



Andrews Court, Blackburn, BB2 4QR

Enter and View Report

Tuesday 7<sup>th</sup> August 2024

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:

Andrews Court Care Home

Livesey Branch Road

Blackburn

BB2 4QR

Staff met during our visit:

Carol Fisher-Leech

Date and time of our visit:

Tuesday 7<sup>th</sup> August 2024 10:30am

Healthwatch Blackburn with Darwen  
Representatives:

Sarah Johns (Chief Officer)

Liam Kershaw-Calvert (Lead)

Katie Merry (Healthwatch Staff)

Liz Butterworth (Volunteer)

Michelle Livesey (Volunteer)



## 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](http://www.healthwatchblackburnwithdarwen.co.uk)

## Acknowledgements

Healthwatch Blackburn with Darwen would like to thank Carol Fisher-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 37 residents. There were no vacancies at the time of our visit, with a waiting list in place.

The person in charge is Carol Fisher-Leech.

Information obtained from carehome.co.uk and from the Manager states that the home provides care for adults over the age of 65yrs, adults under the age of 65yrs, dementia and physical disabilities.

## Methodology

The Enter and View representatives made an announced visit on .

We spoke to 10 residents, 6 staff and 4 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 be in need of significant improvement.

## Summary:

We previously visited Andrews Court in September 2021, and there have been positive changes to the home since then, and the provider, manager and staff are to be recognised for this.

Healthwatch representatives felt that Andrews Court Care Home was meeting the needs and interests of residents. Respondents spoke highly of the staff and management of the home. The biggest issue facing the home is the environment. Representatives understand the home is an old, converted church, but reflecting on our previous report, we still feel the building needs a refresh. The grounds of the home are not very attractive, with the same issues in place as 3 years ago - however we commend the attempts made to update the environment.

The representatives on the day were impressed by the caring, calm and professional attitude of the staff in the home. The manager has created a comfortable atmosphere and staff and residents were positive about the management. One resident stated that the care from the staff is “fantastic, they work like trojans.” Another told us “I dropped really lucky when I came here. It’s wonderful.”

However poor communication between the home and relatives/friends was raised as an issue, and this was noted to be raised as an issue in the last visit. One relative stated that their relative had “been here for four years now, and I have never had a review of [their] care.” They also informed representatives that the daily routine had been changed during our visit, stating “I have seen that they have done things differently today for your visit. They never usually have the drinks trolley on display like that and they have been wearing their aprons today, they don’t usually do that. It’s annoying as these things are the things they should always be doing.”

Andrews Court has made sure that the residents are comfortable and made to feel like it really is their home, with one resident saying “I’ve been here for seven months, I like my room, I feel like this is home now.”

On this occasion the Healthwatch Blackburn with Darwen Enter and View Representatives gave the home an overall score of:

## Green Amber

Healthwatch Blackburn with Darwen note that Andrews Court is trying to improve the home in positive ways for the residents and we would be happy to return to the home in 12 months for another Enter and View visit, to observe and update on where the home is at then.

## Enter and View observations

### Pre-visit and location

Prior to our visit we sent out a letter with a poster enclosed informing the home of our pending visit. Andrews Court has an informative website and a Facebook page with images and information, however the Facebook page no longer seems to be updated regularly, with the last update being in June 2022. The Facebook page is described as a place for “all staff and families to keep up to date with their loved ones.”

We were able to locate the home easily. It 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 a large sign, with the company name, however “Andrews Court” is in much smaller writing.

Parking was limited and tight and some of our representatives had to park further down the road on a side street. Access was from the car park directly to the front of the building. We did not see a dedicated disabled parking space.

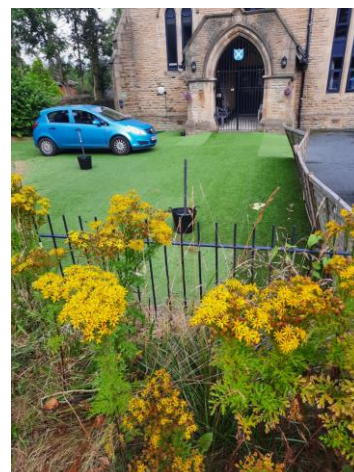
### Green Amber

#### The external environment

Andrews Court Care Home is a former church building that has been converted into a care home. Representatives noted that the grounds are somewhat restricted. We were informed by a staff member that the small garden, a fenced off with a patch of artificial grass, was used as an area for outdoor activities and for the residents to sit outside. On this particular day, some of the area was used for car parking.

