Enter and View Report

Hollins Park

Macclesfield

14th July 2025

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Report Details

Address	65 Victoria Road Macclesfield SK10 3JA
Service Provider	Care UK.
Date of Visit	14th July 2025
Type of Visit	Prior Notice
Representatives	Amanda Sproson Lex Stockton
Date of previous visits by Healthwatch Cheshire East	14th March 2018

This report relates to findings gathered during a visit to the premises on specific dates as set out above. The report is not suggested to be a fully representative portrayal of the experiences of all the residents, friends and family members or staff, but does provide an account of what was observed by Healthwatch Cheshire Authorised Representatives (ARs) at the time of the visits.

What is Enter and View?

Healthwatch Cheshire is the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England.

Under the Local Government and Public Involvement in Health Act 2007, local Healthwatch have the power to carry out Enter and View visits as part of their scrutiny function. This legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered. This includes:

- Health or care services which are contracted by local authorities or the NHS, such as adult social care homes and day-care centres.
- NHS Trusts
- NHS Foundation Trusts
- Local authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists.

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act 2007 and supplemented by Regulation 14 of the 2013 Local Authorities regulations.

At Healthwatch Cheshire, the Enter and View programme is conducted by a small team of staff and volunteers, who are trained as Authorised Representatives to carry out visits to health and care premises.

Following an Enter and View visit, a formal report is published where findings of good practice and recommendations to improve the service are made. These reports are circulated to the service provider, commissioner, the CQC and relevant partner organisations. They are also made publicly available on the Healthwatch Cheshire websites:

- www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view
- www.healthwatchcwac.org.uk/what-we-do/enter-and-view.

Purpose of the Visit

- To engage with residents, friends and relatives of the named services and understand their experiences
- To capture these experiences and any ideas they may have for change
- To observe residents, friends and relatives interacting with the staff and their surroundings
- To make recommendations based on Healthwatch Authorised Representatives' observations and feedback from residents, friends and relatives

Methodology

This Enter & View visit was carried out with 'Prior Notice'.

A visit with 'Prior Notice' is when the setting is aware that we will be conducting an Enter & View visit. On this occasion an exact time and date were not given.

Prior to the Enter and View visit the service was asked to display both the letter announcing our visit and a Healthwatch Cheshire poster in a public area. The service was also asked to share surveys amongst residents, friends and relatives. Members of the Healthwatch team visited the service prior to the Enter and View visit to deliver paper copies of the surveys.

To enable us to check that there are no health outbreaks at the premises that would prevent the visit taking place for infection control reasons, this Care Home was made aware that we would be coming on the morning of the visit.

Preparation

In preparation for an Enter and View visit the Authorised Representatives who will be carrying out the visit conduct research that involves reviewing:

- The latest CQC report from a routine inspection of the service

- Any previous Healthwatch Cheshire Enter and View reports
- The Care Home's information held on the Carehome.co.uk website
- Entries on social media platforms
- Comments held on Healthwatch Cheshire's feedback centre
- Information received by Healthwatch Cheshire as a result of undertaking surveys.

On the day of the visit the Authorised Representatives hold a briefing to discuss findings from their individual preparation and decide as a team how they will carry out the visit, and any specific areas of focus based on this prior knowledge.

Hollins Park

Hollins Park Care Home is a residential care facility located in Macclesfield, Cheshire. It provides care and support for up to 41 residents, many of whom are living with advanced dementia. The Home is operated by Care UK and aims to offer a skilled and caring team providing person-centred nursing care to those who are living with dementia and other complex care needs. It is located close to the town centre and local amenities.

Residents and Relatives' feedback

Prior to our visit, Hollins Park Care Home was provided with surveys for both residents and their friends and relatives. We received a total of nine completed resident surveys and seven from friends/relatives. The feedback gathered through these surveys has been used to inform this report.

At the time of our visit, there were 40 residents living at the Home.

