

**enter**  
and  
**view**

**Haverholme House Care Home**  
July 2015

## Contents

<b>Introduction</b>	3
What is Healthwatch North Lincolnshire?	3
What is Enter & View?	3
Acknowledgments	3
Visit Details	4
Purpose of the Visit	4
Methodology	5
Summary of Findings	6
<b>Results of Visit</b>	8
Layout and Appearance	8
Individuality and Control	8
Safety and Support	10
Food and Drink	12
Outings	13
Privacy	14
Worries or Concerns	14
Activities	15
Loneliness and Visiting	16
General	17
<b>Conclusion</b>	18
Recommendations	20
Response	21

## Introduction

### **What is Healthwatch North Lincolnshire?**

Healthwatch North Lincolnshire is an independent consumer champion created to gather and represent the views of the public on health and social care. Healthwatch North Lincolnshire plays a role at both a national and local level, making sure the views of the public and service users are taken into account when reviewing service provision.

### **What is Enter & View?**

Part of Healthwatch North Lincolnshire's strategic work plan is to carry out Enter & View visits. Healthwatch North Lincolnshire authorised representatives carry out visits to health and social care services to meet residents, staff and visitors and hear their views and make recommendations where there are areas which may require improvement.

The Health and Social Care Act allows representatives of local Healthwatch organisations to enter and view premises and carry out observations for the purpose of local Healthwatch activity. Visits can include hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter & View visits can take place where people tell us there is a problem with a service, but they can also happen when services have a good reputation – so we can learn about and share examples of what they do well.

Healthwatch Enter & View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about, they will inform the lead officer who will inform the service manager, ending the visit. Similarly, where issues arise during a visit, any concerns are raised with the manager on site so that urgent matters can be addressed. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

**Disclaimer:** This report relates to the service viewed on the date of the visit and is representative of the views and perceptions of the residents, visitors and staff who contributed to the report on that date.

### **Acknowledgements**

Healthwatch North Lincolnshire would like to thank the care home, the staff, residents and visitors for their contribution to the Enter & View programme.

## Visit Details

### Service Details:

Name and Address	Haverholme House, Broughton Road, Appleby, Scunthorpe, DN15 0DA.
Service Provider	Advinia Healthcare.
Type of Service	Residential home with nursing.
Specialism	Dementia care.
Registered Manager	Kerrie McOmie
Description of Building	47 beds situated over two floors with access via lift.
Latest CQC Report	28 <sup>th</sup> April 2015: Requires improvement. The service met 2/5 CQC national standards.

### Dates Undertaken:

10am-12pm, 22nd July 2015.

### Authorised Representatives:

- Annabel Tindale
- Nadia Afrin
- Helen Kirk
- Julia Pollock

### Theme of Enter & View:

The experience and quality of life of residents.

### Purpose of the visit:

The purpose of this visit was to:

- Observe the environment and routine of the care home with a particular focus on activities provided for residents.
- Speak to as many residents as possible about their experience of living in the home, looking at personal interactions with care staff and others providing their care.
- Speak to family members visiting residents about their perspective on the care provided.

- Give care home staff an opportunity to share their opinions on the provision of activities and general care provided.

## Methodology

This report summarises themes and highlights good practice identified from the Enter and View visit to Haverholme House and makes comparisons against previous visits to various care homes across the area.

Healthwatch undertakes engagement on an on-going basis using a local 'Experiences Survey' which identifies any areas of concern with health and social care services as well as identifying good practice.

In December 2014, Healthwatch North Lincolnshire produced a report called 'Nursing and Residential Care Homes in North Lincolnshire' which detailed the findings of Enter & View visits to 20 care homes across the area at the request of the People Scrutiny Panel of North Lincolnshire Council. Healthwatch North Lincolnshire is now beginning to produce separate reports for individual care homes that have had Enter & View visits.

Healthwatch North Lincolnshire informs each selected care home of the intention to undertake the Enter & View visit prior to the date of visit. The aim is to speak to residents, family members and other visitors and staff. This visit ran from 10am to 12pm on the 22<sup>nd</sup> of July and although visiting schedules do vary per home visited, the questions asked remain the same.

