



Hollymount Residential and Dementia Care Centre

Blackburn, BB2 6DE

[Enter and View Report](#)

18/07/2023

10.30am

healthwatch

Blackburn with Darwen

DISCLAIMER

This report relates to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.

Contact Details:

Carolyn Skelly
Hollymount Residential and Dementia Care
Centre
3 West Park Rd
Lower Darwen
BB2 6DE

Staff met during our visit:

Carolyn Skelly

Date and time of our visit:

Tuesday 18th July 2023 10.30am

Healthwatch Blackburn with Darwen
Representatives

Michele Chapman (lead)
Michelle Livesey (volunteer)
Liz Butterworth (volunteer)



Introduction

This was an announced Enter and View visit undertaken by authorised representatives from Healthwatch Blackburn with Darwen who have the authority to enter health and social care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the view of those people using the services. The representatives observe and speak to residents in communal areas only.

This visit was arranged as part of Healthwatch Blackburn with Darwen's Enter and View programme. The aim is to observe services, consider how services may be improved and disseminate 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 or friends.

A report is sent to the manager of the facility for validation of the facts. Any response from the manager is included with the final version of the report which is published on the Healthwatch Blackburn with Darwen website at www.healthwatchblackburnwithdarwen.co.uk

Acknowledgements

Healthwatch Blackburn with Darwen would like to thank Carolyn Skelly together with staff, residents, and visitors, for making us feel welcome and taking part in the visit.

General Information

Hollymount Residential and Dementia Care Centre is privately owned by Longfield Care Homes with places for 38 residents. There were 2 vacancies at the time of our visit. The person in charge is Carolyn Skelly.

Information obtained from carehome.co.uk states that the home provides care for people who are affected by old age, dementia, mental health condition and physical disability.

Methodology

The Enter and View representatives made an announced visit on Tuesday 18th July 2023 at 10.30am.

We spoke to 10 residents 6 staff and 1 relative, where possible within the constraints of the home routine, people's willingness, and ability to engage and access to people in public areas. Discussion was structured around four themes (Environment, Care, Nutrition and Activities) designed to gather information concerning residents overall experience of living at the home.

The team also recorded their own observations of the environment and facilities.

Our role at Healthwatch Blackburn with Darwen is to gather the views of service users, especially those that are hard to reach and seldom heard, to give them the opportunity to express how they feel about a service regardless of their perceived ability to be able to do so. It is not our role to censor feedback from respondents.

We use templates to assess the environment of a facility and gather information from respondents, to ensure that reports are compiled in a fair and comparative manner.

Observations were rated on Red, Amber, Green scale as follows:

Green = Based on our observations and the responses gathered we would consider the experience of this home to be good.

Amber = Based on our observations and the responses gathered we consider the experience of this home to be need of some improvements.

Red = Based on our observations and the responses gathered we would consider the experience of this home to be in need of significant improvement.

Summary:

Hollymount Residential Care Home presented as a pleasant and friendly place with an open culture.

The environment is in need of a refresh in some places. However, we could see that redecoration was taking place (it may have been for an extended period) with one resident telling us that this he was *"fed up with it."*

The staff base were observed to be caring, respectful and engaging. Staff knew residents' names and initiated conversation. All the staff we spoke to on the day praised the management team, viewing them as flexible and supportive. The majority of residents who responded to us spoke positively about their care. Residents reported favourable opinions of staff with examples of friendship *"The laundry lady is great. She looks after me really well. I don't know what I'd do without her."*

Likewise, one staff member spoke to us freely about her social care role in general and she was very compelling, she told us that she *"loved"* her job and that it was *"from the heart."*

However, staff operation during the mealtime was inconsistent with some staff providing excellent examples of support and others less so. This may be attributed to at least one new member of substantive staff and 3 agency staff who may have been unfamiliar with the routine.

Similarly, one person eating lunch seemed to have had issues with Dysphagia and managing this warranted additional training and support.

