Acer Lodge Care Home, Blackburn, BB1 1GA

Enter and View Report

Tuesday 14th July 2026

10.30am

healthwatch Blackburn with Darwen

DISCLAIMER

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

Contact Details:

Chris Durnan (Manager)

Staff met during our visit:

Chris Durnan and team

Date and time of our visit:

Tuesday 14th July 2026 10.30am

Healthwatch Blackburn with Darwen Representatives

Michele Chapman (Lead representative)
Lucy Collier (Healthwatch staff)
Michelle Livesey (authorised representative)
Liz Butterworth (authorised representative)

Introduction

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

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

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

Acknowledgements

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

General Information

Acer Lodge is privately owned by EQ Care with places for 70 residents. There were 15 vacancies at the time of our visit. The person in charge is Chris Durnan.

Information obtained from carehome.co.uk states that the home provides care for people from the ages of 55 plus who are affected by old age and dementia.

The CQC rating Awaiting Inspection.

Methodology

The Enter and View representatives made an announced visit on Tuesday 14Th July 2026.

We spoke to 4 residents 3 staff and 3 relatives, where possible within the constraints of the home routine, people's willingness, and ability to engage and access to people in public areas. Discussion was structured around four themes (Environment, Care, Nutrition and Activities) designed to gather information concerning residents overall experience of living at the home.

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

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

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

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

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

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

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

Summary:

Acer Lodge is a modern spacious and well-appointed facility complemented by outdoor spaces to accommodate residents' interests.

However, representatives felt that the car park provision was insufficient for the size of the building (and an adjacent building it was due to serve). A lack of an available disabled space, due to a skip blocking the space, and the practicalities of the door mechanism to reception may have caused difficulties for those less mobile.

Internally the building was beautifully decorated, bright, and clean but its uniformity may make orientation difficult, particularly for residents living with dementia. Two residents told us how much they liked their rooms. *"The view from the building is lovely. I like to look at the view. I sit here and look through the windows"*. However, two residents also told us that they had difficulties navigating the ensuite wet rooms.

Feedback about staff care was generally positive and we saw good interaction between staff and residents. Staff were observed encouraging residents in conversation and supporting them individually. *"Carers are very good. Every single person works so hard and looks after us. I have never known a care home like this. I would not want to go anywhere else."*

Responses about food were mixed, regardless we were advised that there were very recent changes to kitchen staff.

It was clear there was a full schedule of activities and the dedicated transport facilities were impressive. *"There are always activities and things going on if you want it."*

Responses from family members were also generally positive, but one relative and several residents independently brought up concerns about the imposition of a "cultural language" "*Our Shared Culture and Language"* which we also observed and considered. Indeed, there was some discomfort around this which suggested it was counterproductive to what was intended.

Representatives felt that conducting staff induction walk rounds during residents' lunchtime was not ideal. A protected mealtime policy may wish to be considered.

Staff feedback was also mixed. It appeared that there were many relatively new staff in the process of training, and a large induction process was underway at the time of our visit. This led representatives to consider whether a home-wide approach to care had not yet been embedded.

It should be noted that since our visit the provider has written to staff in respect of the use of a cultural language.

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

Green Amber

Enter and View observations

Pre-visit and location

Built in 2024, Acer Lodge is an attractive canal side building of 70 beds. With a square elevation it is made interesting with large glass windows and a series of balconies serving each “household” and extending outside space.

Set close to Blackburn town centre it is relatively near to transport links and shops. However, the short walk (10 minutes) may be difficult for many elderly people due to the incline of the road leading to the home.

We did not see signposting from the main road. The private road serving the building itself was newly constructed with landscaping round the periphery.

The car park is situated to the front of the building and is well-marked out. There is a dedicated disabled parking space but was obstructed by a skip. A team member who has a disabled parking blue badge was obliged to park in an area alongside it. Representatives did not consider there were enough parking spaces to service the number of residents and visitors, and on the day, attendance at an induction exercise meant parking was limited with some team members having to park elsewhere. We were told later that additional parking was available nearby at a nominal charge.

Prior to our visit we looked at the home’s dedicated website and found it to be well-structured and informative. However, the online brochure can only be downloaded on request which might put off prospective residents. All contact with the home prior to our visit was helpful and positive.

Green **Amber**

The external environment

On approach it is possible to see the dedicated outdoor space to the front of the building. This was a lawn surrounded by hard surfaces to the edges enabling accessibility for wheelchairs. Although quite limited in the context of the size of the home there was a large and pleasant patio area with wooden tables, chairs and umbrellas for residents to sit out. A cheese and wine activity organised by the home’s customer experience lead saw the gardens being used as our visit concluded. Throughout the building outdoor balcony areas with glass balustrades were spacious and similarly equipped with quality wooden tables and chairs although we did not see anyone using them whilst we were there. The canopied reception from the carpark was clearly visible. There were sufficient security measures in terms of access with keypads in operation. It was evident that dogs were welcome with a water bowl and biscuits at the side of the front doors.

