

**Details of visit**

**Service address:**

Hollands Nursing Home, 2 Church Rd, Farnworth,  
Bolton, BL4 8AL

**Service Provider:**

Sage Care Homes Group

**Date and Time:**

22<sup>nd</sup> February 2019, 1.00pm

**Authorised**

**Representatives:**

Jim Fawcett, John Sugden, Eileen Bennett  
(supported by Julie Darbyshire), Carol Goodridge  
(observer, Bolton CCG)

**Contact details:**

[info@healthwatchbolton.co.uk](mailto:info@healthwatchbolton.co.uk) 01204 394603

**Acknowledgements**

Healthwatch Bolton would like to thank the Service Provider, residents and staff for their contribution to the Enter and View programme.

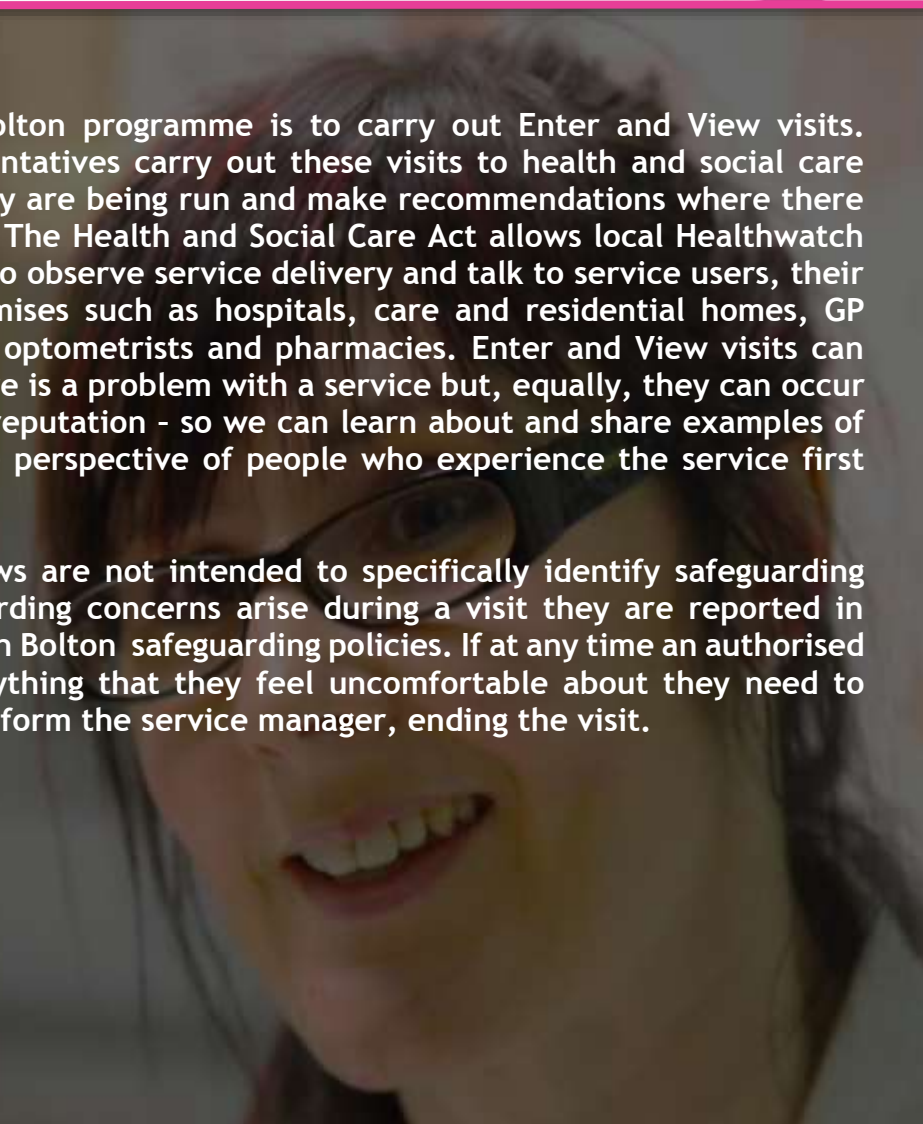
**Disclaimer**

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 residents and staff, only an account of what was observed and contributed at the time.

