



healthwatch
Blackburn with Darwen

**Andrews Court Care
Home Enter and
View Report**

Thursday 30th September 2021

DISCLAIMER

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

Contact Details:

Andrews Court Care Home
Livesey Branch Rd
Blackburn
BB2 4QR

Staff met during our visit:

Ashleigh Leech (Temporary Manager)

Date and time of our visit:

Thursday 30th September 2021 10.30am

Healthwatch Blackburn with Darwen
Representatives

Michele Chapman (Lead)
Liz Butterworth (volunteer)
Rafia Naser (ELHT placement)



Introduction

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

This visit was arranged as part of Healthwatch Blackburn with Darwen's Enter and View programme. The aim is to observe services, consider how services may be improved and disseminate good practice. The team of trained Enter and View authorised representatives record their observations along with feedback from residents, staff and, where possible, resident's families or friends.

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

Acknowledgements

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

General Information

Andrews Court Care Home is privately owned by Krinvest Ltd with places for 35 residents. There were six vacancies at the time of our visit. The person in charge is Ashleigh Leech.

Information obtained from carehome.co.uk states that the home provides care for people from the ages of 65+ who are affected by old age and dementia.

Methodology

The Enter and View representatives made an announced visit on Thursday 30th September 2021.

We spoke to 2 residents, 4 staff and 2 relatives, where possible within the constraints of the home routine, people's willingness, and ability to engage and access to people in public areas. One relative responded via email. Discussion was structured around four themes (Environment, Care, Nutrition and Activities) designed to gather information concerning residents overall experience of living at the home.

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

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

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

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

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

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

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

Summary:

Despite a period of rapid change, Healthwatch representatives felt that Andrews Court Care Home was delivering many of the things that residents tell us are important to them.

Respondents spoke highly of the meal provision, in terms of variety, flexibility and quantity, and representatives observed the menu to support this.

However, there were some significant issues around the experience of mealtimes with the support needs of some residents appearing not to be met.

All three of the representatives present on the day were impressed by the caring, calm, and professional attitude of the staff. Despite many recent changes at management level, the staff we spoke to did not seem demoralised, valued peer support, and told us *“It’s like a big family here”*.

Indeed, all of the family/friends and residents who spoke to us referred to the staff in similar terms, one resident describing staff as *“lovely”*.

Similarly, the staff we spoke to were open minded, eager to learn and very positive about the new management structure. One relative describing the new management team as *“transparent and responsive”*.

The activity coordinator had the allocated hours to incorporate fundraising to her duties and we evidenced a full programme of events (Covid-19 permitting). Facebook posts kept relatives in touch with daily menus and activities.

However, poor communication between the care home management and relatives/friends generally was raised as an issue.

Representatives considered that the building needed an update and refresh, both externally and internally. The team felt the environment would benefit from brighter colours and more of an investment in colour coding and dementia friendly adaptations such as cutlery and further signage.

Similarly, the grounds of the home were not very attractive and although we recognise the limitations of the curtilage, it was felt they could be improved/maintained more effectively.

The visitors room in particular was cold, dull, and unwelcoming.

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

Green Amber

Healthwatch Blackburn with Darwen have signposted below

<https://lancslgbt.org.uk/> LGBT Training for care professionals.

Enter and View observations

Pre-visit and location

Prior to our visit we spoke to the previous manager, and she was very welcoming. We also sent out a letter and poster announcing our visit and inviting comments from interested parties. Likewise, our letter advised the manager that all representatives would be fully vaccinated, wearing PPE (Personal Protective Equipment) and present the results of a lateral flow test taken that morning.

Andrews Court has a very informative website and an engaging Facebook page with images updated regularly. The Facebook page displays images of the daily menu and activities.

The home is centrally located on the main A6062 road, a bus stop is sited directly outside, as are a local Co-op store and pharmacy. The home displays 2 large signposts from the main road, one of which seemed to have deteriorated due to weathering. Access was from the car park directly to the front of the building. However, we were unable to find a disabled entrance to mitigate the steps to the front door. Similarly, we did not see a dedicated disabled parking space.