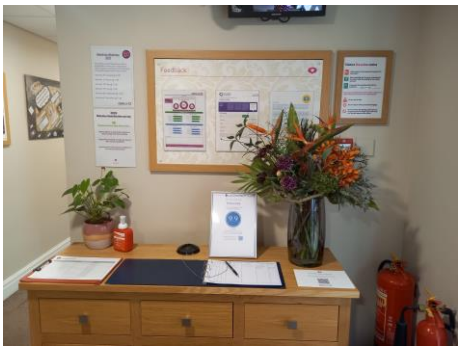
Findings

Arriving at the care home

Environment

Hollins Park is located next door to Macclesfield General Hospital. The Satnav gave directions through the hospital car park, which is located adjacent to the Home, so visitors not familiar with the area may also encounter this. When leaving after the visit, Healthwatch noted that there was signage for the Home located on the approach road.

The building looked well maintained and was in keeping with its age. The grounds were landscaped, and the car park was free from litter. Healthwatch representatives were able to park with ease and noted that although the Home was busy with both staff and visitors, the car park was not full at any time.



The entrance to the Home was easy to find from the car park, and we were invited in by a member of staff and greeted warmly. The reception area was welcoming and had lots of information on display, such as how to make a complaint, how to nominate employee of the month, and information regarding carehome.co.uk. Healthwatch noted that the poster giving information on our upcoming visit was not displayed.

Healthwatch noted that to gain entry to the Home, the door was opened by a staff member without the use of a doorbell or intercom. The Home had a paper signing in book which we were asked to use. Healthwatch Identification was not checked.

Healthwatch observed during the visit that other visitors pressed the doorbell, and the door opened automatically, and these visitors were not greeted by staff, they signed themselves in and then entered the Home freely.

The Manager responded to a series of questions about residents' care, treatment, and experiences at the Home, the responses to which are referenced throughout this report. Healthwatch was given a tour of the Home by the Administrator, providing an opportunity to observe daily life within the care setting.

Treatment and care

Quality of care

When asked what Healthwatch representatives should expect to see during the visit, the Manager stated: *"A happy Home where the ethos is a family. Both staff and residents must be happy this equals a happy Home. Each resident living the most fulfilled life as possible."*

The Manager added "Most of the residents are living with advanced dementia. Some have been moved from multiple care providers due to the person being too distressed at these other settings. The high level of care and suitably qualified staff means that Hollins Park are able to effectively provide for and meet these needs."

On the day of the visit Healthwatch observed residents in the lounge areas of the Home, they were dressed in clean, appropriate clothing, chairs were grouped together and there were lots of staff readily available to attend to any needs the residents may have had.

Residents were asked in the surveys what they felt was the best thing about life at Hollins Park. Responses were positive, with many residents highlighting the caring staff, the sense of calmness, and the continuity of staff, with lots of staff being long serving.

A resident said, "*The staff are so helpful and caring*". Another resident said,

"The *excellent care that I receive."*

As part of the care provided there is a hair salon in the Home and the hairdresser attends twice a week. There is also a facility for residents to have their nails painted in the salon, this is carried out by staff from the Home. The Manager also cuts hair for a few residents who don't want the hairdresser to do it. The Manager explained "*Staff have to be very flexible in meeting the needs of residents in a way that is most suited to their individual preferences and finding the least distressing option."*

Praise for the staff was a recurring theme. *"Friendly dedicated staff."* one resident said, while another added, *"Lovely calm setting, with a real sense of community."* One remarked, *"I can have visitors whenever I want."*

Relatives were asked what they felt was the best thing about life at Hollins Park. The responses highlighted feelings of appreciation for the care provided by the staff, particularly praising their kindness, professionalism, and attentiveness.

