

# Enter & View Visit Report

**Name of Service:** Hollybank House (Derby) Ltd

**Service Address:** Chesterfield Road, Oakerthorpe,  
Alfreton, Derbyshire DE55 7LP

**Date of Visit:** 6<sup>th</sup> December 2017

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**WHAT IS ENTER AND VIEW?** Healthwatch Derbyshire (HWD) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWD represents the consumer voice of those using local health and social services.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health or social care services. Enter and View visits may be conducted if providers invite this, if HWD receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

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## 1. Visit Details

**Service Provider:** Hollybank House (Derby) Ltd

**Time of Visit (From/To):** 10.00 - 14.30hrs.

**Authorised Representatives (ARs):**

1. Barbara Arrandale
2. Brian Cavanagh

**Healthwatch Responsible Officer:** David Weinrabe (Enter & View Officer)  
Tel: 01773 880786 or Mobile: 07399 526673.

## 2. Description & Nature of Service

Hollybank House offers care and nursing to elderly residents including those who have dementia and in addition can provide care for younger adults and those who have additional physical disability. At the time of our visit there were 39 residents. The home has 35 single rooms, five of which could provide double occupancy. All rooms have a washbasin with several having en-suite facilities.

### 3. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

### 4. Disclaimer

This report relates to findings gathered on the specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to HWD ARs at the time of the visit.

### 5. Purpose of the Visit

- To enable Healthwatch Derbyshire ARs to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement.

### 6. Strategic Drivers

During 2017/2018, Healthwatch Derbyshire invited local health and social care organisations to nominate services where an Enter and View was considered suitable and would benefit both the service and the provider and/or commissioner of that service. All nominations for Enter and View are scrutinised through the Healthwatch Derbyshire Intelligence, Insight and Action Group (IIA) to determine whether an Enter and View appears appropriate and justified.

Hardwick CCG nominated a range of care/nursing Homes for Enter and View and this visit has been arranged as a consequence.

### 7. Introduction/Orientation to Service

On arrival ARs met the Manager, Jane Brown, and were invited in to undertake their visit. ARs undertook an approximate 15 minute introduction to the setting where they were advised on any circumstances that they should be aware of and/or may reasonably restrict some aspects of their visit. These were outlined and acknowledged as being:

1. Some resident were in their rooms and not available for interview.
2. The activity co-ordinator was not on duty due to a forthcoming weekend event.

ARs were also advised as to which residents were most suitable to engage with and which staff might be available to talk to during the visit. An orientation tour was given and general introductions to residents and staff were made during the process.

### 8. Methodology

ARs were equipped with various tools to aid the gathering of information. The following

techniques were used by the ARs:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors.

Information was recorded on the ARs checklists and questionnaires, along with making supplementary notes.

## 9. Summary of Key Findings

- Four residents were interviewed and all expressed satisfaction with their care
- Two staff were interviewed
- No relatives/visitors were present at the time of the visit
- The décor is generally very pleasant and an on-going programme of refurbishment is in place
- Residents appear to be happy with the care received.

## 10. Detailed Findings

### 10.1 Location, external appearance, ease of access, signage, parking

The home is situated off of a main road and is well signposted. The original building is constructed of stone with later brick built extensions. The care home is located on a large open plot with a wide sweeping drive up to the front entrance.

The reception is clearly marked and there is ample parking both in front and adjacent to the building. However, there are no designated disabled bays simply a large area in front of the entrance that, on floor paint, indicated that there is '*no parking allowed*' and is, presumably, intended for ambulances.

The site is located in a semi-rural area with a small number of well-maintained private houses. It was quiet on the visit although there is a public house on the boundary but some distance from the home. There are no other community facilities available nearby.

There is a ramp to the main entrance and doors are wide enough to facilitate wheel chair access.

### 10.2 Initial impressions (from a visitor's perspective on entering the home)

The environment was welcoming with a conservatory style reception area that was well decorated and contained a large wicker table and four chairs. The 'signing in' book was on the table and ARs observed that the entrance door

displayed a clear notice that *'After 8.00 p.m., on the advice of the police, this door will be locked'* so access then is by use of the 'bell'.

The recent CQC (16/10/2017) report was clearly displayed, as were recent awards, such as the Derbyshire End of Life Quality Award 2017. ARs observed a good range of useful leaflets and well displayed posters but the leaflets could have been better arranged.

There was some delay when the ARs pressed the outside bell and it was then discovered that both the outside entrance and inner door were open thus allowing access straight into the resident's lounge/dining space to anyone. From a later discussion it was ascertained that there are locks to prevent residents from leaving this area.

### 10.3 Facilities for and involvement with family/friends

Relatives can visit at any time and there is a telephone by the main reception for residents to receive calls. These are often set up for pre-arranged times.