We were able to locate the home quite easily.

Green Amber

The external environment

Andrews Court Care Home is a former church which was converted to a care home in 2014. The exterior of the stone building suggests a large and airy interior with some unique interior features such as circular windows.

The grounds to the building are somewhat restricted, with the activity coordinator indicating the small rear garden to be too shaded (by the building) for activities. She told us that many of the outdoor activities took part to the front of the building (car park) and in summer the outdoor chairs and tables were placed there.

Representatives did not consider the area to be particularly attractive - it was limited and of a hard surface. Some of the grass verges beyond the railings needed maintenance and there were hanging baskets which had lasted the season and needed replacing. The staff were in the process of some environmental changes and surplus furniture had been placed on the driveway to the home for disposal.

We were easily able to locate the main entrance, and the access to the home was secure. The door was answered in a timely manner.

Green Amber

The internal environment/reception -first impressions

The activity coordinator answered the door, and she was very welcoming and informative. The interim care manager Ashleigh introduced herself and told us she had not been in post long. We signed into the visitor's book in the reception area and showed the manager our lateral flow test results taken that morning.

All the care staff we saw were in uniform and identifiable, but we did not see name tags.

The reception area is double height and very impressive, retaining the characteristics of the former church. The area had been made inviting by the inclusion of sofa seating and pieces of news displayed on the walls. However, the architecture of the building and the lack of decorative colour, made the environment appear somewhat dull.

We observed the manager's office situated adjacent the reception area. Unfortunately, it was approached down a set of steps, which may have made it inaccessible to some residents and visitors.

A noticeboard displayed the required CQC report and information in respect of Covid vaccinations. We observed there were a large number of thank you cards to the home's staff, and the activity coordinator was proud to show us an "Everyday Heroes" award to the "Andrews Angels" care staff from North West Tonight.

We saw our Healthwatch Blackburn with Darwen poster placed prominently on a door as requested.

The team felt that the ongoing changes to staff and the environment made the home appear a little disorganised and there were both personal and business callers kept waiting at the door. Callers had to wait for a response as staff appeared constantly "on the go." Representatives observed that some of the callers wanted to speak to the manager, but she was elsewhere in the home and unaware of their request.

Due to the size of the building, representatives felt that an internal pager type system would have helped to locate staff more easily.

Despite this, representatives felt that Andrews Court appeared homely and comfortable.

Green

The observation of corridors public toilets and bathrooms

There was a uniform decorative scheme throughout the home of neutral colours. The corridors were well lit and free of obstacles and were safe to navigate. However, the handrails were not colour contrasting and were set into the wall, which made it impossible to get a hand around.

Representatives felt a colour coded handrail would have supported those with dementia and/or poor vision more suitably. Similarly, any dementia specific signage was limited. Representatives also observed that some of the carpeting in the corridors were worn and stained and in need of an update.

Doors from the corridors had little to distinguish them from their surroundings being a similar colour. Most residents' doors were identified by a number, but some residents had chosen to personalise their doors with laminated pictures to their personal taste.

Each bedroom at Andrews Court has an en-suite toilet and washing facilities. Therefore, the number of public bathrooms and bathing facilities seemed suitable for the number of residents. Public facilities had a mix of adapted bathing, toileting, and wet rooms. The bathrooms were very clean and had some colour coded adapted facilities, such as grab rails. All the bathrooms we saw had sufficient supplies of soap, toilet paper and towels.

Representatives observed that some internal decoration was underway, and the activity coordinator told us that further decorative improvements had been planned.

There was no discernible odour throughout the home.

Green Amber

The lounges, dining, and other public areas

Andrews Court is a care home accommodating those with residential and dementia needs. Staff told us that there was no dementia specific area and residents could access both ground floor and first floor public lounges alongside other facilities such as the hairdressing room and residents' reminiscence room. Dining tables were situated within both lounge areas. There were enough dining spaces to accommodate the number of residents, however this made it difficult for all the residents to sit together on special occasions.