One relative said, *"I feel like my friend is being well looked after and is happy to be with others,"* while another commented, *"Its caring, friendly, homely atmosphere."* Several responses focused on the compassion shown to residents, with one relative saying, *"The best thing is the carers who are always patient and smiling even when they have difficult days when the residents are agitated,"* and another adding, *"The care that the staff provide to the residents, it is like one big family."*

Another relative shared, *"Attention to detail, kindness, great staff, safe and compassionate."*

Quality of care

When asked about the quality of healthcare services provided at the Home, the Manager shared the following:

"We work with Broken Cross Surgery, Macclesfield. This has been a link GP practice with the Home for 35 years. The Doctor has a clinical meeting with the Home weekly, every Tuesday, and the GP reviews each patient once a month." While residents are able to remain with their own GP if they wish, the Manager went on to say, *"It is much better for the residents to register with Broken Cross Surgery as they are much more efficient. If residents stay with their own GP, we have found the response is much slower with longer waiting times. "*

With hospital care, the Manager said, *"We use Macclesfield hospital."*

When asked about avoiding hospital admissions, the Manager said "*The Home provides nursing care (the day of the visit there were three nurses on duty) and use Restore2 to assess and monitor residents as and when necessary. Depending on these assessments we then discuss the resident's health needs with the GP in order to decide if admission to hospital is the best course of action."*

The Manager further explained *"With the majority of residents living with advanced dementia, admission to hospital can be very traumatic for them. Recently one of the residents needed to go to hospital for treatment however this required three staff, and the person couldn't cope being in hospital, they were very distressed. The hospital considered sedation but were unsure if the person was strong enough to withstand the medication. The result was Hollins Park nursing staff were able to administer the treatment at the home due to their clinical capability and training. This was much better for the person, and they were much calmer as a result."*

The Manager talked about residents being referred to the Home out of hospital. They have been asked to take new residents from hospital but follow very careful assessment procedures to ensure that both the potential new resident and the provision the Home can make is matched

and suitable. The Manager has recently turned down two potential referrals as they knew the Home was not going to meet the person's needs as required, taking into consideration staffing levels and the location of the spare room they currently have. The Manager is very conscious that to take a new resident in that is not best suited is very damaging for the individual and puts the person through unnecessary stress. They take pre-assessments of residents very seriously and conduct them thoroughly.

Admission to hospital often causes residents much distress due to the advanced dementia that they live with, they get very confused and anxious. Decisions regarding hospital admissions are made very carefully with full involvement of the GP where possible.

Residents are only admitted to hospital if necessary.

The home uses the 72-hour post-fall toolkit to carry out observations at the Home before deciding whether hospital admission is necessary.

The Manager said "*Observations are discussed with the attached GP. The Home has very good links with the GP who has good links with the hospital. For example, if a resident needs an x-ray the GP will inform the hospital that the person needs 'open access' on a particular day. This means the resident can go to the hospital anytime between 8am and 4pm, have the x-ray and return to the home to await results unless the problem is serious and they need admitting.*"

The Home does not have any discharge beds.

Healthwatch asked if the Home was able to access NHS dental care, the Manager said "*The Home is linked to a local dentist, Weston Dental Clinic. The Home refers and if the person is in pain the clinic acts quickly. The GP will prescribe pain relief if necessary. The Dentist can come to the Home if needed, domiciliary staff with dementia experience will attend.*"

A chiropodist visits the home every six weeks and residents pay an additional fee for this service. The Home can refer if the resident qualifies. 'Eye Care Opticians' come to the Home every month or as needed. The

Home is linked to Well Pharmacy, Park Lane. Care UK (the care home company) is contracted with Well on a national level.

Regarding additional services, the Manager shared: *"Other health services that visit the home regularly include Dietician, Speech and Language Therapy, Physiotherapist, Occupational Therapists, End of Life Care (from hospice), Age UK and Admiral Nurses (these latter two organisations primarily support relatives)."*

The Manager is also a trained trainer for communications with End-of-Life Partnership. The Manager was eager to explain that she is very persistent with health services if she feels that any of the residents is needing to be seen by a specific health professional.