Green

The internal environment/reception -first impressions

We were initially met by the manager in the car park and he was very welcoming. We observed that the automatic doors at the entrance opened outwards and rapidly. Luckily the manager had warned us about this, but we did not see a written notice of caution. Representatives considered that the operation of the door would present significant problems for those less mobile or with low vision.

The reception was spacious, clean and staff were located at a desk for consultation. There was a digital sign-in system, and we noted that printed information was available and that the Healthwatch poster was prominently displayed as requested. We saw copies of an activities based pictorial newsletter "Making memories at Acer Lodge June 26".

The reception was very impressive with a dedicated area given over to a café space. There were small round marble tables supplemented with comfortable armchairs and the area was decorated with flags for the World Cup. The manager told us that the café space could be used by visitors and residents alike with hot and cold drinks, snacks and cake to hand on the worktop. A breakfast menu was also displayed.

Staff looked smart and were easily identifiable by different coloured polo shirts.

Green

The observation of corridors, public toilets and bathrooms

From the areas we observed, there was a uniformity in terms of the corridors being spacious, clean and decorated in light neutral colours. The handrails were distinguishable from the walls, and the flooring was light wood effect throughout. There were fire exits and safety features as expected and the central spotlight lighting ensured safe navigation. The majority of areas we visited had decorative prints on the walls, but representatives felt in terms of orientation there was little to distinguish one area from another. The manager told us later that each household was due to receive a dedicated name via a competition at the local school. Doors were clearly marked with their function, and we saw the use of sign language representation. However, we did not consider signage to be prominent, and we did not see colour contrasting, pictorial and written signposting together. The resident bedroom doors we observed did not appear to be personalised. However, we were advised later that 4 doors had been personalised by residents. The lift to other floors was clearly identified.

Each bedroom at Acer Lodge has en-suite facilities. There was also an availability of larger bathrooms along the corridors for specialist bathing. Representatives visited several of these and were impressed in particular by the shower room provision. The shower room we saw was spacious and beautifully appointed in a domestic style with storage and tiling in a light wood effect. There were multiple shower heads with a large rainfall head set in the ceiling. The ceiling itself was lit with small LED lights above the shower in a therapeutic manner. All the bathrooms

we saw were clean and fitted with handrails and shower seats as appropriate, but these were not all colour contrasting which would be more appropriate for any residents living with dementia. There were sufficient supplies of toilet rolls, towels and soap. In one corridor WC it was noted that the emergency pull cord had been tied up in such a way it could not be used as intended, and the manager rectified this immediately.

It was noted that throughout that there were posters detailing upcoming activities.

Green Amber

The lounges, dining area and other public areas

Acer Lodge is defined by a series of five "households" from general admission through to dementia, nursing and male only. Two representatives focused on the general admission area. Another two representatives focussed on a residential household.

Each household appeared self-contained with a kitchen and living area. Outdoor balcony areas were available throughout however in the general admission household a continuous alarm went off in the carer's handheld device whilst the door to the balcony was opened. The carer did not seem to be able to turn this off from her device, it was quite jarring and this led us to consider how this would encourage free movement of residents to the balcony areas.

Decor in the households was uniform but very attractive and comfortable. Representatives also considered that the furniture arrangement facilitated social interaction. There was a variety of seating from 2-seater sofas to individual armchairs with coffee tables interspersed. The wall mounted TVs were placed centrally and at the time of our visit the news was on with subtitles. There were few people in the living areas at that time, but we spoke to a gentleman sat alone in the corner who told us that he liked to watch cricket. When we asked the manager if that could be facilitated, we were told it was on a channel that the home did not subscribe to. A walking frame was located close to the wall near him, however, should it have been intended for his use it was too far away for him to mobilise independently.

We observed that board games were available and there was a plentiful supply of magazines. We saw shelving units displaying contemporary book titles and a daily newspaper.

The configuration of the household spaces with dining and kitchen spaces being in the same area seemed to promote a comfortable environment alongside the carpeting plants and soft furnishing. However, we did not see any personalisation in this space.

Representatives observed two full-sized clothes display models dressed in wedding attire positioned in the corner of one of the communal lounge areas. The manager explained that these had been placed there to encourage reminiscence and

conversation amongst residents. Healthwatch recognises the value of creating a familiar environment, however, representatives questioned whether this reflected the domestic surroundings that residents would recognise from their own homes.

We did not see a dedicated area where residents could receive visitors in private.