Whilst representatives observed both the food and menu to be impressive, residents claimed that the chef was not on duty at weekends leading to them being restricted to various soups and sandwiches. Other feedback about the menu was similarly inconclusive with residents offering differing opinions.

It was clear that in-house activities took place and that the activity coordinator took people out on an individual basis. We could also see that some residents' hobbies had been supported. However, none of the residents who responded to us reported upcoming day trips or visiting entertainers nor could we find any on the board.

One resident reported feeling obliged to spend his time with the others in the lounge/diner when he would rather be in the front lounge. On the face of it, this could easily be accommodated.

It was notable that the management team had been proactive when a resident had been confused and anxious about her social care payments facilitating a meeting with BwD Council.

Based on the criteria, the Enter and View Representatives gave the home an overall score of:

Green

Enter and View observations

Pre-visit and location

The home is set on West Park Road in an established leafy area next to Corporation Park. The main A677 Preston New Road is minutes away with public transport being readily available. Grocery stores, a Sainsbury local and a hairdresser are a short distance away.

The home is well signposted from West Park Road and there are clear directions to enter and exit the extensive car park. The car park is hilly in some places with areas in need of resurfacing. Nonetheless, there was a large even area close to the home entrance.

We did not see any dedicated car parking spaces but there was a GP response vehicle in situ when we arrived, and this may well have been covering a dedicated space. Neither did we see a dedicated disabled parking space however, the car park led directly to the building's main entrance, and we observed a taxi being able to drive right to the entrance to collect a resident and a staff member.

Prior to our visit, we looked at the information available on the internet. We were unable to locate a website although some images were available and we saw a Facebook account which did not appear to have been regularly updated.

Green Amber

The external environment

Hollymount is a large and impressive building from what looks like the turn of the 20th Century. The building is double fronted with bay windows to the main rooms. There are both steps with a handrail and a ramp to reach the main door.

The building has large grounds which are well established and an extension to the rear to accommodate further resident bedrooms. With a driveway to the front, the leisure area to the rear is enclosed by trees, planting, and the original garden walls.

It was raining and dull on the day we arrived and there were no residents in the rear courtyard, but we could see circular tables and umbrellas and residents told us later that enjoyed being outside. There was also some bench seating but there didn't seem to be enough outdoor furniture for there to be places for all the residents to sit out at the same time (for instance a garden party).

It was clear where visitors should report to and the secured front door was answered in a timely manner.

Green

The internal environment/reception -first impressions

There was an attractive porch area prior to the main door and we were able to sign into the visitors book and gel our hands. The main door was answered by a senior carer, and she was very welcoming and helpful. A photographic noticeboard identified key members of staff and staff were further identifiable by uniform. Later, we spoke to the manager who was undertaking pharmacy checks together with the care manager however, she offered to make herself available to us anytime during the visit.

During our visit, 3 members of staff in black tee shirts and jeans were identified as agency staff.

A relatives' noticeboard was sited close to the main door with an invitation to review the service.

The Healthwatch Blackburn with Darwen poster was displayed as requested on a main noticeboard. The noticeboard had been made engaging with paper cut out flowers which the residents had done. We were impressed by the level of information on the board informing residents of activities and competitions. We saw gardening, and arts and crafts a visiting "Zoo", hairdressing day and special lunches and music sessions. Although many of the images recorded previously successful or ongoing events, we didn't see many posters advertising upcoming events.

We also saw a "You said We did" noticeboard which indicated improvements to food, entertainment and days out which had been suggested and accommodated.

The main noticeboard was also a valuable resource in respect of support offered by other services a visiting dentist (Pendle Smiles) and delivery of books from the local library.

Green

The observation of corridors, public toilets and bathrooms

Hollymount is an older property and inevitably there were areas that required maintenance. The floor coverings to the corridors were wipe clean laminate style which was repeated throughout the majority of the building. The walls and corridors were generally well lit, neutral colours and uncluttered. However, walls in some of the corridors had been stripped pending redecoration with a resident indicating this had been pending for some time. *"I am getting fed up with it now. They started but then work stopped, I think they sacked them."*

Likewise, a ground floor toilet was closed pending repair, however there were sufficient toilets overall (with 14 ensuite) not to make this too inconvenient.