Privacy, dignity and respect

All residents who responded to the survey reported feeling well cared for, safe, respected, and that their dignity was maintained. All residents also felt they had privacy.

The survey feedback shows that all relatives feel their loved ones are cared for, safe, respected, have their dignity maintained, and have privacy.

When asked how the Home ensures that residents' privacy, dignity, and respect are upheld, the Deputy Manager said*, "When delivering personal care staff ensure the door is closed, discreetly offer people to use the toilet, ensure each person is presentable and preserve their identity."*

In terms of accessible information and support for communication needs, the Manager explained, *"All staff are trained in communication with those living with dementia. The Home has needed to use Makaton in the past and trained staff accordingly. Hearing aids are problematic, residents often lose them, one person has eaten their hearing aids before. There is not an easy solution to this. Staff do two hourly checks on those with hearing aids, to try and prevent them being lost."*

The Manager added "We ensure regular and good communication with each resident and know them individually."

While being shown around the Home, Healthwatch did not see any personal information on display.

Understanding residents care plans

Residents' care plans are updated monthly or when needed according to changes in health, mobility or medication. Care plans are kept digitally, and residents have input into their care plans where appropriate.

Healthwatch asked if relatives are involved in their loved one's care plan, the Manager said "*Yes, staff sit with both resident and relatives and observe behaviour, likes/dislikes, preferences. Sometimes they have to reach a compromise, for example there is a retired professor at the home who always wants to dress very smartly but in order for him to maintain a level of independence they have agreed to wear joggers so he can still manage to dress and go to the toilet with some degree of independence.*" The Manager added "*We prioritise working with each resident individually to provide care that is specific to each person's needs.*"

Relationships

Interaction with staff

When asked about the relationship between staff and residents, the Manager explained, *"The Home prioritises good communication between staff and between staff and residents to maintain good relationships*." The Manager gave examples of how the Home staffs particular activities according to the strength of a member of staff's relationship with specific residents. Due to people living with advanced dementia, the Home finds that some residents participate better in daily activities when supported by certain staff members, for example, one person will go swimming to the local pool with one particular staff member but no one else, so they timetable that staff member accordingly. The same person is happy to carry out other routines with a range of staff supporting them but for swimming only this certain member of staff. Another resident will only have a bath if a specific staff member assists them. Some staff have stronger connections with

some residents, so they observe this and use this to ensure each person achieves maximum participation in all activities and routines.

All the survey results from residents and friends and relatives said they have a good relationship with staff. Comments included, "*The staff know him.*" and "*My loved one likes to talk a lot and does not always make sense, but they listen to him, and if does walkabouts they will usually walk with him.*" All the survey results indicate positive and friendly relationships with staff.

Connection with friends and family

The relationship between staff and residents' friends and families was also described as very positive. The Manager shared, " *Visitors are always welcome and can come any time of the day. The Home does not have protected time. We would advise friends and family on when is the best time to visit according to the resident's individual routines. We work to ensure that friends and family are free to be a 'loved one' and not a carer, to restore and maintain those relationships.*"

Visits normally take place in the resident's room, the corner of the lounge, or a private space such as the Namaste room or gardens.

The Home has not had any infection outbreaks since the Covid-19 pandemic. They have an outbreak policy where necessary PPE is to be worn, food and fluid charts are monitored, visiting is restricted, and everyone is informed.

Prevention is key so staff and visitors are not to come to the Home if they are contagious.

The management shared that friends and relatives can raise concerns or provide feedback by speaking to the Nurses or themselves. The Manager and Deputy have an open-door policy and if necessary, friends and relatives can contact head office. Every Monday evening family and friends

know that the Manager is available to speak to until 8pm if they would like to discuss anything. The whole staff team explicitly maintain good communications with residents and family and friends. The Manager and Deputy also 'walk the floor' of the Home regularly. The Home holds a bi-monthly meeting for friends and relatives.