Representatives initially visited the first-floor public areas, as the ground floor lounge was hosting a religious service (which seemed very well attended).

The first-floor lounge was brightly lit by several large arched windows. However, the décor was similar to the rest of the home and lacked colour. Residents were sat around the perimeter of the room but not all residents could see the television (this may have been by choice). There were small tables dotted about and the atmosphere seemed sociable. The TV was not too intrusive, and we observed kindly interaction between staff and residents. We saw one resident getting fractious with another, a staff member approached the protagonist put her arms around her whilst telling her she loved her.

We observed residents being offered refreshments and noted that the staff knew the names of each resident that they interacted with.

Food was provided by in house chefs and both the staff and the residents extended glowing reviews. Residents told us that the menu offered choice and flexibility “*I ask for change if I want. I like Kraft cheese slices and Branston.*”

We did not see a daily menu on any of the dining tables, but the walls displayed a four weekly rotating menu. Representatives noted the menu to be extensive and offer hot choices at each mealtime. Representatives saw traditional favourites such as steak in ale pie, braised chicken, hot pot, and fish and chips which were available alongside pasta dishes, pizza, and quiche. Desserts were equally appealing, including cheesecakes, cream and jam scones, Bakewell tart and various sponge puddings and custard.

Staff told us that cooked breakfasts were also available if requested.

We did not see any advertised activities for the day of our visit, however we observed that activities were offered in the form of the monthly religious service. Later, we saw that YouTube was used to play residents’ favourite tracks from Michael Bubl .

The activity coordinator showed us a Reminiscence room which she used to deliver sessions to small groups of residents. She told us that the sessions stimulated conversation and some happy memories with stories related with humour. The d cor of the Reminiscence room had clearly had some investment in terms of thought and planning. The coordinator had gathered vintage household items such as a pedal sewing machine, old scenes of Blackburn, dolly pegs, old photographs, a “bar” and a dartboard. Representatives noticed a collection of dolls and the coordinator told us that she had been able to successfully introduce “doll therapy”.

The activity coordinator was very proactive and instrumental in keeping relatives updated with Facebook posts. She showed us posts of concerts and fairs that had been held in the grounds. During the summer the coordinator had moved many activities outdoors to mitigate Covid-19. Likewise, residents had enjoyed Zumba, quizzes, aromatherapy, a Tom Jones impersonator, and staff brought their dogs in for “pet the dog” sessions. An ice cream van visited in the summer and formerly at Christmas, staff had made the most of the architecture of the building with a large Christmas tree in the reception, where local schools came to sing. The coordinator told us that she was particularly successful as she had been able to develop her role on a full-time basis and include fundraising. This had enabled her to hire specialist interactive equipment such as a Tovertafel.

A hairdresser visited regularly, and a room was set aside for this. However, the room was locked when we visited, and we moved on to observe the lunchtime experience.

We were also shown a dedicated relatives’ room with visits currently being arranged by appointment. The room was situated by a former exit from the building which was used as an outdoor covered smoking area (for both residents,

visitors, and staff). Representatives did not find the area appealing because it was dark, with little in the way of comfortable seating and smelt of cigarettes.

Green

Observations of resident and staff interactions

On this occasion, representatives chose to focus on the experience of residents during the lunchtime. Representatives do this by sitting separately at a distance from the tables, and not communicating with staff or residents so as not to intrude on their mealtime.

We evaluate the lunchtime as a social experience, the quantity and quality of the food, the interaction between staff and residents and the dignity afforded residents during this period.

Representatives made their way to the ground floor lounge and dining room twenty minutes before lunchtime to observe the meal. However, a staff member requested that only one representative was present as she felt the residents were agitated by our presence.

The representative reported that the television was very loud at this point (12.15pm) and a carer asked if it could be turned down. This was done and it remained on in the background for a good part of the meal.

The dining area (ground floor) is at one side of the lounge and comprised of 3 tables seating 4 residents at each (12 seats in total). The tables were laid with normal metal cutlery - knife fork and spoon, and with a paper serviette. There were no cups or beakers present for juice or water.