Dining areas in the household unit were easily identifiable with clean wood effect flooring and light wood square tables and comfortable padded chairs to seat differing numbers of diners. White kitchen areas included units with a sink, crockery, toaster etc. A paper A4 menu was placed on each table, and breakfast was indicated as Full English, toast or cereal. Lunch was roasted tomato and pepper soup, sandwiches, three cheese and broccoli and onion bake followed by semolina with jam. Dinner was recorded as pork and cider hot pot, roasted courgette and peas or butternut squash risotto followed by banana and blueberry loaf with custard. Light meals such as omelettes were offered as alternatives on request.

The menu appeared healthy, appetising and offered sufficient variety.

Green Amber

Observations of resident and staff interactions

Overall, we observed very positive interactions between staff and residents, and feedback regarding care and safety was consistently positive. Staff were warm, friendly and respectful in their interactions with residents.

However, concerns were raised by residents regarding the use of prescribed organisational language within the home. Shortly after our visit commenced, a manager advised Healthwatch representatives that there was an accepted vocabulary to be used within the service and explained that the term *corridor* should instead be referred to as *hallway*. A member of staff was then asked to demonstrate their knowledge of the preferred terminology and responded correctly. The two representatives were subsequently provided with a document entitled *Our Shared Culture and Language*, which was also independently shown to other representatives by a relative.

Healthwatch recognises the intention to avoid an institutional environment. However, more than one resident and a relative independently told representatives that they felt the prescribed terminology was imposed upon them and found it confusing. One resident, whilst praising the care she received, apologised after referring to the "staff", explaining that she was *"not allowed"* to call them that. She was unable to recall the preferred term and commented, *"We just have to be careful because management don't like it."*

Examples of the preferred terminology included the transactional term *customer* rather than *resident*, and recommendations to use unfamiliar words such as *Ohana*. Whilst intended to convey the concept of family, it is not a term that many

residents, having spent their lives within their local communities, would reasonably be expected to recognise or naturally identify with.

Healthwatch supports initiatives that promote a positive and welcoming culture. However, organisational culture should enhance residents' daily lives rather than becoming an end in itself. Residents should feel able to communicate in the language that is natural and familiar to them, without feeling obliged to adopt an organisational vocabulary.

Activities were delivered by a Customer Experience Lead (Tony), and at the time of our visit we observed both a service of worship taking place and later a cheese and wine in the garden area. One resident confirmed *"There are always activities and things going on if you want it"*. Tony was very welcoming and enthusiastic, and we observed him encouraging residents to join in.

We observed a full activity schedule advertised at points throughout the home with coffee mornings, chair-based exercise, arts and crafts, karaoke, teddy bears picnic with young visitors and flower arranging as part of the weekly activities on offer.

We noted an upcoming garden party on Friday 7th August. The poster invited friends, family, residents and the local community an afternoon with refreshments and entertainment.

We were impressed to hear that Acer Lodge welcomed pets into the environment.

Green

The Lunchtime Experience

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

Representatives observed the lunchtime experience on two floors - general admission and residential.

In the **general admission** household lunch time was 12.30pm. There were two tables, one for four diners and one for six diners. The tables were laid with colour coordinated fabric tablecloths and place mats. There were metal cutlery, fabric serviettes, glass tumblers, salt and pepper and a paper A4 menu which was passed between residents on the table. There were silk flowers on both tables. Orange squash or water were offered to the waiting residents.

There were seven diners supported by three staff members. The table for six accommodated four wheelchair users.

Food was prepared centrally and transported to the dining areas in a heated trolley which fitted into the kitchen worksurface.

The lunch offered was as indicated on the menu with the exception of the dessert - jam/blueberry cake and custard which was served from the evening menu.

Some residents were already in the room and started moving to the table at 12 noon. Other residents started coming into the room from just after 12pm. The residents seemed to know where they were sitting. One gentleman said that he felt he was too low down from the table and the home manager said he would order some chair raisers for him to help as there were none readily available. Likewise, the residents in wheelchairs were as close as they could be to the tables, but the wheelchair arms prevented them from being even closer. This left a gap that residents struggled with when feeding themselves. We did not see any residents using adaptive cutlery but felt this may have helped some.

We did not observe handwipes being offered to diners when seated. Nor did we see staff other than the customer experience lead wear an apron.

Whilst we waited for the food a conversation with the manager, and a resident struck up regarding the food. The resident highlighted that that they did not receive a lot of vegetables each day and when they did get vegetables, they were soft and that the plates were always cold when hot food was placed on them.

The manager responded that there was an issue with the heated food trolley and that they were expecting a new one. The solution to the soft vegetables was perhaps they would get a steamer for each kitchen area and that they could then use that to cook the vegetables, so they were not soft. The resident was happy about these solutions.