On this particular visit to Haverholme House, Healthwatch North Lincolnshire Enter & View authorised representatives gathered the views of five residents, three members of care home staff and a care home Manager. These responses were gained through a combination of face to face interviews and questionnaires for staff to complete which were returned anonymously.

Authorised representatives used semi-structured interviews with residents, visitors and staff, allowing the questions to be adapted to suit those residents less able to communicate. To supplement the interviews, the Enter & View team carried out observations. Sufficient time was spent on each interview in order to build trust and rapport and to listen to responses to the open ended questions. Questions focused on activities and general care provided.

Some residents in the care home had varying levels of dementia and although Enter & View representatives spent time with them, the responses provided were at times limited due to the capacity of the residents to hold a conversation. In cases where residents were less able

to communicate, Enter & View representatives used observation and interviews with staff to gather more detailed information.

At the end of the visit, verbal feedback to the care home manager was provided. Whilst we would not expect all recommendations to be implemented by the care home, we would anticipate that areas of good practice will be adopted where feasible and appropriate. A formal response from the care home is included at the end of the report.

## **Summary of Findings**

Overall, residents at Haverholme House said they were generally pleased with the care provided at their home and enjoyed living there. Some residents would rather live at home so they could retain greater independence, but most of these residents also acknowledged that staying in the home was in their best interests as they were no longer able to take care of themselves.

Residents were very thankful for the help they received from carers, but the majority tried to do things for themselves where possible and staff understood this. Most residents reported quick responses from staff members and knew that staff would be there if they needed help moving around the home or getting ready.

In social terms, residents felt that staff did not have a lot of time to talk and listen to them and would prefer to be able to socialise with staff members more often.

Residents told Healthwatch representatives that they were generally satisfied with the quantity of food at Haverholme House, but many commented that the quality depended on which chef was working that day. The overall feedback from residents regarding food suggested that whilst residents mostly did have enough meal options and were able to choose where to eat, they believed that the kitchen staff were not permanent which affected the quality of the food offered.

In terms of trips out of the home, residents were very happy with what Haverholme House organised, although not all residents were physically able to go on such trips. For those who did want to go out but needed support, it seems that staff members were able to assist and the home also provided wheelchairs.

Most residents were satisfied with the activities offered at Haverholme House and it was clear that the care home made good use of external organisations in providing these. Although some residents did not like the activities offered, most of these were happy to do their own hobbies. Residents did not tell us to what extent staff members assisted them to pursue their own interests where possible.



The care home had an open door policy in terms of visiting and provided various methods for residents to maintain contact with family and friends such as telephones in residents' rooms and access to Skype calls via the internet.

## Results of Visit

### **Layout and Appearance**

Haverholme House was set in very well kept grounds featuring plenty of wildlife areas so that residents could enjoy the outdoors. The care home itself was well decorated throughout with fresh flowers and original artwork. Generally, the home had a welcoming and friendly atmosphere.

The communal areas in the home were inviting, with comfy chairs provided for the residents. Although the chairs were not arranged in a way that particularly encouraged interaction, one Healthwatch representative observed the Activities Coordinator at work, who appeared to be working with less active residents by having reminiscing discussions.

In the reception area, the latest CQC report was displayed, which gave the impression that things in the care home were kept up to date. The manager told Healthwatch representatives of a new display board which had been designed to capture staff and visitor views for quality assurance purposes. As the handwriting used for staff and visitor comments was all very similar, Healthwatch representatives assumed feedback had been added by staff and it was not intended for visitors to record their own views.

There were no obvious trip hazards observed in Haverholme House by Healthwatch representatives. The carpets were hoovered and all of the rooms were very tidy. One resident commented that they were surprised to see how tidy the day room was on the day of the visit as they said this was not usually the case. However, in the smoking area, the ashtray was overflowing with cigarette ends. The toilets were observed to be very clean and overall, Haverholme House appeared to be well kept.