At the meal there were 6 residents seated at tables and 3 residents eating in the armchairs where they were seated. These residents had folding tables that they used.

A resident with dementia was walking about in the room at the time and did not want to sit down for their meal. The staff tried to persuade this resident to come for lunch, but the resident refused. The staff were occupied with getting the other residents to the meal table and as a result, this resident proceeded to walk with their frame and managed to get stuck in a section of the room next to furniture, a radiator, and another resident who was seated in an armchair.

A staff member eventually saw this and assisted. The wandering resident was helped from the situation by the carer. The carer then left to assist another resident, at which point the original resident again started wandering, getting stuck and attempting to put their walking frame on top of an armchair. This was eventually seen, and a member of staff came and encouraged the resident to take the walking frame off the armchair.

Throughout our observation the care team were quick to react to situations in a calm and caring manner. For example, one resident who was seated at the table

waiting for lunch appeared to start crying and a carer responded by going over and comforting them, placing an arm around them, and asking why they were crying.

Beakers and squash were placed on the tables at 12.35pm.

The food arrived at 12.40pm individually plated in a heated trolley. There was a mixture of red and white plates. It was not clear from the service why some were red, and some were white as this was not reflected in the support offered. The meal consisted of lamb, one Duchesse potato, mashed carrot, and gravy. Dessert was stewed peaches with chocolate crumble and custard. The two courses were served separately, with the desserts brought into the room on a tray by the chef after the main course was finished.

As the food was given to residents, there was recognition by name and the carers were cheerful and caring.

However, during this time, the resident with dementia was wandering freely and getting caught between items of furniture.

At the start of the meal there were three staff (one of the three staff left and came back later). The chef also came into the dining area.

The other two staff were supporting two of the residents seated in armchairs. There was particularly good encouragement given to these residents and good interaction when supporting eating.

However, the wandering resident was lodged with their walking frame right next to one of the armchair seated residents. Consequently, the seated resident did not get to eat their meal peacefully as the resident with dementia was causing them to keep moving around in their chair to try to avoid her actions. There were no spare staff in the room to assist the resident with dementia. The two staff were already busy supporting two seated residents.

Eventually another staff member came in and the wandering resident was persuaded to sit down in an armchair for their lunch. She appeared calm and sat and waited for the meal (this was at 12:50pm). Unfortunately, as the meal had been served 10 minutes earlier the food had started to get cold.

The meal was placed on a table in front of the now seated resident. A member of staff placed a bib on her and was about to assist with eating, but then got called away by another resident that needed to be taken to the toilet. The staff member did not come back and assist the resident with eating.

The meal remained in front of the resident whilst the representative was in the room until leaving at 1:10pm. At the point of the representative leaving, the meal had been left unheated for 30 minutes and the resident did not attempt to feed themselves.

By 1:05pm some of the residents were finished and leaving the tables.

It was also noted that one resident seated at the table did not eat their meal and was not offered an alternative.

Green Amber

Additional information

The activity coordinator felt that the internet connectivity could be improved.

Feedback from residents

Environment

“It’s absolutely excellent, I think it’s wonderful here. I like my room; it’s how I want it. I can’t think of anything I would change”.

“I have been here 7 years and I brought my own furniture”

Activities

“There is plenty to do if you want to. They are always doing things with us. It’s up to you if you want”.

“I enjoy being here, I like YouTube.”

Care

“I am really looked after, they are lovely.”

The staff have let me keep my independence. I go out for a walk when I want.”

Food

“I have no complaints, the food is really good, you get plenty.”

“I like the menu and I can ask for a change if I want. I like Kraft cheese slices and Branston.”

Relatives and friends’ views

How do you feel generally about the service?

“The service is very good and very caring; Mum loves it here.”

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

“Mum has only been here 2 weeks, so yes so far.”

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

“Yes, I would go to the manager.”

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

“It’s early days, but Mum does say the TV is too loud.”

Would you recommend this service to others?

“Yes, it’s good.”