White plates were taken from the cupboard, and we could see that this colour contrasted with the green placemats and tablecloth to aid visual differentiation.

Food service began at 12.50pm and the staff were becoming anxious with the delay. The manager informed us that there was a new cook being trialled in the kitchen, so this had a knock-on effect. The customer experience lead took charge of serving the residents. He wore a fabric apron and disposable gloves.

All the staff were polite and attentive they addressed residents by name and asked each resident what they would like for their main meal from the menu. Tea and coffees were served with the main meal, and these were dispensed into China mugs with one resident asking for theirs to be put in a plastic feeding beaker.

Food was observed to be appetising and be of sufficient quantity.

None of the residents in this household required one to one support. Staff remained attentive and chatted with residents offering second helpings. Dessert was served at 1.15pm and there did not appear to be a choice.

Acer Lodge provides for staff to eat with the residents, and we saw two staff sit down and enjoy the meal at the end of service.

Lunch service was also observed at the **residential household**.

We observed that lunch was planned for 12.30pm. The menu was displayed on a laminated board in the kitchen, which replicated the general admission household, but alternatives were shown as Toasties Chip "butty" or panini.

By 12 noon five residents were sitting at the table. The tables were noted to be beautifully presented with crisp white tablecloths, table mats, napkins and matching cutlery. There was a floral centerpiece and salt and pepper in the middle of the table. Residents chatted amongst themselves whilst waiting for the meal, remarking "t*hey don't set the table like this every day* "and "*these tablecloths are too slippery and a bit long*".

The residents in this household were relatively independent and only needed the support of one staff member. It was evident that lunch was a social experience and it was lovely to hear their chatter and laughter. Likewise, we observed residents help each other, for example pointing out cutlery that was the wrong way round. The staff member sat down alongside them when possible and encouraged the conversation and she was observed to be both supportive and unobtrusive.

The TV was not allowed to interfere with the meal being turned off. However, some light background music may have enhanced the atmosphere.

We did not see residents being offered hand wipes prior to seating. However, after having an episode of coughing the staff member left and returned wearing protective gloves. Hand wipes were provided to residents later.

After being transported from the kitchen, lunch was served at 12.45pm. The care staff member obviously knew the residents and served them one by one. Representatives observed the interactions between the carer and the residents to be excellent. She offered each a choice and some control over the amount of food. The residents all had soup and sandwiches, and these were clearly appreciated. *"This soup is good" "it's one of the best we've had*" "and "*why can't it always be like this?" "It's bound to be good they are being inspected."*

A choice of drinks was provided including juice with the meal and tea or coffee. The hot drinks were served in larger mugs rather than the teacups. One resident used her own mug.

Dessert arrived at 1.05pm with the staff member making sure that all the residents had eaten enough.

No residents required adapted cutlery. However, one resident asked representatives to look at the cutlery on the table and despite matching and looking very smart, the handles are squared rather than round making them uncomfortable to use.

Overall, the experience was very pleasant but there were unnecessary intrusions from a staff member bringing in new staff on induction looking around and walking through the area whilst residents were eating. The manager noted this and asked them to leave.

Likewise, several senior staff members came in to check on things, potentially interrupting this agreeable eating experience.

The manager explained to representatives how staff record diet and fluid intake with good support from dietetics. Staff also have support from catering and management to provide special requests, especially for those who are unwell or not eating well. Staff are encouraged to sit / eat with residents in these situations.

Staff told us that they would order takeaway food for residents who specifically requested it.

Hydrating gel sweets are made on site.

Additional information

Use of AI

The manager told us that the provider was eager to innovate ways of using AI and by example explained how pain levels could be used to "Pain check" the elderly by using a type of facial recognition. Sound activated AI was also used to detect movement and potential falls and patterns of movement in residents who may not be able to reach the alarm.

Dedicated Transport

The home hosted a London cab 6-seater taxi in the home's unique livery. This could be used by individuals and small groups alike for journeys into the community.

Hairdressing Salon

The manager showed us a beautifully equipped and decorated hair and nail salon. With salon quality furniture, full length mirrors and professional backwash this was all complemented by a nail station for the visiting service.

The manager confirmed the availability of other additional services

- Domiciliary dentist provided by Dentist 2U
- Audiology services
- Ophthalmic service
- Podiatry services

Feedback from residents

Environment

"I don't like the wet room I find it difficult to shower because the floor slopes"

"I have a nice room."

"I absolutely love it here. I have a lovely room".

"I don't like it here."

"I have my own room. It's small but OK. It is fully ensuite, but I worry about slipping if the floor is wet. Especially when it's mopped. A sign on the door reminding me till its dry would help. I have suggested this, but the management don't listen."

"I struggle to walk so would like a room nearer to the lounge"

Activities

"Yes, there are activities, but I don't want to join in, I feel it is too difficult."