All of the public bathrooms we saw were sufficiently clean and well stocked. Some of them had specialist bathing or had a wet room .Others had aids such as raised toilet seats and grab rails. Whilst some of the bathrooms had been updated others

had not, but were serviceable nonetheless. The cleaner was observed to be cleaning bathrooms during our visit.

There was good level of dementia friendly signage throughout the home being written, colour coded and pictorial. Resident doors were clearly identifiable by number and name, some of the rooms had memory boxes outside.

A lift to the upper floors was situated on the ground floor with some of the stairs on the upper floors being serviced with a stair lift. Despite this, the configuration of the upstairs was typical of an older building with some bedrooms being harder to reach than others.

We observed a maintenance person working in an upstairs corridor during the time of our visit.

Green

The lounges, dining area and other public areas

Two traditional lounge areas are situated to the front of the building close by reception. Both of these were very homely with views to the front garden area and car park. However, representatives noted that one of the lounges had a slight odour. Decorated in traditional way they may well have benefitted from a decorative refresh as they seemed to have been a little underused, with only one resident in each of these (one of these was seeing a doctor in private.)

One of the lounges had a “bar area” whilst the other featured a pet tortoise in a heated glass tank. The tortoise did not appear to engage the residents much, when we spoke to residents later none of them mentioned it.

However, a resident told us later that he would have preferred to sit in the smaller lounge but felt encouraged to sit with everyone else in the larger lounge/ diner, describing the experience of the busy lounge/ diner as “*feeling crushed.*”

The kitchen and dining area were closest to the door from the corridor with the lounge area being at the far end. The lounge /diner had aspects over the rear courtyard garden with patio doors giving access to it. Despite this, the room seemed a little dull relying on a roof light and artificial lighting, the dark furniture compounding this.

Flooring was a lighter colour and wipe clean wood effect. The wipe clean armchairs and tables set around the lounge area were arranged in a way that facilitated social interaction. A clock on the wall was correctly orientated to time, day and date. In one corner, “The Watering Hole” both orange and blackcurrant was available and residents were encouraged to hydrate -“*Please help yourself to a glass of refreshing squash.*” Likewise another noticeboard invited residents to let staff know about their dietary requirements and advised that food was available “*24 hours a day. We are always happy to help.*”

A wall mounted TV had some seats arranged around it but few people appeared to be watching it. However, there was a very pleasant atmosphere in this room with general background conversation between residents and between staff and residents. We noted that mid-morning drinks and snacks were being served from a trolley and that residents appeared to look forward to this.

When representatives spoke to residents later they all appeared to be clean, appropriately dressed and comfortable in their chosen seat. One resident explaining *"It is very good. I feel safe and very comfortable."*

The dining area looked inviting and was furnished with square Formica tables set with condiments, sugar, a plastic drinking tumbler and a small table decoration. Each resident's place was set with a knife, fork, spoon and a paper napkin. The walls had wall mounted chalk boards with the daily menu on them. (However, a pictorial menu was confusing as it had a different date and menu displayed.)

The menu for the day looked very appetising with a separate breakfast menu. The breakfast menu consisted of various fruits, cereals and a cooked breakfast with toasts and jam (including diabetic). The menu describing a Saturday morning "Big Breakfast" of sausage, bacon, hash browns, tomatoes, eggs and black pudding. A resident told us *"The breakfast is the best."*

The lunchtime menu was equally impressive braised pork steak with sweetcorn, broccoli, mash and gravy or vegetable curry and rice. This was followed by syrup sponge pudding and custard or fruit and yoghurt. The evening meal was pea soup and chicken or tuna sandwiches or scrambled egg on toast. Also available was chocolate and cherry cake or fruit and yoghurt.