One relative chose to respond to us via email and their response is included below:

Relative feedback for Andrews Court Care Home BB2 4QR received Tuesday 28/09/21:

- As daughter of a new care home resident in “Covid” times, my main worry is that I feel I have to take her care at face value and be accepting of what staff are saying, when what I really want to do is see things for myself. Due to her medical condition, Mum is not always a reliable source of information (she has delusions and hallucinations) and regularly contradicts what the family are being told by care staff. I have never had any reason to suspect that staff are not being entirely truthful...but it is still disconcerting. I have asked for more regular feedback (not just when I specifically ask).
- There is a worrying lack of continuity in both management and care staff in the 6+ weeks Mum has been resident there. The Manager in post when she was admitted had only been there for 2 weeks. She has since left, as has the interim manager, and on Monday 2 further interim managers started there (1 manager and 1 deputy). There have also been at least 2 care staff leave during this time.
- I’m getting to know the staff now but find the uniforms confusing. It’s difficult to tell what each grade of staff are, as there are a few colours. It appears that some are old uniform colours, and some are new ones.
- There have been differing Covid procedures throughout the 6 weeks.
- The vast majority of staff are very friendly, and I’m never made to feel that I am being a nuisance in requesting information and reassurance. They always seem very busy.

- Mum is encouraged to spend time in the communal areas of the home rather than her bedroom, and I feel that she is safe in AC.
- According to Mum the food is not too bad (which is praise indeed from her) though unfortunately is not extremely hot.
- The laundering of clothes is very good.
- I'm not aware of what activities and cognitive stimulation the residents have and think this could be fed back better. I like the fact that there is a "quiet" sitting room available but worry that the television is on for long periods, as it always seems to be on when I visit.
- Mum has had 3 minor injuries requiring dressings during the 6 weeks. I have no worries whatsoever that there are any safeguarding issues, but on each occasion, I have had to ask what has happened rather than be offered the information.
- I had a meeting with the new manager on Tuesday to express my concerns about some of the above points and to see Mum's care plan and any risk assessments. She was very transparent about care and documentation, and I am hopeful that any outstanding issues will be addressed. Two of the things I raised seem to have been implemented already.

Staff views

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

"Yes, I would say we have. We don't have much sickness and I have been here for five years."

"Yes, we have three care staff upstairs and two care staff downstairs plus one senior member. We work eight to eight, three days a week and get our rotas one month in advance. We have very little sickness here and when there is (which is rare) we have agency staff to cover. I have been here five years."

How does the organisation support you in your work?

"I feel supported, and we receive training. I prefer face-to-face training, but I don't know if that will happen now."

“I definitely feel supported. It’s like a big family here. I am looking forward to the new managers here. It will be good for everyone. In fact, I left here but I didn’t like it at the other place, so I came back a week later. It is so much better here”.

“We have met the new management this week and that has made staff feel much more supported and assured in the structure and running of the care home.”

“I have children and although I have set rota, flexible working can be discussed.”

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

“We have not had training for LGBTQ+ and I don’t understand what it means. We do look after the residents with religious needs and foods. We have had some training about equality.”

“Not had any training about this but we could do with some update training as I don’t really understand how this affects our residents”.

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

“Yes, we have all the information in our care plans”.

“Everything like this is in our care plans.”

Would you recommend this care home to a close friend or family?”

“Yes, I would.”

“Yes, definitely.”

“Yes, but I think a nice garden is needed as residents don’t spend much time outside.”

Response from provider(By email 03/11/2021.)

We do not disagree that the branch does require some improvement in the environmental areas and we have started this process with 5 of the rooms already decorated and the dining area decorated with new flooring, we also have plans for the garden area in the spring.

In terms of the management oversight, there have been some changes to management but we believe now that we have overcome this and that the correct management is now in place for the future of Andrews court.

We take note of the dining experience and have created measures so this doesn't happen again by way of a lunch time supervisor role.

We believe our action plan is well under way and hope to be able to implement these actions moving forward quickly and efficiently

Jo Robinson-Randall

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