

Hillcrest Care Home
'Enter and view' visit
May 2025

Table of contents

General information.....	2
Background	3
• Who is Healthwatch?	3
• What is 'enter and view'?	3
Notification and location	4
Key findings	5
• Positive feedback	5
• Recommended areas for improvement	5
Observations	6
• Environment	6
Quality of life.....	8
• General happiness.....	8
• Food and drink	9
• Activities and social contact	11
Quality of care	12
Resident care, health and wellbeing	12
Safety and staff levels	13
Raising concerns and issues.....	14
How do staff feel?.....	15
Overall rating	17
Acknowledgements	18

General information

Address	Hillcrest Care Home, Byng Road, Catterick Garrison, DL9 4DW
Provider	The Franklyn Group
Date of visit	28.05.2025
CQC rating	Good (May 2018)
Care home manager	Helen Emerson (Chief Care & Compliance Officer)
Contact number	01748 834444

Healthwatch North Yorkshire authorised representatives:

- Linda Wolstenholme (Team leader and Healthwatch volunteer)
- Holly Joyce (Healthwatch staff member)
- Yvonne Limb (Healthwatch volunteer)
- Jill Pouncey (Healthwatch volunteer)

The Healthwatch North Yorkshire team would like to thank Helen and her team for their cooperation and support in facilitating the visit.

Background

Who is Healthwatch?

Healthwatch is an independent champion for people using local health and care services. It listens to people's experiences to help improve care.

What is 'enter and view'?

An 'enter and view' visit allows Healthwatch to see the quality of a health or social care service in-person. These visits provide an opportunity to hear from residents, their families, and staff while also observing the care environment.

Visits are conducted by trained Healthwatch staff and volunteers (authorised representatives) who have the legal right to enter health and social care premises.

During the visit, the team collects feedback and makes observations, which are then compiled into this report. The report is then shared with the care home, Care Quality Commission, North Yorkshire Council, Healthwatch England and is made available to the public via our website.

The process for selecting which sites to visit includes two main factors:

1. To provide representative coverage across North Yorkshire.
2. To visit those care homes that have not recently been visited by the Care Quality Commission (for over 2 or more years) and rated as 'Good' or 'Outstanding' previously by the Care Quality Commission.

Notification and location

In preparation for the visit, Healthwatch North Yorkshire let Hillcrest Care Home know that they were visiting sometime between **Monday 19th May** and **Monday 2nd June 2025**. Questionnaires were sent to the care home in advance for staff and family members to complete, which were distributed by the care home.

Hillcrest Care Home offers a range of services, including residential, dementia and respite care.

At the time of the visit there were 24 residents out of a possible occupancy of 34. Healthwatch North Yorkshire heard from:

- **8** people who live there.
- **3** of their friends or family members.
- **6** members of staff.

All the residents that Healthwatch North Yorkshire spoke with were aged between 65 to 80, with 6 women and 2 men. Everyone was of white/British ethnicity. Healthwatch staff and volunteers observed interactions between residents and staff, as well as the activities being offered.

Healthwatch North Yorkshire would typically expect more responses from family and friends, usually around 15 for a home of this size. The lower than usual response rate limits how representative the feedback is in reflecting the views of residents and their families.

Key findings

Positive feedback

- Management told us that there is a hairdresser on site every Tuesday, with their own salon room.
- The lounge was a welcoming environment with a variety of accessible chairs for the residents to choose from.
- The home was well secured, with a locked front door and restricted access, with only staff permitting entry.
- Staff told us that they have an appropriate amount of training to do their roles.
- Clear room identification using name tags, resident photos, RAG rating and PEEP symbols, highlighted by the team as good practice for emergency preparedness.
- Some of the residents' rooms were personalised (e.g. choice of wall colour), supporting individuality and personal preference.
- Resident feedback highlighted that staff were friendly and kind, reflecting positive relationships and quality care.