There are no separate facilities for relatives to stay overnight and if there were a need they would use the same bedroom as their loved one; the only exception would be if there were a spare room available.

Refreshments are available and relatives can dine up to three times a week for a nominal charge of £2.00.

There is no separate room for relatives/visitors to meet with a resident except in their bedroom. Families are informed about the care of their relatives via phone calls and emails. The staff and professionals draw up the care plan and these are given to families to look at.

## 10.4 Internal physical environment

### 10.4.1 Décor, lighting, heating, furnishing & floor coverings

The home is a mixture of exposed stone walls and dark beams with later extensions. The home has attempted to use light colours where possible. The lounges are large as are some of the bedrooms, in some of the older part of the building.

Lighting was adequate but in communal areas some parts seemed drab because of the dark beams.

Furnishing was in good condition and new carpets had been laid in several areas and no trip hazards were observed.

ARs were informed of the ongoing programme of refurbishment and that new curtains are expected imminently. The manager reported to ARs that the company who owned the home are very responsive to the home's 'needs' and a representative attends monthly to ensure that attention is given to the provision offered.

### 10.4.2 Freshness, cleanliness/hygiene & cross infection measures

Generally this appeared satisfactory but ARs did sense that there was an 'odour' of stale urine in some of the corridors. ARs noted that a cleaner was on site at the time of the visit.

The Manager in responding to this observation within the draft report sent stated that, *'There was a smell of urine from one bedroom only. Manager explained the continence problems of the resident occupying that bedroom and reassured AR's that domestic staff were on their way to remedy this.'*

#### 10.4.3 Suitability of design to meet needs of residents

The home is on two floors with a lift to the upper floor. When this is inoperable there is a chair lift that needs to be re-fitted as a result of a new carpet being fitted.

There are some signs to aid residents to move around but there were no directional signs to the toilets from communal areas. There was an absence of bright colours in key areas such as bathrooms and toilets to help those with visual impairments and/or dementia. However, on the toilet/bathroom doors there was both written and visual signs.

Corridors are wide enough for wheelchair use and ARs observed this creating no difficulties on a number of occasions.

There are a number of communal areas that allow for interaction and for most social activities, although these are divided into three main areas as opposed to one large open space. The lounges therefore allow for residents to sit together in large areas and the smaller quieter areas for greater privacy.

The residents appeared relaxed and comfortable within the environment.

### 10.5 Staff support skills & interaction

#### 10.5.1 Staff appearance/presentation

All staff were appropriately dressed with a clear distinction between uniforms. All observed interactions were kindly and cheerful. Staff supported each other promptly as needs arose to assist residents.

There are both male and female staff employed but not every shift is able to have a gender mixture.

#### 10.5.2 Affording dignity and respect

All observed staff interactions were suitably respectful. However, ARs observed that if the doors were open to the main bathrooms/shower rooms then anyone using these facilities might be viewed from the corridors.

#### 10.5.3 Calm, empathic approach to care giving

All observed support given to residents was gentle. One resident said, *"I can dress myself but staff do help me a bit."*

#### 10.5.4 Attentiveness and pace of care giving

All observed interactions were unhurried. With respect to overall care and support, one resident said, *“I am highly satisfied.”*

#### 10.5.5 Effective communications - alternative/augmentative systems and accessible information

The manager advised that there are alternative systems for effective communication available e.g. talking books, but, at present, none are required. There is a hearing loop.

### 10.6 Residents' physical welfare

#### 10.6.1 Appearance, dress & hygiene

Residents were dressed neatly and all had a well-groomed appearances. A hairdresser attends twice a week. The staff offer regular manicures as does the activity co-ordinator.

Baths or showers, according to the preference of the resident, are provided twice weekly.

ARs were informed that the laundry is due for a major refurbishment, which was expressed as being *‘much needed’* as it is in the old scullery area of the house and in a poor state of repair.

#### 10.6.2 Nutrition/mealtimes & hydrations

Residents sit around a number of tables at mealtimes and on the day of the visit staff that were not assisting with serving food, supported a number of residents who needed it. Friends tend to sit together in their chosen social groups.

Tables had covers (Christmas theme appropriate to the time of year of the visit), serviettes, condiments and a box of tissues.

Menu options were displayed on a notice board with one main and two desserts displayed on the day of the visit. The cook asks each resident in the morning for their choice of lunch and dinner.

Meals served appeared to be of good sized portions and these were well presented to residents. An AR observed one of the residents having a plastic guard on the plate to help them eat more independently. ARs considered that the food looked appetising.

ARs observed that there were juice dispensers on a number of tables in the communal areas and a tea trolley comes around twice a day to offer drinks.