Staff members at Haverholme House were not required to wear a uniform as this was considered by the home to be too institutional. However, Healthwatch representatives only observed one staff member to be wearing a name badge and thus staff members were not easily identifiable.

### **Individuality and Control**

Residents at Haverholme House were asked a series of questions to determine the extent to which the care provided was tailored to them as individuals and how much control they had over what they did each day.



## **Do you like living here?**

Residents were asked what they liked most about the care home and if there was anything they thought could be improved. Most residents told Healthwatch representatives that they were generally happy in the care home. Amongst the things liked best about Haverholme House were the quick response rates of staff and the accommodation itself, with pleasant views across the grounds.

***'I love the accommodation and I've been here for ten years'.***

***'I'm only here for two weeks after a fall but yes, I'm very happy'.***

However, some residents felt less positively about the care home, which suggested that not all residents found it easy to adapt to life in a care home.

***'I've accepted that with my advancing age and my physical state that there's no other option'.***

***'I wouldn't recommend it to anyone unless they tried it first'.***

Other residents had mixed feelings about the care home but agreed that improvements were being made:

***'I had some bad experiences in part due to a damp room but this was resolved'.***

***'I did [like it] at first. It went downhill but it's getting better now'.***

## **Tell me about an ordinary day – Is every day the same?**

Residents were asked if they liked having a routine or if they valued days with more variation. Healthwatch representatives wanted to know if residents felt they had sufficient control over their everyday lives.

Most residents told Healthwatch representatives that they had sufficient freedom to choose what they liked to do with their days, whether this meant following a preferred routine or joining in with activities and trips to provide variation.

Some residents at Haverholme House valued variation to their days and told Healthwatch representatives that some days they liked to join in with activities but on other days they enjoyed pursuing their own hobbies. Some residents valued their routines and the assistance from staff that allowed them to do what they enjoyed:

***'I get up early and staff always bring me a cup of tea'.***

***'I have a key for the garden door so I can go outside'.***

However, one resident found days in the care home tedious and repetitive, describing all days as very similar.

Overall, residents had the freedom to choose what they wanted to do each day. Residents with reasonable health seemed to value the activities provided within the home which added variation to their day and they also valued the help of staff that enabled them to spend the day as they pleased.

### **If you need support getting ready for the day, do staff help you?**

Most residents interviewed at Haverholme House told Healthwatch that if they needed support getting ready for the day, staff members were there to help. Most residents wanted to be independent where possible by doing what they could for themselves, but were very grateful for any help received when moving around the home or getting dressed.

**‘[Staff help] if needed but I try to do as much as possible myself. I can make my own decisions’.**

Despite reports from most residents who praised staff response times, one resident was frustrated at how long it took staff members to assist them to get washed and ready to start their day. It was this resident’s view that there were not enough staff members at the home to meet everyone’s needs.

Overall, residents were generally satisfied with the support they received from staff members on a day to day basis.

### **Do you choose what clothes to wear?**

Healthwatch North Lincolnshire wanted to find out if residents at Haverholme House that had the capacity to choose their own clothing were able to do so. All of the residents said that they did have the choice of what to wear and Healthwatch representatives observed residents wearing rings and watches, suggesting that residents had the freedom and were assisted where necessary to make their own choices, right down to the minor details.

## **Safety and Support**

Healthwatch representatives wanted to find out if staff supported the residents at Haverholme House to make healthcare appointments and move around the home safely. Residents were also asked how they felt about staff helping them to do things and to what extent the staff engaged in social time with the residents.

## **If you need an appointment with your doctor, do staff arrange this for you?**

All residents interviewed by Healthwatch confirmed that if needed, the care home would assist residents to make an appointment to see their GP. One resident mentioned a £15 charge for instances where staff members needed to accompany residents to the hospital. Home visits by GPs were also available.

One resident told Healthwatch that the chiropodist was due to come to Haverholme House the previous week but did not attend. According to this resident, the chiropodist did not visit the home often enough, despite advertisements for this as a service on the home's website. One resident said that they felt their nails were thus very sharp and in need of attention. The Healthwatch representative suggested that the resident asked a carer for assistance but the resident thought that this was not part of their job.