Recommended areas for improvement

- **Review external and internal signage:** We would suggest improving the signposting on the front door, so it is clearer where to locate the bell to gain entry to the premises. Additionally introduce clearer signage indicating the current floor level and the layout inside the home.
- **Review odour management in the home:** It is recommended that the home addresses the strong odour that was present during our visit to ensure a consistently pleasant and welcoming environment for both residents and visitors.

- **Enhance mealtime support and cleanliness:** Consider enhancing mealtime support by encouraging staff to engage more proactively with residents who initially decline meals, as some may respond positively to further interaction. Increased staff attention may also help maintain cleanliness and dignity for residents who drop food, ensuring a comfortable and hygienic dining experience.
- **Review flooring transitions to reduce trip hazards:** We noted that in some areas of the home, the flooring changed from laminate to carpet, with edges appearing raised. This may present a potential trip hazard and could benefit from a review.

Observations

Environment

The building's exterior appeared tired and dated, with chipped walls and limited parking. As a repurposed army social facility, it lacked the look and feel of a purpose-built care home. Signage was unclear, the main entrance could be difficult to locate from the car park and the doorbell was difficult to find. On the contrary, the well-secured nature of the home could be considered beneficial to resident safety. The rear outdoor space, though sometimes used for activities in summer, appeared underused and lacked appeal, with raised beds, benches and an unsecured open gate.

Inside, the reception area was small, cluttered and unattended at the time of our arrival. A strong odour was present upon entry which was reportedly linked to a recent incident that was still being dealt-with. In the lounge area, there were a large selection of chairs for residents to choose from with a variety of adjusted seats to aid with various mobilities. Upon first entering the home, the internal layout appeared

confusing, with fingerprint-restricted access points and an abundance of signage which contributed to a cluttered environment without clear or welcoming wayfinding. We noted that in some areas of the home, the flooring changed from laminate to carpet, with edges appearing raised. This may present a potential trip hazard and could benefit from a review to enhance resident safety. While initial staff interactions were reserved, senior staff greeted us warmly and all staff were polite and helpful once engaged.

Healthwatch North Yorkshire asked residents about the cleanliness of the home.

Six residents responded to questions about the cleanliness and comfort of the home. Two said it was as clean and comfortable as they would like, while four felt it was adequately so. One resident indicated they were content with their room and en-suite bathroom, although they had not spent much time in communal areas. Overall, the feedback suggested satisfaction, with some acknowledging the difference between the care home environment and their previous homes due to the caring and friendly nature of the staff at Hillcrest.

Accommodation

We observed that all bedrooms were located across floors one to three, with no communal areas on these upper levels. Each room was clearly marked with small name tags, a photo of the residents and a RAG (Red, Amber, Green) rating system, alongside PEEP (Personal Emergency Evacuation Plan) symbol to assist emergency services in the event of an evacuation. This visual and coded identification was noted by the team as an example of good practice.

The majority of the rooms were for single occupancy, though not all had ensuite facilities. Most had a washbasin and, in some cases, a commode. The rooms were generally of a good size, allowing space for mobility aids such as wheelchairs and hoists. While the