#### 10.6.3 Support with general & specialist health needs

All residents are registered with the GP practice at Crich. The service offered was reported to ARs as being good. GPs attend as required as well as conducting a general monthly visit. District nurses also attend the home as required. The manager reported no difficulties in getting assistance even at weekends, when the ‘out of hours’ service is used.

#### 10.6.4 Balance of activity & rest

Residents seemed to have opportunities for activity (see 10.7.4) and rest. There are TVs in the main lounge area but neither were on during the visit.

Some residents were noted to retire to their rooms after lunch for a nap.

#### 10.6.5 Ensuring comfort

Overall, there was a general atmosphere of calm and comfort and there were plenty of suitable chairs to relax in.

Due to the age of the main building there are few windows facing onto the gardens from the lounge/dining area but residents rooms do overlook the gardens.

The lights in the main lounge do not have dimmers but the level of lighting is suitable. There is a large fish tank in the dining area which provides a pleasant distraction on one wall.

Whilst some spaces exist, aside from the large communal lounge area, the alternative for a quiet, private space is either the residents' own bedrooms or the entrance conservatory area. However, this appeared to be a rather chilly space at the time of the visit.

#### 10.6.6 Maximising mobility & sensory capacities

ARs were informed that a chiropodist attends six weekly and a physiotherapist attends regularly. NHS podiatry services also attend.

The residents observed, who used spectacles, appeared to have these looked after and all appeared to have clean glasses.

### 10.7 Residents' social, emotional and cultural welfare

#### 10.7.1 Personalisation & personal possessions

Residents are welcome to bring in their own furniture for their bedrooms subject to room space. ARs observed several rooms which were highly personalised ranging from display cases of ornaments to a musical keyboard. Door signs not only have the name of the resident but a suitable motif reflecting a personal choice or hobby of the resident.

Residents are allowed to keep a pet as long as they can manage it. One resident has a budgie in her room. Many visitors bring in dogs and these are 'enjoyed' by residents. Maintenance staff put up pictures for the residents and fix TVs etc. in their rooms.

Whilst there are five bedrooms available that could accommodate couples, to date these have not been used for that purpose. "5 bedrooms available that could accommodate couples, to date these have not been used for that purpose.

The Manager in responding to this observation within the draft report sent stated that they had, '*explained to AR's that although we didn't have any*

*couples currently residing at Hollybank House, we had done so in the past on several occasions.'*

#### 10.7.2 Choice, Control & Identity

Each resident has a personal financial account, managed by the home, to fund personal expenditure. Residents are encouraged to do as much as they can but offered support as required.

As indicated under 10.5.1, there are both male and female staff employed and residents' preferences of the gender of their carer is identified with a pink butterfly on their bedroom doors if the residents prefer only female staff as their carer. ARs were also informed that this system is used on the individual's care plan.

#### 10.7.3 Feeling safe and able to raise concerns/complaints

ARs were informed that, *'The manager's door is always open'* is a policy of the home so that residents can speak to her or any other member of staff at any time.

Residents' meetings are held quarterly and the discussions are noted and retained on record. Every six months a questionnaire is sent to 'next of kin'.

ARs were informed that in the most recent activity 33 questionnaires were sent out and 12 were returned. ARs were invited to see these, as the manager was just beginning to analyse the responses. The comments are recorded, reported to the staff and filed for future reference. In discussion with the manager, ARs suggested that the reporting to staff might include the number or percentage of responses as this would give a clearer picture of the significance of responses. The manager was grateful for this suggestion and also stated that responses generally were very positive.

#### 10.7.4 Structured and unstructured activities/stimulation

Residents interviewed suggested that a range of activities to cater for differing tastes are organised by the activity co-ordinator. Both craft and exercises are offered and residents are encouraged to join in without any pressure.

Residents indicated that the activity co-ordinator is well liked and that the sessions she arranges are keenly participated in and enjoyed. One resident said, *"I look forward to the activities."*

ARs were unable to witness any activities on the day of the visit as the activity co-ordinator was unavailable.

#### 10.7.5 Cultural, religious/spiritual needs

As present, the home is unable to access the services of a local vicar who used to visit monthly but retired at the end of September. There are attempts to rectify this situation with a member of staff in contact with the local churches. There will be an Anglican led service as part of the Christmas celebrations.

The Manager in responding to the draft report sent updated this situation stating, *'the new local vicar led a carol service in December and will be attending on a monthly basis.'*

#### 10.7.6 Gardens - maintenance & design/suitability for use/enjoyment

There are large grassed areas and many sizeable trees, mostly adjacent to the front driveway. All of this is well maintained by a groundsman/gardener. However, residents would not be able to access this part of the grounds without supervision, as it is adjacent to a main road.