Overall, residents were assisted with most of their healthcare needs but services such as chiropody were not provided as often as residents required.

## **Do staff help you move around the home safely?**

All residents spoken to confirmed that if necessary, staff were happy to help them get to the areas of the home they wished to spend their time in. Again, most residents said they did not need help and were able to be independent but took comfort in knowing that staff members were there to support them if needed.

**'Overall staff are very kind and if I ring the bell they attend very quickly but I have my independence'.**

## **How do you feel about the staff helping you to do things?**

Again, most residents spoken to at Haverholme House said that staff members were very kind and caring in regards to the support offered, but most of them said they did not need help. Most wanted to retain their independence and told Healthwatch representatives that staff respected that.

One resident told Healthwatch that support where needed was improving over time, as residents were now offered two baths a week whereas before they had been allowed one. Overall, most residents said that where needed, they were happy for staff to help them.

## **Do staff have time to talk and listen to you?**

Healthwatch representatives wanted to know if the social aspect of residents' well-being in Haverholme House was being fully considered. Some residents found it difficult to adapt to life in a care home and being able to have a conversation with staff members was said to help some residents feel more comfortable in their surroundings.

Most residents interviewed at Haverholme House felt that staff had a limited amount of time to talk to residents because of their other work duties. Residents said staff spoke to them about meal choices but there was little mention of any general chat between staff and residents. Some residents told Healthwatch that they would prefer to have more social time with staff members, but were very understanding of the things that may have prevented this from happening:

***‘They [staff] have lots of paperwork and a very long day with 12 hour shifts’.***

***‘They [staff] have less time than ever but that’s understandable due to residents who need more care’.***

Despite this, most staff members told Healthwatch that they knew the residents of Haverholme House extremely well.

Overall, staff members at Haverholme House seemed unable to chat with residents very often because of busy schedules and although residents did appreciate this, ideally they would have liked more time to socialise with staff members.

## **Food and Drink**

### **Are you getting enough food and drink throughout the day?**

Most residents told Healthwatch that they received ample amounts of food and drink at the care home. However, one resident reported that food could often take a long time to come and that sometimes they did not get a full bowl of cereal. One resident reported that the cutlery given to residents was sometimes unclean.

Healthwatch representatives observed some residents being assisted to drink and beakers and straws were provided to make this easier. There were hydration stations positioned in the communal areas for residents to use, though they remained full throughout the visit and residents were not seen using them. However, as staff were often going around the room to check if residents had enough to drink, this was not a worry as less mobile residents still had access to drink through staff members.

### **Do you get the option of where you can eat your meal?**

All residents interviewed by Healthwatch said that they had the freedom to take their meals where they preferred, whether this be alongside other residents in the dining room or alone in the comfort of their rooms. One resident was unhappy with the set dinner time of 4:30pm as they considered this too early and was often not ready for food at that time. The resident commented that having to stick with this meal time was much different to when they would have eaten dinner at home.

## Do you like the food here?

Residents were asked for their views on the quality of the food provided at Haverholme House. Healthwatch wanted to find out if there were a variety of meal choices available and if alternatives were provided in case residents disliked the options that day.

Most residents said that the food at Haverholme House often depended on the kitchen staff on the day.

**‘We need a permanent cook as it [food] varies – the soup is watery and cold’.**

**‘I don’t like the food due to unsettled kitchen staff but I understand that all residents must be considered’.**

**‘There is a recurring problem and they [the care home] are overcoming this with new management. They are struggling with staff’.**

Many residents told Healthwatch that the food quality was improving and residents were able to give feedback to the chef on what they had and hadn’t enjoyed and make suggestions for future meals.

In terms of choice, residents told Healthwatch representatives that alternatives were provided in case residents did not like a meal option. Most often, residents were given two meal options but one resident said that they were not always offered this choice. Two residents also reported having cold meals given to them, and having to send these back to the kitchen.