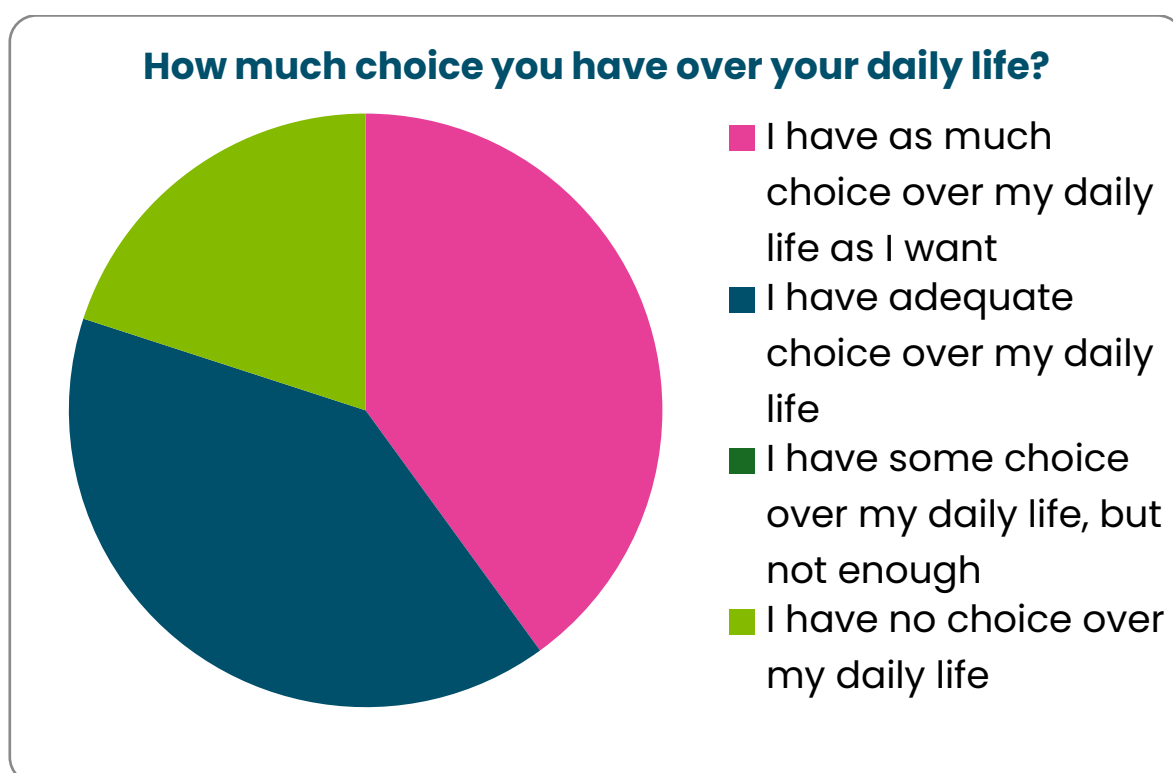
accommodation was found to be clean and tidy, the décor in some areas appeared tired and plain. One visitor noted that a room was awaiting minor repairs and that previous concerns had been raised regarding damaged furniture.

Residents' personalisation of their space varied. Some rooms seemed sparse, but staff clarified that this reflected individual resident choice. One resident had selected their own wall colour, and others were said to have personal items displayed. In general, residents' rooms appeared basic, with minimal activity options observed in-room, although some residents were content watching television.

Quality of life

General happiness

Residents were asked whether they were happy living in the care home and how much choice they had over their daily life. By choice, this meant could they get up/go to bed when they want, can they go where they like in the home and do they choose what to wear daily.



When asked whether they were happy living at the home, most residents gave positive responses, with some saying that they enjoyed it or were content. One resident expressed that they would prefer to be living at home, feeling limited in what they could do within a care setting. Another resident shared a more nuanced view, explaining that while they did not want to be in a care home at all, they had accepted their situation and felt that Hillcrest was a significant improvement from their previous placement. They appreciated the friendly and attentive staff and regular check-ins, which made them feel safe and cared for.

Residents' views on the level of choice over their daily lives were more varied. Some felt they had limited autonomy, with one commenting that **"every day is the same"** and others expressing a desire to see family more or go out independently, which they felt was restricted. A few residents indicated that they could leave the home or go outside if they wished, although this was not something that they often did. One resident described a passive acceptance of daily routines led by staff, while another, who preferred to stay in their room and watch television, stated they were content with that arrangement and felt their needs were being met.