The patio area, leading from one of the lounges, had a number of chairs and tables and is well kept. There are also a number of shrubs growing in large containers. This area is secure with a locked gate. There were also two benches around the site although these are not in secure areas.

## 11. Additional Issues

### 11.1 Comparisons with previous Healthwatch Visit(s) where applicable (completed by Enter & View Officer)

N/A

### 11.2 Comparisons with the most recent CQC report (completed by Enter & View Officer)

Hollybank House was last visited by the CQC for inspection on the 7<sup>th</sup> & 12<sup>th</sup> September 2017 with the report being published on 16<sup>th</sup> October 2017. The rating attributed was 'Good' which was reflected in all five domains.

This Healthwatch report reflects the main findings of the CQC particularly within the equivalent CQC domains that Healthwatch itself mainly focuses upon i.e. Caring and Responsiveness.

### 11.3 Other observations/findings of note

N/A

## 12. Elements of Observed/Reported Good Practice

- The cook asks each resident in the morning for their choice of lunch and dinner
- Juice jugs in communal areas provide a constant supply of drinks
- Bedroom door signs are suitably personalised
- Residents' choice of preferred gender of care staff to support them is identified
- Every six months a satisfaction questionnaire is sent to all 'next of kin'
- Activities co-ordinator offers a range of activities to cater for differing tastes

## 13. Recommendations

13.1 To consider creating a designated disabled parking bay for visitors (10.1)

13.2 To ensure information leaflets for visitors in the entrance area are better arranged/presented (10.2)

- 13.3 To review the security of the visitor access arrangements into the home (10.2)
- 13.4 To consider providing relatives/visitors with an appropriate space where they can sit and talk to their loved ones (10.3)
- 13.5 To review the lighting/decor in some communal areas where the beams cause the area to be somewhat dark and gloomy (10.4.1)
- 13.6 To resolve the unpleasant odours evident in some of the corridors (10.4.2)
- 13.7 To review the colour scheme and lack of adequate directional signs in areas such as those leading to bathrooms and toilets (10.4.3)
- 13.8 To ensure that greater privacy can be achieved whilst residents use the main bathrooms/shower rooms (10.5.2)

## 14. Service Provider Response

The following responses were received along with an “environmental action plan” dated 12<sup>th</sup> December 2017. This plan outlined actions and timescales for completion by April 2018 of: ‘light fittings’ in need of replacement, redecoration of all bedrooms including provision of new curtains/cushions and bed throws and the redecoration of the lounge.

No.	Recommendation	Response
13.1	To consider creating a designated disabled parking bay for visitors (10.1)	Maintenance man is going to create a designated disabled parking bay as soon as the weather is dry enough to paint on the tarmac.
13.2	To ensure information leaflets for visitors in the entrance area are better arranged/presented (10.2)	Leaflets for visitors have now been presented neatly in appropriate display racks.
13.3	To review the security of the visitor access arrangements into the home (10.2)	We have reviewed the security of the visitor access arrangements into the home. We have displayed a notice on the front door requesting visitors to ring the bell and wait in the conservatory for a member of staff to assist them.
13.4	To consider providing relatives/visitors with an appropriate space where they can sit and talk to their loved ones (10.3)	There are 3 lounge areas, 2 of which are “quiet spaces”; quiet, private areas are also provided for residents and their families, friends, visitors, meetings in the dining room and Managers office if needed.
13.5	To review the lighting/decor in some communal areas where the beams cause the area to be somewhat dark and gloomy (10.4.1)	Painting and decorating of the home is ongoing as part of our refurbishment plan. Lounge areas have been redecorated since Healthwatch visit and a plan is in place for some new lighting.

No.	Recommendation	Response
13.6	To resolve the unpleasant odours evident in some of the corridors (10.4.2)	We feel that this comment is unfair as an accurate explanation was given to the AR's at the time of their visit. Visitors to the home frequently comment that there is no mal odour in the home and we work hard to maintain this pleasant environment. <i>(Managers response is entered under 10.4.2)</i>
13.7	To review the colour scheme and lack of adequate directional signs in areas such as those leading to bathrooms and toilets (10.4.3)	The lounge has been re decorated and our residents were consulted on colour schemes prior to this. Comments from the residents in a recent residents meeting were very positive, including, "lovely colours", "warm", "homely".  During the residents meeting on 12 <sup>th</sup> January 2018 the Manager asked for residents thoughts on directional signage to toilets and had positive responses such as " I know where the toilets are", "there are enough signs", the signs on the doors are clear", "staff take me to the toilet".
13.8	To ensure that greater privacy can be achieved whilst residents use the main bathrooms/shower rooms (10.5.2)	We are unsure what this point pertains to as all doors open onto corridors. Staff respect residents privacy by knocking before entering and red lights above toilet and bathroom doors indicate "occupied."