**What is Enter and View?**

Part of the Healthwatch Bolton programme is to carry out Enter and View visits. Healthwatch Bolton representatives carry out these visits to health and social care services 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 authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care and residential homes, GP practices, dental surgeries, optometrists and pharmacies. 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 experience the service first hand.

Healthwatch 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 Bolton 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.



## Purpose of the visit

- To engage with residents of care homes and understand how dignity and choice is being respected in a care home environment
- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.



## Strategic drivers

- CQC dignity and wellbeing strategy
- Engaging with hard to reach and vulnerable communities
- Exploring experiences of person-centred care

## Methodology

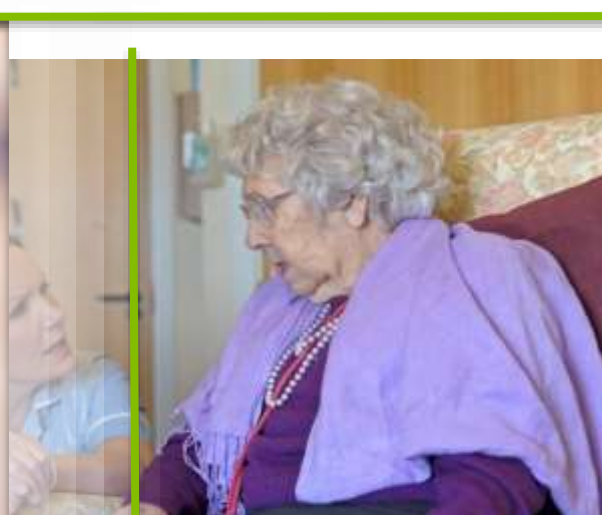
### **This was an announced Enter and View visit.**

We met with Kathryn Hewitt, the registered manager, before we spoke to anyone in the home. Authorised Representatives spoke to 9 residents. Topics explored were: whether people felt at home, choices in daily routine, individual needs being catered for, feeling safe, personal care, thoughts about the staff, activities and what is good/bad or could be done differently.

Authorised Representatives conducted short interviews with 6 members of staff at the nursing home. Topics explored included: what it is like to work here, workload, the overall service for residents, what is good about the care home, what could be better or done differently. Authorised reps explained to everyone they spoke to why they were there and took minimal notes.

A proportion of the visit was observational, involving the authorised representative walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

When they had finished speaking to staff and visitors they left them with an information leaflet and explained that a draft report would be sent to the home to check factual accuracy and to allow the home to comment on any findings or recommendations.



## Summary of findings

At the time of our visit, the evidence is that the home was operating to a good standard with regards to Dignity and Respect.

- The home is warm and welcoming with a relaxed feel
- Residents looked mostly comfortable and content, we saw no evidence of dignity not being respected.
- We saw evidence of staff interacting with residents positively and many residents held the staff in high regard
- There were very few recreational activities available.
- Some residents felt lonely especially those that are unable to leave their rooms or pursue activities outside the home
- There is a lack of entertainment - not just activities but things like TVs in bedrooms, radios and computers which some residents would appreciate.

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## Results of Visit

### Environment

The home provides accommodation for 39 service users (single rooms 33, shared rooms 3) and cater for those living with dementia, mental health condition, physical disability, and younger adults. The home is pleasantly decorated, clean and free of clutter. There are pictures on the walls in all corridors and door number signs. There are hand gel dispensers in the corridors. There is access to patio and garden areas where residents can sit out in warmer weather to enjoy the sunshine and smoke/vape.

The majority of the bedrooms had closed doors with numbers. There is a main lounge and dining room, a TV in the lounge and a selection of books and CD/radio in the dining room. There are comfortable chairs in the lounge. There was very little other stimuli in the lounge, although books were available, we did not see residents reading any or undertaking any other activities other than sitting in the lounge. Bathrooms and toilets were clean, although the lighting was quite dim in some of these.

There was a notice board in the reception area which displayed information about how to make a complaint. Although there were notice boards, there was very little information on these apart from the menu for the day and guidance on use of thickening agents.

Residents were happy with the food and there is food available 24 hours a day. Dietary needs were catered for.

Some residents said the doctor and podiatrist are good.