Food and drink

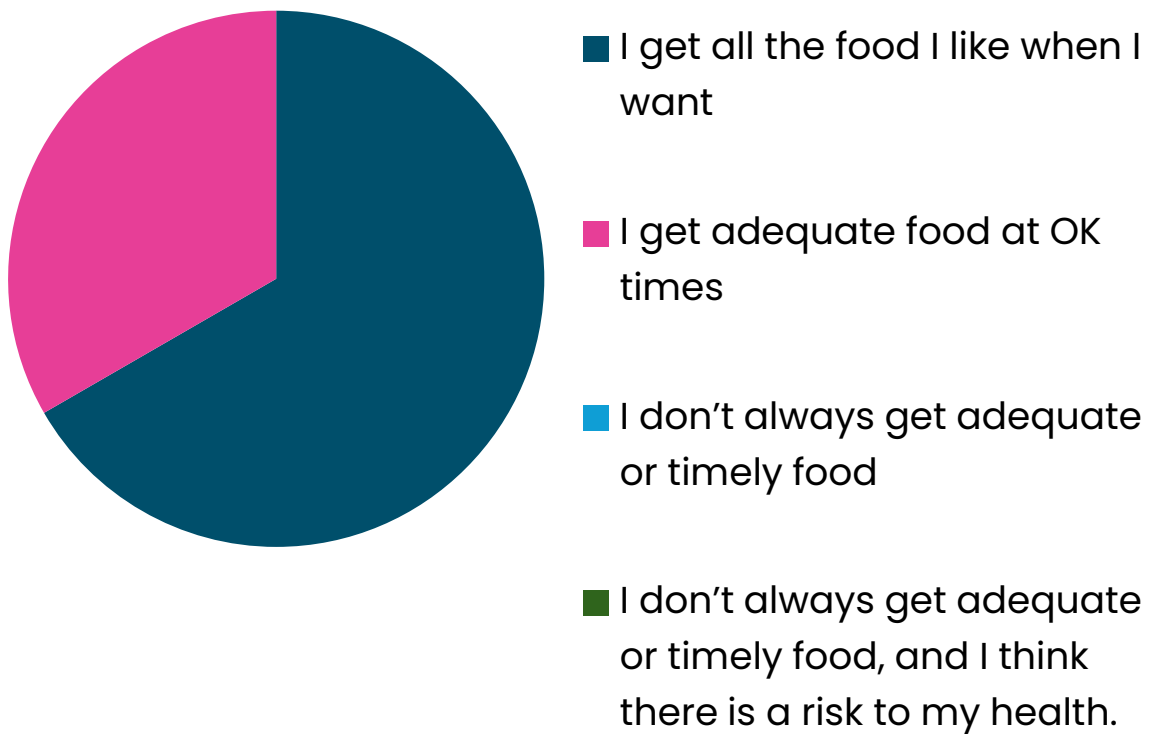
Residents and friends and family were asked to share their views on the food and drink. Our representatives observed a mealtime in the home.

Residents shared mixed views on the food provided at the home. Some expressed satisfaction, saying that they enjoyed their meals and had a different choice each day, while others commented on the limited variety or the need for more traditional, age-appropriate options. One resident noted that the food was **"mostly good"**, though occasional digestive issues influenced what they preferred to eat.

During observations, some residents were seen eating in the lounge, often using adapted utensils or cups. One resident finished their meal and seemed to enjoy it, while another initially declined food but later accepted lunch when encouraged. However, there was little staff engagement in supporting this decision-making process. Staff did not seem to explore food refusal with the resident, and when asked what was for lunch, one staff member responded that they didn't know and did not offer to find out. Assistance during meals was inconsistent; for example, one resident struggled to reach their plate and dropped food on their lap without staff intervening.

Access to drinks was similarly varied. Some residents reported that they had to ask when they wanted a drink while others said that staff brought drinks regularly. Drinks such as squash, tea, and coffee were offered, often with adaptations like double-handled cups or lidded beakers. In the dining room, carers were seen supporting residents to drink, including adjusting cup handles for ease of use. However, in other areas such as the lounge, drinks were sometimes left out of reach and there was little visible encouragement or prompting to hydrate. While staff reported monitoring fluid intake, this was not observed in practice. One resident explained that they preferred bottled water and were accommodated in this choice, showing that personalised options could be made available when requested.

Do you get the food you like when you want it?



Activities and social contact

We asked residents, staff, friends and family about access to meaningful activities and social contact, and our representatives also observed how these were supported during the visit.