Overall, the feedback received from residents at Haverholme House suggested that the food quality was variable due to staffing issues in the catering department. Staff members of Haverholme House itself also told Healthwatch that the food was in need of improvement. Residents’ comments suggest that the home was in the process of trying to improve the staffing situation. Residents told Healthwatch that they would like a permanent cook in order to ensure they receive meals of a consistently good quality. It seemed that alternative food options were available for the majority of the time, but there were reports of some instances where these choices were not offered.

## Outings

### Do you get the opportunity to go out of the home?

Healthwatch representatives asked if residents were given the opportunity to go out of the home in order to provide a change of scenery. All residents interviewed by Healthwatch

were very happy with how often they were able to do this, mentioning both trips out organised by the home and outings with family and friends.

**‘There was a trip to Elsham last week but [I] have been before. I also go out with family, shopping and to church’.**

**‘Elsham Hall and Cleethorpes are both recent trips and the home provides wheelchairs’.**

Some residents told Healthwatch that although they did not wish to go on the organised trips, they were happy staying at Haverholme House. It was clear to Healthwatch representatives that residents who wished to take part in the trips were supported by staff members where possible to enable them to do so.

### **Is there anywhere you would like to go that isn’t already offered?**

Residents were asked if there were any other places they would like to be able to go that the care home did not already provide. Most of the residents said that they were very happy with the outings already offered. Some less mobile residents told Healthwatch that they did not need any more trips as they were satisfied with reading and solving puzzles in the home.

## **Privacy**

Most of the residents interviewed by Healthwatch representatives agreed that they got enough privacy at Haverholme House. Staff members always knocked on residents’ doors before entering and all necessary medical treatment took place in the privacy of residents’ own rooms. One resident commented that sometimes those with dementia came into their room by accident, but the resident understood and was sympathetic. Another resident told Healthwatch that there was a sticker system at Haverholme House that was used to indicate if a resident was happy for someone to come in their room. For example, a green sticker was used to show that the resident was happy for people to come in their room, allowing staff to better respect residents’ privacy.

## **Worries or Concerns**

Healthwatch representatives wanted to find out if residents knew what actions to take if they ever had worries or concerns in the care home. Most residents told Healthwatch representatives that they would most likely tell their family members first. Other residents would tell a manager directly or speak to ‘Keyworkers’. Overall, residents had several options to inform the care home if they had any issues or concerns, which was especially positive for those residents who did not have contacts outside of the home to inform of any problems.

## Activities

### Do you like to join in with activities in the home? What activities are provided?

Healthwatch representatives wanted to find out if there was an adequate range of entertainment and activities provided in the home and residents' views on what was available. Most residents said that they enjoyed joining in with activities organised at the home. Others who were generally less mobile preferred not to join in with activities and staff members respected their decisions. Some residents at Haverholme House praised the work of the Activities Coordinator:

**'[The Activities Coordinator] is really enthusiastic about activities and is very good at finding activities suitable for all residents'.**

It was clear that Haverholme House made good use of external organisations in providing a variety of activities for residents to do. One Healthwatch representative observed the North Lincolnshire Council mobile library arrive during the Enter & View visit, where residents were able to select books to read. Another resident told Healthwatch:

**'I enjoyed doing Birdwatch for the RSPB which was organised by the vicar. I also enjoy Songs of Praise and carols at Christmas'.**

Haverholme House seemed to have good connections with the church, demonstrating that the home made every effort to meet residents' religious requirements.

However, it was not clear whether a regular activity programme was being followed as one member of staff told Healthwatch that it was 'strange' that on the day of the visit an activity was arranged for that morning.

### What activities do you like to do?

It was clear to Healthwatch representatives that Haverholme House had a wide range of activities on offer for residents to enjoy but some residents were less keen on what was on offer and preferred to do their own hobbies where possible.

**'I like to do my own thing – I don't need to join in activities'.**

**'They don't offer what I like but I'm okay as I am'.**

**'I enjoy music and I walk around the garden for exercise'.**

**'I like reading and knitting'.**

Other residents said they often took part in the activities.



**‘There’s lots of entertainment I like such as the singers and choir. I also like bird watching’.**

### **Does the care home help you take part in the activities you choose?**

Most residents told Healthwatch that they did not need help to participate in activities but those who did require help did receive it. One resident said they struggled with reading and thus had a large magnifying lens to help with that.