During the visit, Healthwatch representatives observed that staff appeared warm, approachable, and amenable, and always displayed kindness. Staff were welcoming and open in their interactions, and we were informed that staff turnover at the Home is low. No agency staff are used, and recruits to 100%+20% which allows coverage of sickness and holidays. Staff are always happy to pick up extra shifts when required.

Relatives shared similar sentiments, with one commenting, *"All the staff are very caring and patient."*

Another relative added, *"The staff always offer me a drink and biscuit when I visit." Another commented "You can see staff all of the time."*

Responses from the surveys indicate that residents keep in touch with their loved ones by in person by visits to the Home. The Manager said "*Care UK homes use 'The Relish App' where residents and relatives are invited to give permission to be a private member on the individual home's app, which enables them to see life in the Home. On here there are daily updates and photographs of residents' participation in activities etc. Hollins Park won an internal company award for the most activity of the app in the Northwest region. A monthly newsletter about all the activity taking place in the home is sent via the app".*

The Manager added *"The Home also posts on Care UK's Facebook page. For those with family and friends further afield staff provide face time calls for residents."*

Staff wear name badges. Healthwatch observed several visitors during the visit, that appeared to know the Home very well.

Wider Local Community

The Home has good links with the Veterans organisation (both to the Home and in the community), at Christmas they have a lot of connection with local schools for example Carol singing. Other involvement includes Cheshire East Hospice, Parkinson's companion (visits weekly).

The Manager explained that a resident who passed away was a Veteran and the Veterans organised his funeral to military standard at a local cemetery. The Manager said" it *was a wonderful honour to him."*

The Home has been awarded Veteran Friendly Accreditation for three years.

Healthwatch also observed that the Home interacts with the local community and had held a car wash the week prior to the visit.

Everyday Life at the Care Home

Activities

The Home has one full time, and one part-time (12 hrs) Activity Coordinator. Although these staff plan and coordinate the activities all care staff deliver the timetable as part of their daily work; this is made very clear to staff when they start working at the Home. The activity

timetable is displayed in a monthly format on both floors of the Home and is distributed internally and externally to friends and family who are always welcome to join in the activities.

A relative said *"Every day the staff have an activity with my friend."* Another relative said "*They have a calendar, and they remind the residents, but with Dementia they will have to keep reminding them."* Another said *"Depends on his mood as to whether he participates."*

'Activity' encompasses everything, not just what is on the timetable, to ensure that the daily lives of the people being cared for at the Home are fulfilling. The Manager gave examples of how they facilitate residents to carry out activity that they choose and enjoy such as a gentleman who loves to clean; staff provide safe opportunities for him to clean areas in the Home. Another lady enjoys folding laundry, again opportunities are given to enable her to do this. Healthwatch observed lots of one-to-one activities taking place during the visit, and these were different for each resident, this displayed that activities were tailored to each individual. The staff were patient and encouraging during these activities and displayed great levels of kindness.

Weekly activities include 'Musical Moments', gardening on Wednesdays and Saturdays, walks to the park, garden or pond (the pond is at the hospital), puzzles/board games, enjoying the garden areas, arts and crafts and special events throughout the year such as Valentine's Day. There was a mural made of leaves painted by the residents on display.

Residents have the opportunity to decide what activities they would like to carry out by contributing their ideas to the Home's 'Wishing Tree'. Examples include a gentleman who used to play cricket and wanted to visit the cricket club, and the staff arranged for him to do so. Another example is a resident who used to work in B&Q so the staff arranged for her to visit the store, and she was able to work the till, she remembered how to do so.

Some activities are provided that reflect the television programmes the residents enjoy, for example when The Great British Bake Off is showing they hold their own 'Bake Off' and

judge each other's creations. When Strictly Come Dancing is showing residents judge the dances and have a number to choose and hold up in response.

