>

	<i>with residents”</i>
Food choice	<i>Again I was surprised by the comment about there not being enough food available, is this from a resident or a relative friend?</i>
Access to healthcare	<i>Out of the four residents you spoke to: ‘only one was confident they had access to a dentist/optician’. We have visiting opticians, this is all documented in their care plans, if residents choose to use their own optician then arrangements are made for this to happen. Residents are registered with a dentist and appointments made with needed.</i>
Hearing Aids	<i>We do encourage residents to wear these daily but residents do complain that they either hurt their ears or they don’t like the sound (echo) when they have them in. We continue to ensure residents wear them and that they don’t get lost, as we know the inconvenience that this causes.</i>
Open environment	<i>I always put notices up when there are meetings so people have plenty of notice if they wish to attend.</i>

It's a bit concerning on page 19 when you refer to the staff talking openly in front of residents about other residents, the staff handovers are usually done in private in the kitchen with the door closed. Is this a particular issue or a general concern?



Healthwatch Sefton follow up action

We will now monitor the actions from the visit and will be in regular contact with the home following the publication of the report to ensure that updates are received.



**We want to know what you think about:
The Hollies residential care home.**

**We will be visiting here on:
Tuesday 18th September 2018
14:00 - 16:00**

**Your Healthwatch Sefton
Authorised Lead Representative:
Betty Boner**

What is Healthwatch Sefton?

Healthwatch Sefton is an independent organisation which visits different health and social care providers to get the views of the people, family and carers who use their services.

Contact Us

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