Most residents told us they are offered activities and that staff ask for their preferences, which they appreciated. One resident said, **“they do put things on and ask us about what we want to do which is nice, but I would like to leave the home from time to time”**. Some residents were happy watching TV or reading, while others expressed a desire for more variety or outings. Family members echoed this, some noted a lack of visible activities during visits or felt unsure how to arrange outings for their loved ones. Staff reported a daily activities schedule is updated monthly, but there was limited mention of tailored support or outings. Bed-bound residents were typically offered TV or music, with little evidence of alternative options.

Social contact was generally positive, with residents describing friendly interactions with staff and visits from family. One resident said that it was **“nice to regularly see”** their niece, and another appreciated chats with the Deputy Manager and receptionist. Some residents lived alongside relatives, while others preferred solitude. During our visit, residents in the lounge had minimal engagement with one another, but a staff member actively facilitated a simple game to encourage group interaction.

Quality of care

Resident care, health and wellbeing

We asked residents and their friends and families about the quality of care, access to health checks and observed whether the residents appeared well cared for during our visit.

Residents and their families shared mixed views on the quality of care at Hillcrest Care Home, with both positive feedback and concerns raised. Of the six residents that answered, four said they were happy living in the home, one said it was **“alright”**, and one said no, expressing a desire to return home and frustration at the lack of activities. Residents appreciated having a commode in their room to support independence, regular staff checks, and friendly interactions, one described the staff as **“nice,”** though they were less satisfied with the food. Staff also told us that there is a hairdresser that visits the home every Tuesday and has their own salon room within the home. In terms of care satisfaction, three residents were very satisfied, two were somewhat satisfied and one was neutral.

Family feedback reflected a similar range. One relative said, **“my parents often speak about how much they like it and appreciate the staff”**, and another commented, **“some of the new carers are marvellous”**. However, three relatives expressed concerns,

mentioning broken furniture, delays to repairs, cleanliness issues and a lack of dignity in care. One visitor reported faeces in communal areas, and another described their mother being left isolated in her room for two weeks due to repeated lift failures.

When observing cleanliness and appearance, two residents appeared clean and well-presented, while two others had food-stained clothing. Regarding health checks, most residents and families reported good access to GPs and vision support, but highlighted gaps in dental and hearing care. One resident said, **“I’ve asked for [denture fixative], but I haven’t been given any – it’s very frustrating”**. Another raised an unresolved issue with their hearing aid. Two relatives felt GP and eyesight access was sufficient, but dental and hearing checks were absent or unclear. One said, **“I have no idea if health checks are made”**, another said their loved one had been **“taken out”** for health checks or seen within the home.

Safety and staff levels

Residents, friends and family, and staff were asked whether they feel there are enough staff, and Healthwatch asked the residents if they felt safe in the home.

Among the four residents asked if there were enough staff to meet their needs, three said yes while one said no. One resident expressed general satisfaction with response times to call bells and described staff as **“friendly and nice”**, though acknowledged that staff **“could only do so much”**. When asked whether they felt safe in the home, three residents said they felt as safe as they wanted, while one felt **“generally safe but not as safe as I would like”**, citing instances of other residents behaving aggressively or swearing at times.

Among three friends and family members, two felt staffing was sufficient and one said, **“not always”**. One relative described visiting

the home and finding no staff present in the lounge, raising concerns about what would happen if a resident fell.

Staff perspectives were similarly mixed. Of the six staff members spoken to, three said staffing was sufficient, two said it was not, and one did not answer. Those who raised concerns felt that current staffing levels, particularly care and domestic staff, were stretched too thin. One staff member said, **“if there are four staff on shift, proper care can be delivered. But from June, there will be only three, and that won’t be enough”**. Another echoed this view, noting that too many staff were in management roles, leaving gaps in frontline care.

Raising concerns and issues

Residents, family, and friends

Healthwatch North Yorkshire wanted to know if a resident, friend or family member had any concerns about the service, would they know what to do. Healthwatch also asked if they had been happy with how a concern had been dealt with in the past.