The Home delivers Namaste Care to all residents and there is a designated room for this. For those residents unable to leave their rooms Namaste Care is delivered to them in their room and if necessary, in their bed. Namaste Care can be delivered wherever the person is located.

The Home celebrates special events throughout the year. The Manager gave an example of their 'Diversity Week' which they hold every year. For their most recent diversity event staff dressed in the national costume of the country where they were born and put on a fashion show. Many of the staff at the Home are from overseas so there were many different costumes, the residents really enjoyed it and there was lots of laughter seeing them dressed in varying colours and types of clothing.

Residents are taken out every week, for example for a walk to the duck pond.

A relative said "*My loved one sometimes goes out, can be difficult for staff to get him out.*" Another relative said *"He has not been in the Home long, nearly four months, but I know that we can take him out and we will when the time is right."*

The Home does not have their own transport. They use taxis and some staff are insured to transport people in their own vehicles.

Person Centred Experience

Person-centred care was evident during the visit, with both staff and residents describing a culture that respects individual preferences and supports open communication. Information on how to give feedback or raise a complaint was displayed in the Home, although this had the previous Manager's name on it, and needs updating. Staff confirmed that a complaints policy is in place, and both residents and relatives expressed confidence that any concerns would be listened to and acted upon.

Residents told us they felt comfortable and well cared for.

The Manager explained "*This is achieved by individual care plans being regularly updated.*" Many of the examples given to previous questions demonstrate that person-centred care is central to the way the Home operates, and staff carry out their duties. The Home has two residents of the day each day, one person from the first floor and one from the ground floor. This involves phone calls to relatives, checks on room by maintenance and housekeeping teams and checks of medications.

Healthwatch asked how residents would raise a complaint or concern. The Manager said "Residents will tell the staff as they have good, open communication. Staff also observe behaviours for example any changes to these, any early signs of distress and logging any triggers." The Manager added "*The Home does not hold meetings for residents due to their lack of capacity to engage in discussions like this.*"

There are regular visits from St. Alban's Catholic Church, the Methodist Church and the Church of England. If anyone is of a different faith the Home are happy to invite that religious faith group to attend.

A relative said "My *loved one was Catholic, I have discussed this with the Home, and should he want or need any spiritual needs they will organise it.*" Another said *"Church community visit him a couple of times a week."*

Residents benefit from regular visits by therapy dogs, and the Manager also brings her own dog into the Home, something which was warmly received by those living there.

Communal Areas

The communal areas of the Home appeared light, bright, clean and very welcoming. The décor was light and bright, with numerous

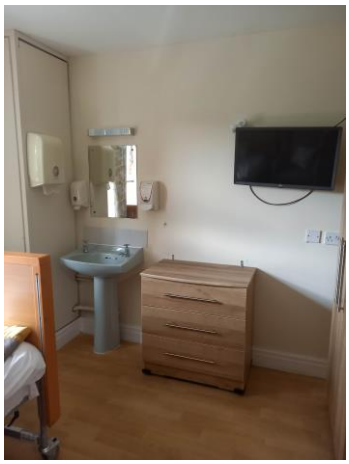
pictures and displays reflecting times gone by, and memory stimulating displays.

The corridors were light, bright with even flooring and handrails and were wide to accommodate any mobility aids that may be needed. The corridors were long, however, there were comfortable chairs at intervals along the corridors, so residents could rest if needed.

The furniture throughout the Home appeared to be in good condition and adequate for all residents' needs. The lounge areas had seating arranged in small groups that might better support more intimate or social interactions. The Home had a lovely fresh aroma throughout, and the environment felt fresh. The temperature during the visit was comfortable, even though it was an incredibly hot day outside; the Home benefits from air conditioning in some parts. The overall noise level was low, contributing to a calm atmosphere.

Communal bathroom facilities - including bath and shower rooms - were clean. All resident rooms have access to a basin, but there are no en-suite showering facilities.