I used to like to read but I don't now. I like to go outside but don't go much. The view from the building is lovely. I like to look at the view. I sit here and look through the windows. I don't do any activities much, but I think there's something on this afternoon."

"Theres nothing to do. I like cricket but can't watch it on television. I just sit here." (in the lounge)

"My family can visit when they want."

"There are always activities and things going on if you want it."

"I join in if I want to."

"They had an Elvis singer, but it was very tacky!"

"They also had a saxophonist who was good but loud."

"I like to knit or crochet."

"I have TV in my room if I want to watch anything that interests me."

"I like to paint with watercolours."

"I would prefer a larger room for all my hobbies."

"I can order things I need online. The manager often asks about my parcel deliveries, so I keep a log of what I order and spend.

"I have a mobile phone. I arrange all my own appointments with the doctor or district nurse etc."

"The assistant chef is very good to me. He is like a grandson. He helps with any IT issues I have."

"We do not have a residents meeting or newsletter. I have suggested things in the past but don't feel listened too!"

Care

"My legs should be washed every day and it's in the care plan but it's a bit hit and miss. I had to point it out to them, but my relative has put my cream on today."

"Staff just don't have time."

"I don't like being told what to say like a cleaner is a "homemaker"."

"They look after me good but it's not like home."

"The staff look after me well. If I need them in the night they come. I don't have to wait long."

"I have a lot of storage boxes that have my stuff in from when I moved here. It is difficult to manage like this, but staff are too busy to help me sort them out."

"Carers are very good. Every single person works so hard and looks after us. I have never known a care home like this. I would not want to go anywhere else."

"I am very content here."

"As I am one of the more able here, I worry about the others, especially at mealtimes. I feel I need to help others. The staff don't always know what they need to do."

"There is a hairdresser if we need one. I don't use it as I can cut my own."

"Staff help me to shower."

"There is a lot of noise especially at night and early morning with staff coming and going; the laundry and kitchen is on the same level and so is busy with the trollies."

"The large TV in the lounge is very loud, I hate it."

"The chairs to watch TV are very uncomfortable with deep seats and low back."

"Residents with visitors from other floors come to use our sitting room because they don't have enough room. That is very annoying. There is always coming and going."

"I have a nurse call bell. Staff come as soon as they can. Sometimes my bell is not left where I can reach it."

Food

"They do things like macaroni and cheese but it's awful. Overcooked and in a clump."

"The beef is boiled, which I don't like."

"I don't eat breakfast; in my opinion they give them too large breakfast too near to lunch and then they don't eat lunch."

"I have my lunch in my room as I can't walk to the dining room too many times in the day."

"The hot food trolley hasn't been working for a while."

"The food on the trolley is always hot."

"I don't find the dining room very sociable."

"Sausage was on the menu yesterday, but it didn't appear."

"The food is good and you get enough to eat."

"The food is OK but it's not like mum's."

"We don't always get what we are supposed to. It's different from the menu sometimes which can be disappointing."

"The food is ok. We do have a choice. I like spicy food but that doesn't suit everybody."

Relatives and friends' views

How do you feel generally about the service?

"It's generally good. The staff are friendly. It is secure and clean."

"I can't comment really but I know dad is safe."

"There is good care around incontinence."

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

"Yes, there are no problems keeping in touch."

"Communication is good really both ways."

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

"No"

"I'm not clear but we do have a pack."

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

"Yes, I am aware of the activities and that we can join in if we want to."

"Yes, we can join in if we choose to."

Would you recommend this service to others?

"Yes, of course."

"This home is the one we chose together."

"I don't think this (shows copy "Our Shared Culture and Language") is necessary all this language might alienate older people a cleaner is a homemaker. I know dad feels patronised."

Staff views

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

"Sometimes"

"Only some days."

"Absolutely. We don't struggle for staff like I've experienced at other places. It works really well. We cover cleaning and laundry and we work well together. We have 4 homemakers Monday to Friday and 2 homemakers on Saturday and Sunday."

How does the organisation support you in your work?

"My training is still in progress, but I find the 12 hour shifts difficult."

"There is some flexibility around attendance but with notice."

"The only time I had an issue it was sorted by management quickly."

"I have arranged appointments OK, but holiday arrangements take far too long to authorise."

"We have online training – I've got some to do when I get home. We keep up to date with all our training. We are a team and work well together. I really like how the CEO is so involved. It's great that she is so keen to be seen and hands on. I love it."

How do you deliver care to diverse groups from different backgrounds and cultures?

"I have diverse members of my family."

"I can speak different languages."

"I haven't done Diversity training."

"We are doing Diversity Training."

"We have care notes and you get to know the residents. So, if they want to be quiet in their room you come back later to clean."