Residents, friends and family members generally felt confident raising concerns and described positive experiences with recent responses from staff and management, although a few noted that this had not always been the case in the past. Of the three family members who responded, all said that they would know who to raise a concern with. Approaches included contacting head office, speaking to the office manager or senior carers, or raising issues directly with staff during visits. One relative shared, **“I raise my concerns with the staff. I’ve introduced myself to the new staff. Hope things improve”**.

When asked whether concerns have been acted on, family feedback indicated that whilst past experiences were mixed, there had been

some recent improvement. One person noted, **“In the past not much happened. I have raised concerns with the new people, and they have asked for a few weeks for things to get sorted”**. As a positive example, they reported that drawers in their mother’s room had since been fixed, although other repairs were still pending.

Communication channels with the home were viewed positively. All three family members who answered said they could easily contact the care home, most often by phone, email, or in person during visits. They also stated that responses were generally prompt and helpful.

Among six residents, four said they would know what to do if they had a concern, while two were unsure. Those who felt confident said they would speak to staff directly, with individuals mentioning specific team members by name. One resident said, **“I would talk to staff, and they would try to sort it as soon as they can”**. In one case, a resident mentioned that the Deputy Manager regularly visited to check in, suggesting this created informal opportunities to raise any concerns.

How do staff feel?

Healthwatch asked staff about working in the care home.

Staff working at the home provided a mix of perspectives on their experience, with most feeling adequately trained and informed, though some highlighted concerns about communication, teamwork and support. Of the six staff members spoken to, their time at the home varied from just one week to eight years working within the provider group, with four having worked at Hillcrest for two years or more.

When asked whether they enjoyed working in the home, feedback was mixed. One staff member said that there’s **“no teamwork and too much pressure in the job”**. While another expressed satisfaction

with their role and the provider group more broadly and mentioned flexibility in covering night shifts to support colleagues during shortages.

Staff were also asked what could improve the working environment. Out of the four who responded to this question, two raised concerns about a lack of teamwork and role clarity, saying, **“there is too much confusion of the job role”**, and **“team leaders never help the seniors or carers in their job”**. Another suggested that the home could be more responsive to staff mental health concerns.

In terms of training, all six staff members reported that they had received the training needed to carry out their roles, which reflects positively on the provider’s onboarding and development processes.

When asked if they felt kept informed about changes to the service and whether they could contribute to these, three staff member said yes, one said no and two gave mixed responses. Those who responded positively cited regular meetings, updates from directors and notes logged in care systems such as PCS (Patient Care Systems) which is a digital system used to manage and record residents’ health and wellbeing information. However, one staff member felt there was a **“lack of communication”**, suggesting inconsistency in how updates are shared across teams.

Overall rating

Healthwatch North Yorkshire asked residents, family and friends of residents and care home staff how they would rate the home out of 5 (with 5 being the best).

Residents: (3.6/5)



Friends and family: (3.6/5)



Care home staff: (3.5/5)



Acknowledgements

Healthwatch North Yorkshire would like to thank the manager, staff, friends and families of residents, and residents for letting us access the care home, and for sharing their views with us. Thanks also to our dedicated volunteers who helped support this visit.

Disclaimer

This report is not a representative portrayal of the experiences of all residents, friends and family, and care home staff, but an account of what was observed on the day of the visit and shared with us by those who completed our survey. Note: Some of the residents Healthwatch spoke with have cognitive impairment which can impact their ability to answer the questions.



**Committed
to quality**

Healthwatch North Yorkshire is committed to the quality of their information. Every three years, Healthwatch perform an in-depth audit so that they can be certain of this.

[Learn more.](#)



healthwatch
North Yorkshire

55 Grove Road

Harrogate

HG1 5EP

www.healthwatchnorthyorkshire.co.uk

Phone: 01423 788 128

Email: hello@hwny.co.uk

Write to us (no stamp required):

Freepost HEALTHWATCHNORTHYORKSHIRE

Find us on X, Facebook, Instagram, LinkedIn