Also noted during our visit was a laminated "snack menu" in the 2 residents rooms we saw. However, each resident claimed it was *"only for show"* or *"didn't exist"*.

Green

Observations of resident and staff interactions

Our observations of the relationships between residents and staff were very positive. We heard staff asking *"Are you ok?"*, *"Where do you want to go?"* We observed staff showing respect by knocking on doors and noted that protected meal times were observed when a resident had a visitor.

Staff were aware of residents' names and backgrounds and were supported in this with a portable hand held device they called a "gadget". This had a photographic image of the resident alongside their name and personal details (including medical). A staff member told us this was also a way of adding instant updates to a resident's record. It also helped new members of staff and agency staff identify residents.

During this conversation a resident approached the staff member to speak and the staff member rightly prioritised the resident saying she would come back to us.

We observed another resident become anxious about missing her appointment with her own GP and she was keen to go and get ready. She wanted to put her coat on and each time the doorbell rang she became more concerned it may be her transport.

A carer came and kindly reassured her that her appointment was not till 2pm. She showed her the time and explained the length of time she had to wait. The carer explained that the resident would have her lunch and then promised the resident she would ensure she was ready in good time.

This settled the resident for a while. The carer was heard repeating the reassurance a short time later.

A resident asked to see representatives in her room. She confided she was distressed about her finances as she had received letters from BwD Council about her funding.

Representatives scanned the letters and recommended the resident ask for an independent advocate to speak on her behalf. When we mentioned this to the senior she told us that a meeting had already been held at the care home with BwD Council and the resident and the matter had been resolved. We were able to catch up with the resident later and the senior carer gently reminded her that a meeting had been held and she had *"nothing to worry about."*

The carer was observed to be very patient and reassuring in this interaction.

The same resident proudly showed us around her bedroom. She told us how much she liked it and that she had family photos and her own artwork displayed on the walls. The home had evidently supported the resident in her hobbies and she pointed out some houseplants on the windowsill that she also cared for. The resident told us that the activity co-ordinator was taking her into town the next week and that she was looking forward to it.

The resident explaining *"I can go out with the activity coordinator next week. I have my own wheelchair so she will take me to the bank."*

Another resident asked to speak to us in his room he told us *"I have the best room in the home. It's double but I have it for myself. I like to paint and have all my paints and things"*. He had a lovely bright large room with all his own artwork and materials stored neatly in drawers. He was delighted to show us his paintings.

Unfortunately, we did not observe any activities taking place during our visit as the coordinator had taken a resident into town. However, some residents told us that they played games and cards enjoyed bingo and exercise, sang, did jigsaws and watched TV *"We always have a lot of fun."*

During our visit an advanced nurse practitioner visited to attend to a resident in an armchair in the lounge. The resident seemed to have dementia and be quite frail. We saw the practitioner introduce herself to the resident, call her by her name and explain what she was doing. A carer stayed by the side of the resident

throughout the visit reassuring her. Both professionals acted in a very caring manner.

Before she left the nurse requested a footstool for the resident and this was produced immediately. The nurse also advised that the resident should have rest on their bed after lunch for an hour. However, we did not see the carer write down this information and the advice was passed verbally to the senior as requesting “*an hour or two*” after lunch.

Green

The Lunchtime Experience

On this occasion, representatives chose to focus on the experience of residents during the lunchtime. We evaluated the lunchtime as a social experience, the quantity and quality of the food, the interaction between staff and residents, and the dignity afforded residents during this period.

Prior to the scheduled lunch service many residents were already seated at the table. There was music playing in the background and a staff member asked residents for musical requests directed to “Ask Alexa” (which was situated on a shelf in the dining room). There were requests for Def Leppard and Cat Stevens, nonetheless Cat Stevens prevailed.

Meal service was scheduled for 12 noon with residents requiring assistance accommodated first, and other residents being scheduled for 12.15pm.