Residents' bedrooms



The Administrator explained that each quadrant of the Home had nine bedrooms of an equal size and one bedroom that could accommodate a couple if required; these larger rooms currently have single occupancy. All bedrooms benefited from natural light. Bedrooms can be decorated by the residents' families, although Healthwatch did not observe this during the visit as bedroom doors were closed for privacy. The furniture provided in bedrooms appeared adequate to the resident's needs. Outside each bedroom, Healthwatch noted that rooms were identified by room numbers only. Each bedroom had a memory box outside which was a very nice, personalised touch.

The comments we received in the surveys regarding the bedrooms were:

" I have made memory boards, (Pictures of people and events) and they are up on the walls. I took bright coloured cushions in and if the time comes that he spends a lot of time in his room, I will get a TV, at the moment he likes to be in the lounge." (Relative)

"*We have personalised the room, the best that we can.*" (Relative)

The Manager said "*During the admission of a new resident the resident and their family are advised to personalise their room and make it their own. Memory Baskets are also created for each person containing personal items, pictures, objects that help to express their individual life story. All Veterans have their regiment flag in their baskets."*

Outdoor areas

The Home benefits from a large-sized outdoor garden space, which includes a large patio area, seating areas and lawns and a variety of pot plants that contribute to a pleasant and relaxing atmosphere. Several benches are available throughout the garden, providing residents with comfortable seating options. There is also a large greenhouse on site, which can be used by residents and visitors.

The garden includes accessible planters to encourage participation from residents, including those with mobility needs. Overall, the outdoor space is well-maintained and accessible. With regard to outdoor access, residents can make use of a pleasant and accessible garden, which contributes positively to the overall environment and wellbeing of those living in the home.

A relative said *"The staff open the doors and me and my friend just go to the garden."*

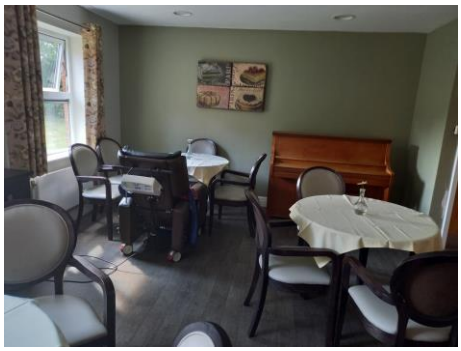
The garden area also has an area that is decorated to remember veterans.

The Home hosts a "Gardening Club" those men whose wives have dementia, to be able to come together and enjoy the garden and to gain friendship and peer support.

Food and drink

The Home uses prepared hot meals from a company called Apetito. They find that their ability to provide a wide range of quality options is very good; for example for modified diets (level 1 – 4). The home prepares cold food such as sandwiches and baked cakes.

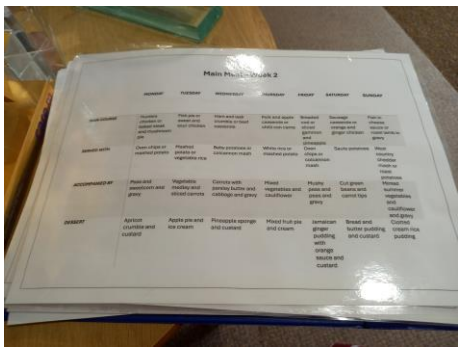
The Home operates a three-weekly menu. During the visit Healthwatch did not observe the menu on display anywhere in the Home although a member of staff did manage to find a menu for us to look at.