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

"Yes, we have a programme called Nourish its similar to My Life."

"We speak one to one find out preferences food etc."

"Care plan."

"We have a Wide-Awake club for residents who regularly get up at night."

"We get messages from management about preferences."

"I look at the care plan."

"We have care notes and you get to know the residents. So, if they want to be quiet in their room you can come back later to clean."

"From the care notes and talking with the residents."

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

"Yes, but the food provision isn't consistent it disappoints the residents."

"Maybe"

"Yes definitely."

Response from provider

Samantha Crawley CEO

Acer Lodge

Blackburn

BB1 1GA

17/08/2026

Dear Samantha,

Thank you for reviewing the Enter and View report for accuracy.

Please find your comments highlighted in yellow. Where we have responded is marked red in text. I have extracted the areas of the report that were subject to comment for brevity. Your responses will be included in the provider response section of the report.

How the Enter and View evaluation works

The Enter and View process is designed to ensure that care homes are assessed in a consistent and comparable way. Healthwatch uses the same assessment template across care homes, with the same areas of the service being considered. The same questions are also used when gathering feedback from residents, relatives and staff. This provides a consistent basis for comparing services.

During the visit, representatives consider the responses gathered alongside their own observations of the environment, facilities and residents' experience. The evaluation therefore reflects the evidence gathered during the visit and is not based solely on the responses to the questionnaire.

The findings are then represented using **Green, Amber and Red** ratings.

- **Green** – based on the observations and responses gathered, we would consider the experience of the home to be good.
- **Amber** – based on the observations and responses gathered, we consider the experience of the home to need some improvement.
- **Red** – indicates a more significant area of concern.

Where a section is recorded as **Green/Amber**, this does not mean that the assessment is undecided or that two contradictory ratings have been given. It means that **there were both positive findings and areas where some improvement was identified within that section**. Recording Green/Amber therefore provides a more accurate reflection of the findings than reducing the whole section to either Green or Amber.

For example, a section may contain several observations which are Green, alongside one or more observations which are Amber. The combination of those findings can therefore be reflected as **Green/Amber**.

The overall assessment is therefore based on the body of evidence gathered during the visit, including the standardised feedback, the representatives' observations and the findings within the different areas assessed.

General information section. The CQC rating has been amended from Good at registration to Awaiting Inspection.

Summary:

However, representatives does this mean the people in the Healthwatch team or the people in the home, as this was a very temporary situation and not reflective of the day to day use of the home – we have not had any other complaints regarding access to parking at the home) The comment refers to representatives, visitors and residents who may drive. felt that the car park provision was insufficient for the size of the building (and an adjacent building it was due to serve). A lack of an available disabled space, due to a skip blocking the space, and the practicalities of the door mechanism to reception may have caused difficulties for those less mobile.

Thank you for this information, it will be recorded in the provider response

Responses from family members were also generally positive, but one relative and several– when you say several – what number are you referring to as it states above that you spoke with 4 people?) 2 residents specifically mentioned the language expectations and one relative residents independently brought up concerns about the imposition of a "cultural language" "*Our Shared Culture and Language"* which we also observed and considered. Indeed, there was some discomfort around this which suggested it was counterproductive to what was intended. This language is a cornerstone of our approach to care and sits firmly in the work of Tom Kitwood and since then David Sheard – Professor of emotional intelligence at York University – this approach to a non-institutional way of 'being' in the care home has received several awards and accolades and is still a key parameter in dementia philosophy. The language we use about people either promotes their human rights Thank you for this information it will be recorded in the provider response.

Staff feedback was also mixed. It appeared that there were many relatively new staff in the process of training, and a large induction process was underway at the time of our visit. This led representatives to consider whether a home-wide approach to care had not yet been embedded. Our recent ICB inspection and PAMMs inspection demonstrate that team member inductions were very effective and that the team were embedding well. We have employed more team members in order to ensure that we continue to offer everything that each person needs and

wants and we find our feedback on inductions exceptional in the sector. Thank you for this information, it will be recorded in the provider response.

Pre-visit and location

We did not see signposting from the main road. The private road serving the building itself was newly constructed with landscaping round the periphery. There is a sign with an arrow in front of Aquamania – there are no other sign areas unfortunately. Thank you for this information, it will be recorded in the provider response.

The observation of corridors, public toilets and bathrooms

However, we did not consider signage to be prominent, and we did not see colour contrasting, pictorial and written signposting together. All our design is set to the correct LRV required – contrasting is not now done in bold colour and is now able to be achieved by each part of the design (floor/chairs/walls/curtains/pictures/lamps/lights) all working together to create the right LRV to enable people with cognitive decline to be able to way find without issue. Healthwatch are guided by NHS England Dementia-Friendly Environments: Guidance for Assessors. Tonal contrast, which representatives did observe, does not replace the requirement for good colour contrast in dementia-friendly signage and fixtures, as set out in this guide.