### **Is there anything that you enjoyed doing at home but don’t get chance to do here?**

Healthwatch representatives wanted to find out if there were activities or hobbies that residents had enjoyed doing before they went to Haverholme House, to assess whether or not these could be offered at the care home. Some residents told Healthwatch representatives that there were activities they did used to enjoy but could not do anymore, though this was mainly down to a lack of physical ability to do so rather than because it was not offered.

**‘I used to garden and knit but my hands are very poorly now. You can get involved with the garden if you want to. There’s a new gardener who’s very good and grows flowers at home to bring in’.**

Another resident would have liked to have done their old hobbies with the help of staff at Haverholme House:

**‘If I was here longer and someone would help me, I would like to do needlework or embroidery as I used to do it a lot when I was younger’.**

Overall, residents at Haverholme House were happy with the variety of activities provided by the home, but would have liked help from staff members to do hobbies they struggled with because of health issues.

## **Loneliness and Visiting**

### **Do you find it easy to make friends here?**

Most residents told Healthwatch representatives that they liked to socialise with other residents in the home.

**‘I talk to other residents and have a cup of tea with them’.**

Other residents said that they found it a little more difficult to make friends but still had a few people that they could talk to. There were no reports of feeling lonely or isolated.

### **Are you able to stay in contact with friends outside the home?**

All residents interviewed by Healthwatch representatives said that if they wanted to, they had the means to keep in contact with friends and relatives outside of Haverholme House. Residents explained how they were able to call friends and family using phones in their own rooms, by writing letters and by having them come visit whenever they wanted. One resident told Healthwatch how they received photos of family members through the post with letters and cards. Another resident had a large key phone in their room due to deteriorating eyesight. A staff member told Healthwatch representatives that residents were also helped to make Skype video calls via the internet if they wished to do so. One resident told Healthwatch representatives that they had outlived any friends they might have wished to stay in contact with. Overall, Haverholme House provided various methods for residents to stay in contact with friends and family if they wanted to.

### **Are friends and relatives able to come visit you here?**

Residents at Haverholme House told Healthwatch representatives that they were very satisfied with the visiting hours as friends and relatives could come to the home whenever they liked. Haverholme House were thus very flexible in this respect. However, one member of staff told Healthwatch that protected meal times were being considered.

Most residents interviewed by Healthwatch said that their friends and family visited regularly. Sometimes family and friends would take residents out for day trips. It was not said whether or not family members had the option to stay overnight with residents if wanted.

## **General**

### **Is there anything else you would like to tell us about your stay in this care home?**

Residents were given the opportunity to tell Healthwatch representatives anything that had not already been covered in the interview. The feedback from residents throughout the interviews had on the whole been very detailed and so most residents had no further comments. One resident took the opportunity to elaborate on the grounds of Haverholme House, commenting that the garden view was amazing to look at. Another resident told Healthwatch that the care home was improving due to the appointment of a new manager.

## Conclusions

**A number of themes have emerged from the experiences of residents, visitors and staff which are detailed in the findings from this Enter & View visit to Haverholme House.**

### Food and Drink

Residents at Haverholme House told Healthwatch representatives that the food quality at the care home was not good enough and many put this down to the unstable staffing of the catering department. Residents felt that the quality of food mostly depended on which chef was working on any particular day and suggested a permanent chef so they could receive consistently good food every day. Issues were also reported in terms of food quantity as whilst most residents said that they received adequate amounts of food, one resident reported often receiving unreasonably small portions for breakfast. There were also reports of unclean cutlery and cold meals having been sent back to the kitchen.

Residents had the freedom to be able to eat their meals wherever they preferred, whether this be in the comfort of their own rooms or in the communal dining area. Most of the time residents had a choice of meal options in case one option was not liked, but residents informed Healthwatch that in some cases this choice was not offered. One resident told Healthwatch that they felt that the set dinner time at Haverholme House was too early, but Healthwatch recognises that it is often difficult to cater for all preferences.