### **Promotion of Privacy, Dignity and Respect**

All the residents we saw appeared content. Staff build up relationships with residents. Residents told us their dignity is respected especially regarding personal care.

### **Promotion of Independence**

The manager told us that since she had taken over, the home encourages residents to improve their wellbeing so they may move on to be more independent and possibly eventually leave the home. Some residents had been living in Hollands for over 10 years with some being admitted for a second time. Where they are able to, residents go out and pursue leisure activities such as the gym and the local pub - some have friends/relatives/buddies who accompany them. Some residents would benefit from physiotherapy but this is not always available.

### **Interaction between Residents and Staff**

We saw evidence of staff interacting with residents in a friendly and positive way. All residents were very positive about the staff and how they are treated. Sometimes there are staff shortages and some residents said they would like the staff to be paid more. Some residents enjoy chatting with staff, staff are very supportive and help to increase confidence. Resident's birthdays are celebrated and staff present them with celebratory cakes.

### **Recreational activities/Social Inclusion/Pastoral needs**

There is a lack of recreational activities in the home which the manager agrees with together with comments from residents and staff. There is an activities co-ordinator and there is bingo once a week but this does not suit everyone. The manager told us it is difficult to cater for a wide age range of residents so most residents tend to do their own thing where they can. Some have been taken swimming/train rides. Some residents would like their own TV in their room but unless they buy their own, then this is not possible. Some residents requested access to IT and computers/Wi-Fi. Some residents have mobility issues and spend most of their time in their own rooms with no entertainment, some of these appeared to be lonely as there is very little to stimulate them. One resident spent a lot of time lying in bed due to the nature of their health condition who would value more stimulation. The manager told us that the home has a buddy system where residents can undertake activities with the help of the buddy.

### **Staff**

All the staff we saw were friendly to us and to the residents that we saw them interact with. Staff told us they enjoy talking to the residents as this builds up confidence and relationships. Residents were very positive about all of the staff and were happy with the way they were treated.

The staff we spoke with had worked at the home between 9 months and 14 years. Staff we spoke to were very positive about the home and seem to enjoy working there. Morale is very good and training is all up to date. Staff undertake some online training. Some residents reported concerns about shortage of staff.

### **Additional findings**

One resident reported issues with laundry not being returned despite having name labels in garments

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### **Recommendations**

This report highlights the good practice that we observed and reflects the appreciation that residents and staff felt about the care and support provided.

1. Consider increasing activities in the home, particularly for those who are not mobile and unable to pursue their own activities. If it is not possible to increase activities then consider more one to one interaction with people to alleviate loneliness.
2. Consider providing TVs/radios and computers for residents to use possibly in their own rooms
3. Consider making arrangements for people confined to their rooms to get out and get some fresh air where possible
4. Consider, if possible, employing more male care staff

## Service Provider response



### This service provider has provided the following response to the report:

I am really please with your report I agree that some of our people are difficult to engage , in particular we have some residents that simply don't want a TV set in their rooms we have tried offering a lap top , art & crafts as well as plant pots and seeds all of which has been refused. The staff spend as much times as they can popping in and out of the residents rooms for quick charts other than just attending for care interventions.

All our residents that require physiotherapy have been refereed into the service all the residents that meet the criteria for physiotherapy have had physio , but due to lack of engagement on some of the residents behalf the physio withdrawn their input. Any resident that has expressed a wish to try again with physio has been refereed.

We now have 2 laptops up and running for the use of our residents the staff are happy to support any of our residents to use the laptops, we also hope this will help when social workers visit their clients as they can use the lap tops to bid on houses & look for support groups in the local area.

The duty rota is completed 6 months in advance so the staff know when they are working but we cannot plan for every eventuality during a day in the life of The Hollands. If a person needs emergency treatment at any of the local hospitals the staff need to support therefore the staffing numbers will reduce on site.

Thank you so much for coming to visit our site , there are lots of changes coming in the next few months , the staffing team are very supportive to myself as manager as a service we are offering support to a wide range of individuals that have had or still have addictions, mental health issues physical health related conditions, we welcome any feedback we want to continuously improved our service , we have an open door policy & honest transparent working relationship with the commissioners social services .

Thanks again see you all soon

**Kathryn Hewitt Home manager**