Thank you for your information though and we will record this in the provider response.

Resident bedroom doors did not appear to be personalised. Doors are personalised if the person wishes them to be – there are about 4 people who wish their doors to be personalised including an avid football fan. The lift to other floors was clearly identified. AMEND report to 4 doors have been personalised on request. Thank you for this information, it will be recorded in the provider response.

All the bathrooms we saw were clean and fitted with handrails and shower seats as appropriate, but these were not colour contrasting which would be more appropriate for any residents living with dementia. (again, LRV was achieved in design) see above. Thank you for this information, it will be recorded in the provider response.

The lounges, dining area and other public areas

Each household appeared self-contained with a kitchen and living area. Outdoor balcony areas were available throughout however in the general admission household a continuous alarm went off in the carer's handheld device whilst the door to the balcony was opened. The carer did not seem to be able to turn this off from her device, it was quite jarring and this led us to consider how this would

encourage free movement of residents to the balcony areas. We will look into this as this shouldn't have occurred – thank you for your feedback. Thank you for this comment, it will be recorded in the provider response.

A walking frame was located close to the wall near him, however, should it have been intended for his use it was too far away for him to mobilise independently. This is part of a plan of care. Thank you for this information, it will be recorded in the provider response.

Representatives observed two full-sized clothes display models dressed in wedding attire positioned in the corner of one of the communal lounge areas. The manager explained that these had been placed there to encourage reminiscence and conversation amongst residents. Healthwatch recognises the value of creating a familiar environment, however, representatives questioned whether this reflected the domestic surroundings that residents would recognise from their own homes. This is a part of our care philosophy – please see extract from one of our other homes very recent Outstanding CQC report – where these are noted as part of our Outstanding approach to care:

Staff demonstrated exceptional kindness and compassion through highly personalised approaches tha upheld people's dignity during moments of heightened anxiety. One creative technique involved the us of wedding dress displays and gentle role-play. Staff would sensitively dress in the wedding gowns, while male residents took on calm, fatherly reassurance roles. Female residents were also involved in resetting the dress and hair, helping to create a familiar and comforting social interaction.

We recognise that the figures form part of the home's reminiscence approach. However, our concern was whether they represented an inclusive and diverse approach. A wedding may be a positive memory for many people, but it cannot be assumed to be a positive or relevant experience for everyone. The use of two gendered figures in traditional wedding attire represents a particular relationship, cultural and potentially religious experience. This is particularly relevant in Blackburn, where approximately 43% of the population identify as being from an ethnic minority background.

Your comments will be included in the provider response.

We did not see a dedicated area where residents could receive visitors in private. There are smaller rooms for this and of course people can always meet in their rooms too. Thank you for this information, it will be recorded in the provider response.

However, concerns were raised by residents regarding the use of prescribed organisational language within the home. Shortly after our visit commenced, a manager advised Healthwatch representatives that there was an accepted vocabulary to be used within the service and explained that the term *corridor* should instead be referred to as *hallway*. A member of staff was then asked to demonstrate their knowledge of the preferred terminology and responded correctly. The two representatives were subsequently provided with a document

entitled *Our Shared Culture and Language*, which was also independently shown to other representatives by a relative. This is our approach though I'm not sure why you were asked to refer to it when visiting – we accept that it takes time. Though recent inspections of our homes have resulted in CQC wishing to utilise this language more whilst in the homes. Representative notes reviewed. The title Quality Manger has been removed from the report this was an incorrect assumption.

"On arrival we were accompanied by three managers including Chris. One of whom I believed to be the quality manager who challenged both representatives on their vocabulary. We were provided with a copy of acceptable vocabulary in the home we were told all residents receive a copy of this guide. I apologised for the word "corridor" having been advised it was a hallway."

Your comment will be recorded in the provider response.

Healthwatch recognises the intention to avoid an institutional environment. This is about much more than an institutional environment – it is about human rights led care – where we do not want to denote the people living in the home as any less than a person – a whole individual who does not need to be put in to a labelled box having moved to a care home. However, more than one resident and a relative independently told representatives that they felt the prescribed terminology was imposed upon them and found it confusing. One resident, whilst praising the care she received, apologised after referring to the "staff", explaining that she was *"not allowed"* to call them that. She was unable to recall the preferred term and commented, *"We just have to be careful because management don't like it."*Can you give more details about this? This response has been reviewed. It was recorded by a representative and observed by two representatives. I am sorry we cannot give you details about the person as responses are anonymised. Your comment will be recorded in the provider response.