In terms of hydration, Haverholme House had hydration stations positioned in the communal areas for residents to make use of. Staff members were also observed to be asking residents if they would like another drink, which meant that less mobile residents were also provided for. Straws and beakers were provided for residents that required them and staff members were also seen to be encouraging and reminding certain residents to stay hydrated where needed.

### Staff

Residents were generally very happy with the help provided by staff members at Haverholme House, with most reporting that staff responded to residents' needs very quickly where needed. Staff members tailored care to individual choice where possible, including giving residents the freedom to choose what clothing they wished to wear each day. In most cases, staff assisted residents in making healthcare arrangements where needed, though one resident did raise concerns with how frequent the chiropodist visited the home. Staff members always respected residents' privacy by knocking before entering personal rooms and through the use of a sticker system that indicated whether or not the resident welcomed visitors.

Most residents felt that staff members at Haverholme House did not have as much time as they would like to talk and listen to them, so the social aspect of wellbeing for residents

could perhaps be better. Residents told Healthwatch that they understood that it was difficult to fit this into busy schedules.

Although staff members at Haverholme House were not obliged to wear uniform only one staff member was observed by Healthwatch representatives to be wearing a badge, making staff members difficult to identify easily.

### **Trips, Activities and Hobbies**

Most residents interviewed by Healthwatch representatives felt that their days spent at Haverholme House had enough variation through the provision of trips out and activities organised by the Coordinator. A few residents did not like what was currently being offered in terms of outings and activities, but these residents told Healthwatch that they were more than happy to pursue their own hobbies. For those residents who did want to partake in activities or go on trips, assistance was available from staff members and the home provided wheelchairs for less mobile residents.

Some residents praised the efforts of the Activity Coordinator in organising trips and activities to suit the majority of residents at Haverholme House and appreciated the difficulty in doing so. During the Enter & View visit, the North Lincolnshire Council library van arrived and some residents talked about activities involving the church, school choirs and charities such as the RSPB. This suggested to Healthwatch representatives that Haverholme House made good use of external organisations when planning and delivering entertainment programmes for residents' enjoyment.

Although one resident was provided with a large lens to aid them with their hobby of reading, one resident expressed to Healthwatch that they would like staff help to do embroidery as this was something that the resident had enjoyed doing before going to Haverholme House.

### **Visiting**

Haverholme House had a flexible open door policy in terms of visiting hours, where friends and family were able to see residents whenever they wished. However, one staff member told Healthwatch that Haverholme House was considering implementing protected mealtimes which would slightly restrict visiting times.

## Recommendations

Overall, it is important to share with care home staff the positive feedback from residents and visitors following this Enter and View visit and to celebrate the areas of good practice identified in this report. However, the following recommendations for improvement are based on the findings of the visit on the day:

- 1) Care home to consider building time to talk and listen to residents into staff members' working schedules or a care home activity plan, in order to ensure the fulfilment of the social aspect of residents' wellbeing.
- 2) Care home to continue improving the staffing situation in the catering department and consider recruiting a permanent chef to ensure residents consistently receive a high quality of food during their time at Haverholme House.
- 3) Care home to ensure residents' choice of meal as far as possible, especially where a meal option is disliked.
- 4) Care home to ensure the cleanliness of the utensils given to residents to use and also that residents consistently receive full portions of hot food.
- 5) Care home to consider residents' views in respect of plans to implement protected meal times and to consider continuing the open door visiting policy to allow residents and their visitors to have maximum flexibility.
- 6) Care home to consider the frequency of chiropodist visits to the home to ensure these are regular and meet residents' needs.
- 7) Care home staff to ensure support is offered to residents wishing to do hobbies that they used to do before they came to Haverholme House where possible.
- 8) Care home management to ensure that all staff members wear badges to make them more easily identifiable.
- 9) Care home staff to enable the good upkeep of Haverholme House in general to continue, but to pay particular attention to ensure that ashtrays in the smoking area are emptied regularly.

## **Response**

Following the statutory period of 20 working days in which to respond to Healthwatch recommendations, no response has been received from Haverholme House at the time of publication.



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