We observed 9 square tables, six of these seated 2 and 3 of these seated 4. We initially observed 21 residents at tables in the dining area (however some of these moved to the lounge). When residents requested to move we saw that this was accommodated immediately with relocation to an armchair and an overbed table in front of them. Four residents were served in the lounge.

As residents settled into their seats tea and coffee were distributed. Representatives observed staff addressing residents by name and asking them what they would like to drink. When staff noticed that residents had finished their drink they were offered more.

Three residents seemed particularly compromised by dementia and they wore adult protective bibs. Three members of staff were on one-to-one duty with these residents who were either anxious or prone to getting up and wandering away. These staff stayed with the 3 residents prior to the food being delivered.

There was some restlessness during the wait for meals and one lady was guided to sit down on at least 3 occasions.

Another resident who had been waiting for their meal got up from the table and walked out of the dining room. This resident did not return at all during the course of the observation. When a member of staff was asked about this resident not coming back to eat the reply was that the resident gets fed up of waiting for their

meal so goes back to their room and a member of staff takes their meal to the room. The staff member stated that this sometimes happened with the resident.

The meals were distributed a short time later by staff wearing appropriate PPE blue aprons and gloves, one staff member was reminded to wear gloves and did this immediately. We did not see residents being offered handwashing or handwipes prior to eating.

During this time we saw that plated meals were being delivered to residents in their rooms.

At 12 noon the meals were brought to those requiring assistance. The 3 residents requiring support received their meal and two were assisted to eat. The resident who was not assisted was supported by a plate guard. There were varying levels of interaction and encouragement from the staff.

Another resident was particularly well supported by staff. A protective napkin was provided and the carer sat beside her on a fold up chair. There was an appropriate level of interaction and the carer used the plate guard to feed the resident with a spoon.

At 12.15pm the rest of the meals started being brought out by 5 staff. The food was on small white crockery plates. We did not see any adapted cutlery.

Representatives felt that the food looked appetising and was nicely presented, the majority of the staff showing good engagement telling residents what the food was and offering support.

"Here is your lunch. Enjoy, it looks good!"

"Would you like help to cut it up."

"Here is your lunch, it is pork and mash potato."

Most of the residents had chosen braised pork with mash, sweetcorn and broccoli. However, the size of the plates, presentation (meat on top of mash) and texture of the meat meant that some residents had difficulty cutting the meat.

One resident was struggling to eat the sweetcorn with a fork and was also unable to cut up the meat. A member of staff assisted cutting the meat.

The meat seemed to present a particular challenge to a number of residents.

One resident was seen enjoying her lunch eating with a spoon. A carer asked if she needed help cutting her meat. As the carer did so she encouraged the resident to eat with her knife and fork putting the spoon out of reach *"your spoon is for your pudding"* 10 minutes later a different carer approached the same lady who was still struggling with her meat. This second carer cut up the meat further and encouraged the resident to use her fork properly.

Representatives observed a resident causing concern to other residents at the table who were urging her to swallow her meat. The concerned residents called a

carer over pointing out that the resident having difficulty eating was putting more and more into her mouth without swallowing. The carer was heard responding “*I can’t make her swallow.*”

This resident continued to have a mouth full of meat after all other residents had finished eating. Whilst, other residents at the table clearly found this to be distressing and a concern, staff did not offer any response.

However, staff generally kept an overview of residents and coped well when a resident who did not want to eat was quite adamant, vocal, and expletive about this. The resident was gently encouraged throughout the mealtime, eventually accepting a meal and eating.

We also noted that a resident having a coughing fit was attended to immediately and offered juice. When the resident said that juice had caused it the carer got the resident a fresh glass of water.

Likewise, when a resident appeared to have a vacant episode during lunch they was attended to quickly and appropriately by staff.

Throughout the mealtime staff were observed to record what each resident had eaten on a paper record sheet. We also saw staff updating resident records on the “gadget” as they went along. Representatives considered this to be an example of good practice.

At approximately 12.40pm a choice of dessert was distributed from a trolley and staff asked residents “*Are you done?*” “*Have you eaten enough?*”

However, several residents were still eating the main course when others had finished dessert and leaving the tables.