Examples of the preferred terminology included the transactional term *customer (*we don't use the word customer – we use 'people' – people who live in the home and people who work in the home – we do not ever refer to people as customers) rather than resident, and recommendations to use unfamiliar words such as *Ohana*. Ohana is our philosophy – not a word to refer to? Whilst intended to convey the concept of family (not family – the people you live with, the people you laugh with and the people you love), The word customer is a recommended as "a word we use instead" in the "Our shared Culture and Language document. As is Ohana. The word customer is also a prefix used to describe job roles in the organisation. Thank you for your comment will be included in the provider response.

Healthwatch supports initiatives that promote a positive and welcoming culture. However, organisational culture should enhance residents' daily lives rather than becoming an end in itself. Residents should feel able to communicate in the language that is natural and familiar to them, without feeling obliged to adopt an organisational vocabulary. Agreed Thank you for this information it will be recorded in the provider response.

The Lunchtime Experience

We did not see any residents using adaptive cutlery but felt this may have helped some. Again, this is related to people's plan of care and is assessed and reassessed monthly. Thank you for this information, it will be recorded in the provider response.

We did not observe handwipes being offered to diners when seated. Nor did we see staff other than the customer experience lead wear disposable PPE. They do not use PPE for food – PPE is for personal care and is in fact against IPC guidelines for supporting people to eat. The wearing of green aprons is generally recommended when serving food to preserve the cleanliness and hygiene of staff workwear. Our comment about the wearing of gloves has been removed.

The customer experience lead took charge of serving the residents. He wore a fabric apron and disposable gloves. This is not the way we usually support- gloves are not required. Thank you for this information, it will be recorded in the provider response.

The TV was not allowed to interfere with the meal being turned off. However, some light background music may have enhanced the atmosphere. Agreed and people should have been asked if they wished it to be on – normally they say yes Thank you for this information it will be recorded in the provider response.

Representatives observed the interactions between the carer and the residents to be excellent. She offered each a choice and some control over the amount of food. The residents all had soup and sandwiches, and these were clearly appreciated. *"This soup is good" "it's one of the best we've had"* "and *"why can't it always be like this?" "It's bound to be good they are being inspected.* "Again, this doesn't reflect the responses we usually get. Thank you for this comment, it will be recorded in the provider response.

Overall, the experience was very pleasant but there were unnecessary intrusions from a staff member bringing in new staff on induction looking around and walking through the area whilst residents were eating. The manager noted this and asked them to leave.

Likewise, several senior staff members came in to check on things, potentially interrupting this agreeable eating experience. It is our policy that all team members including leadership team members, attend during all mealtimes to support and help wherever needed. Thank you for this information, it will be recorded in the provider response.

Feedback from residents

"We do not have a residents meeting or newsletter. I have suggested things in the past but don't feel listened too!" We do have a meeting for people living in the home and their care partners/family Thank you for this information it will be recorded in the provider response.

"Staff just don't have time." *The staffing levels in the home are far beyond typical in any care home*. Your comment will be included in the provider response

"I don't like being told what to say like a cleaner is a "homemaker"." Again, we need to discuss this as this is not an imposition on the people who live in the home - we will investigate this - thank you Your comment will be included in the provider response

"I have a lot of storage boxes that have my stuff in from when I moved here. It is difficult to manage like this, but staff are too busy to help me sort them out." *The person who has a lot of items in their room, chooses this - we advise not to move so much stuff into a room and continually monitor for safety and fire*. Your comment will be included in the provider response.

"There is a lot of noise especially at night and early morning with staff coming and going; the laundry and kitchen is on the same level and so is busy with the trollies." We will look at this thank you Your comment will be included in the provider response.

Relatives and friends' views

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

"No" *in the moving in pack our 'Life at' document/SOP is required reading before a person signs their contract - the complaint procedure is detailed in there (there is a picture of the SOP in the front page of the contract - stating do not sign this - without reading this (picture of SOP) and in reception*. Thank you for this information, it will be recorded in the provider response.

"I don't think this (shows copy "Our Shared Culture and Language") is necessary all this language might alienate older people a cleaner is a homemaker. I know dad feels patronised." *This saddens me to see and we will pick this up*. Your comment will be included in the provider response.

Staff views

"We have online training - we have 40 hours of face-to-face training also I've got some to do when I get home. We keep up to date with all our training. We are a team and work well together. I really like how the CEO is so involved. It's great that she is so keen to be seen and hands on. I love it." Thank you for this information, it will be recorded in the provider response.

Yours sincerely,

Michele Chapman

Project Officer Enter and View

Healthwatch Blackburn with Darwen

Unit 19, Eanam Wharf, Blackburn BB1 5BL

Telephone 07538 540237or 01254 480002

Website: Healthwatchblackburnwithdarwen.co.uk