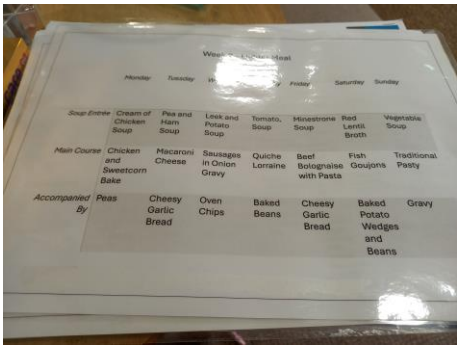


A relative said "*At the moment he is eating really well and enjoys the food.*" Another said, "*He is still enjoying the food, but because he has lost a lot of weight, they make sure he has plenty of snacks and they weigh him regularly.*"

Residents choose their meal option once they are sat at the dining tables, a member of staff asks what they would like and it is served; no pictorial aids used. The Manager said "*There are always two options and one alternative such as a light meal of beans on toast for example. "*

A relative said *"They are offered a choice at each mealtime."* Another said *"If they are not feeling like getting up, they will bring their breakfast to their bedroom."* Another said *"Family eat with him in his room sometimes."*





The dining area was small but adequate for the residents' needs.

Healthwatch did not observe drinks or snacks being served prior to lunch service. However, the Manager said "*Snacks and drinks are available any time of day or night due to people living with advanced dementia*. "

Lunch service was very well organised and there were lots of staff available to assist where necessary. Residents are free to choose where to have their meal, whether that's in their own room, the garden, the lounge or the corridor.

Residents requiring a modified diet are served first, the Home caters for special dietary needs and meals of varying consistency, then the main menu is served.

Biggest challenges...

As a very new Home Manager to deliver well to both staff and residents.

Biggest success to date...

Being made a Queen's Nurse; establishing the garden at the Home and seeing residents, friends and relatives becoming 'Garden Fairies' as they enjoy nurturing it through the gardening club; being promoted to become the Home Manager.

Care Home Best Practice Initiatives

During Enter and View visits, Healthwatch observe which NHS care initiatives have been adopted at the care home. The three we focus on are:

MUST (Malnutrition Universal Screening Tool)	A tool used to identify adults who are malnourished, at risk of malnutrition(undernutrition), or obesity. It also includes management guidelines which can be used to develop a care plan.
Restore2 (Recognise Early Soft-signs, Take Observations, Respond, Escalate)	A tool designed to help staff recognise when a resident may be deteriorating or at risk of physical deterioration and act appropriately according to their care plan to protect and manage the resident.
RITA (Reminiscence /Rehabilitation & Interactive Therapy Activities)	A digital reminiscence therapy with user-friendly interactive screens and tablets to blend entertainment with therapy. It assists patients (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke and watching films.

Hollins Park uses MUST, Restore2 and RITA. The home received a scholarship from Cheshire East Council for their use of RITA.

The End of Life Partnership - The Manager was trained as a trainer in Communications by The End of Life Partnership.

Recommendations

- To wear PPE during lunch service, Healthwatch observed that gloves were not worn.
- To greet visitors at the door.

What's working well?

- Staff are dedicated and working as a team.
- The caring and kindness displayed to residents.
- Decoration of the Home reflects the residents' needs with memory stimulating displays.
- Activities that are tailored to residents' needs.

Service Provider Response

Recommendation 1 To wear PPE during lunch service, Healthwatch observed that gloves were not worn.
Service provider's response Wearing gloves during the mealtime service is not Care UK policy, it is also not a legal requirement when serving food. Our hospitality team have robust policies in place to support the residents experience and offer person centred approach. Our colleagues wash their hands prior to the meal service all our kitchenettes have a handwashing facility for the care team to be able to wash their hands.
Action
Recommendation 2 To greet all visitors at the door.
Service provider's response Unfortunately, their maybe times when the Business admin in on the telephone and if she sees a familiar face she will use an intercom to

allow them in. Our care colleagues working on the suites must ensure residents welfare are met and they are not always able to leave residents, in this instance an intercom can be used for regular visitors only. Any visitors that come to Hollins Park that the staff are not aware of or are not regular visitors then they will have to wait for the Business Admin to finish her telephone call or one of the care team to ensure that the residents are safe and then answer the door. I was pleased to read that you were met and greeted at the front door on the day of your visit.
Action