Residents spoken to later said they enjoyed the lunch. The sponge cake and cream were especially appreciated “*that’s always the best bit.*”

Feedback from residents

Environment

"It's alright here. I have a comfortable room and the garden is lovely. There are places to sit out there but the weather is bad at the moment so I can't go out there. It's very difficult when you have to move out of your own home to somewhere like this but it's very nice here".

"It's OK here but it's not home".

"It is what it is. I try to make the best of it. I've no complaints."

"I have a good room. I like my room. I have a good view from my window".

"I like my room. I can't complain. I have it as I want. I have all my things there."

"I can't think of anything that would make it better."

"My room is ok."

"I have a lovely room."

"I have the best room in the home. It's double but I have it for myself. I like to paint and have all my paints and things"

"We are all encouraged to sit down here, we are all crushed in this dining area and lounge. There are 2 nice sitting rooms, but we are encouraged to sit down here together. This is a quiet day though. It is normally chaos with some confused residents wandering all the time."

"I am getting fed up with it now.[re-decoration] They started but then work stopped, I think they sacked them."

Activities

"We play games sometimes. I like the one that goes higher or lower." (the resident asked a member of staff what it was called - play your cards right).

"I don't know what there is to do here".

"I sit and watch what goes on. You see a lot when you watch. I try and fit in here".

"I go to my room. I have activities I do there".

"There's not a lot here. I have my own hobbies that I like so I do them."

"I like to watch the TV. We watch the usual, Tipping point, The Chase, Emmerdale and Coronation Street. I sometimes get to watch football."

"We play bingo, dominoes and sometimes cards. When we have finished dinner, they get them out. A carer calls the bingo numbers."

"I sometimes do a jigsaw"

"We always have a lot of fun."

"We sometimes have exercises with a ball or music."

"We do singing with Shirley."

"I can go out with the activity coordinator next week. I have my own wheelchair so she will take me to the bank."

Care

"The staff are very nice. I like it. They look after me."

"The staff are OK."

"The staff are fine. Sometimes some are sharp with me but I tell them. I don't put up with it."

"The staff look after me and help me if they can."

"Most staff are good. The laundry lady is great. She looks after me really well. I don't know what I'd do without her."

"Staff are kind."

"They work so hard."

"They know my name and I think I know most of them"

"It is very good. I feel safe and very comfortable."

"I have a bell in my room and carers come when I need them."

Food

"You can have what you want for breakfast I think but I have toast and cereal as that's what I like. I enjoy the meals."

"It's Ok but not always what I like."

"I don't mind the food. It fills me up."

"I have to be careful with what I eat as I am dairy free. There are foods I can't have and I don't have things as I don't know if they are dairy free. They tell me they are but I don't know really so I don't have them as it makes me poorly and I don't risk it."

"The food is not too good here. I like my food but this is not good."

"We could do with more variety of food here. It's always the same food".

"I can have a cup of tea whenever I want."

"I had bacon and egg for my breakfast today."

"Food is very good."

"The breakfast is the best."

"It's a shame we cannot have cooked breakfast at weekend because there is no chef."

"I think we are having scrambled egg today for tea. I think they must have known you were coming."

"Food is beautiful"

"I like porridge for breakfast then I have a banana."

"We can choose from the menu the night before."

"My favourite is cheese pie."

"We do have snacks usually fruit or biscuits when we have our midmorning drink and in the afternoon"

"Those two menu display boards are only for show. I asked for black pudding but was told they don't do that. I pointed it out on the board and a carer told me that's just for show."

"The menu with pictures is what we are having that day."

"You have come on a good day. There are more staff helping with lunch. It is usually very busy with residents wandering round."

"We don't have a chef at the weekend, so food is not good then. The carers have to prepare it. We usually have soup and sandwiches or sandwiches and crisps."

"The soup is so thick you could put wallpaper up with it."

"I bet they knew you were coming. The pork has never been this good."

"I can't have a pudding as I have to have dairy free diet."

Relatives and friends' views

We spoke to one relative during our visit and his responses were very positive. He told us that his Mum had been at Longfield when it had closed down but he preferred Hollymount and felt that her dementia was better supported there.

How do you feel generally about the service?

"The service is good in particular the senior carers. "The chef is the same chef who was at Longfield. The food is really good."

Do you think that you are kept informed about your relative e.g. Health and future care plans?

Yes, I am kept up to date.

Do you know how to make a complaint if you need to?

N/A

Are you aware of the social activities at the service and do you feel welcomed to join in?

Yes there are sometimes activities and I am invited to join in. Mum has got severe dementia though and she can't do activities so I don't attend.

Would you recommend this service to others?

Yes, I feel confident and happy with her care.

Staff views

Representatives were able to observe how staff worked together in particular how new staff were supported in their role. We saw a new staff member supporting a resident eating. The support was respectful and encouraging, the staff member seating themselves to the side of the resident. A more experienced member of staff came over and advised them to move their seat to be facing the resident which improved the resident's experience.

We had noted a staff appreciation noticeboard which indicated acknowledgment and reward from managers. When we asked staff about this they confirmed that there were monthly treats with the last one being a Kentucky fried chicken buffet.

Indeed, the staff who responded to us recorded their interactions with management to be supportive and flexible.

We were able to have a longer conversation with a carer who told us how much she loved her job and that caring for the elderly had filled a void (as she had lost her parents when she was younger). She told us that she had worked in other caring environments but preferred the care home. We asked her what in her opinion contributed to the high turnover in the sector. The carer told us that she believed it was an unrealistic expectation of the amount of hard work and being constantly busy. The carer thought that people entered the sector incorrectly believing it was "easy" and this was a misconception created by the pay levels across social care.

Do you have enough staff when on duty to allow you to deliver person centred care?

"Yes"

"Yes"

"We have agency on today. It might be better if we had an extra member."

"I am new, it seems ok."

"If we had more staff, we could do more and give residents more attention."

How does the organisation support you in your work?

"I really enjoy my work. It comes from the heart. The manager is supportive and the training is good. She is approachable"

"I have regular supervision and I am well supported and encouraged. The management are flexible. I can ask for changes to my shifts."

"I love it here. I have been here for 7 months, and I am so happy."

"The management are very good and supportive".

"Managers are supportive all the time."

"If we need to swap a shift for family reasons, they will help us to sort it if they can."

How do you deliver care to diverse groups such as LGBTQ +

"We have lots of training and we have had Equality and Diversity."

"I am happy with my training."

"We have an open environment here and we have training."

"I have had lots of training and I watch the others."

"I have had lots of training such as moving and handling, washing and dressing and feeding residents."

Are you aware of residents' individual preferences? Where do you find this information?

"Yes, I can look at the gadget for the care plan or ask the resident."

"I would look at the care plan or ask the resident".

"I would look at the gadget."

"I use the gadget."

"The permanent staff tell us what residents need."

"We are very careful to observe what every resident eats. We record it at each mealtime. We have a gadget and can record all care we provide to each resident".

"We weigh all residents every month or twice weekly if we have concerns."

Would you recommend this care home to a close friend or family."

"Yes"

"Yes"

"Yes"

"It's nice here I enjoy it yes."

"Yes"

"Yes"

DRAFT

Response from provider (By email 14/08/2023)

Good afternoon Michele

Thank you for sending over our draft report. I am happy with everything that is in the report as this is what you have seen on the day.

It was a pleasure to have you here and all staff and residents commented how lovely the people where. Staff felt comfortable with your visit and hopefully you enjoyed your visit to our big family here at Hollymount. I am very proud of my team and the service they deliver on a daily basis that can be very challenging at times.

Kind regards

Carolyn



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Website: [Healthwatchblackburnwithdarwen.co.uk](https://www.healthwatchblackburnwithdarwen.co.uk)

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