While the Representatives did not find the limited area to be particularly attractive - it was good to see an attempt was made to provide an outdoor space for the residents. The fence also needed maintenance, as it was falling down. Other parts of the grounds, especially around the railings needed garden maintenance, the weeds made the area look untidy. There were hanging baskets, which were bright and colourful. A little weeding would improve the overall impression, and residents could be encouraged to take part in gardening activities.

We were able to locate the main entrance quite easily. There are three steps leading up to the front door. However, the concrete steps were damaged and could pose a potential hazard. The steps to the front door had handrails to assist but there was no ramp visible therefore people with mobility difficulties may struggle with access. There is disabled access to the left side of the building at the front of the carpark.



Access to the home was secure, with a key code entry, and visitors were seen entering using the code.

## Amber

### The internal environment/reception - first impressions

On arrival, we were welcomed by a member of staff who asked all representatives to sign in the visitors book. We were asked to wait in the reception while the staff member went to get the Manager. All care staff we saw were in uniform and identifiable and had good communication between themselves.



The reception is double height and retains the characteristics of the former church - which is impressive. The area was inviting, with seating and shelving for books and ornaments. However, the sofas looked tired and worn, with one torn, and another had visible stains. However, the overall area was clean and tidy. There was a quiet corner with books and games, which was a nice touch.

Representatives noted on display in the reception area our Healthwatch Enter & View poster as requested, as well as Recipe 4 Health Gold Award and 5 star food hygiene rating certificates. There were also contact details for concerns, complaints and compliments.



A good feature in the reception area was a sweet tuck shop booth for residents, it was well stocked, and was being restocked as we arrived. We noted that staff used gloves when handling the sweets. We were told there was another currently being made that would be for savoury snacks.

We were greeted by Carol, the Manager, who introduced herself and was very welcoming and informative. She remembered us from our previous visit and updated us about details of the home. She guided representatives to the relevant areas and later spoke with two representatives in a sit-down conversation.

The overall environment of the home was observed to be busy but calm, and was seen to be welcoming and comfortable. **Green**

### Observation of corridors, public toilets and bathrooms

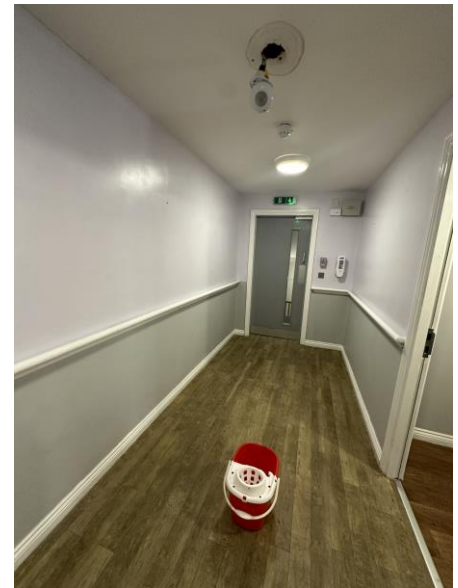


On the first floor, a corridor was cluttered with equipment, making it narrow, which could pose a problem for wheelchair users and a potential fire evacuation risk. Three resident rooms were adjacent to this corridor.

Another corridor had a bucket in the middle of it, which could be a trip hazard. When a representative asked about the bucket, it was due to leak and to collect the drips - there was no warning sign

next to the bucket.

The corridors on the second floor were clean and clutter free. All the bedrooms were clearly numbered, and each door had a framed photograph identifying the resident, which representatives found to be a nice touch. On the corridor, there was a free-standing wardrobe stacked neatly with clean towels.



A light was noted as being out and not working outside room 18, however as representatives were leaving the home, a handyman did arrive to replace bulbs.



The corridors have adequate PPE stations with a supply of aprons and gloves for easy access on entering residents' rooms. There were also several hand gel dispensers which were full and clean. A domestic staff member told us the units were filled daily by them. Every resident's room is cleaned daily as well as all communal areas. All laundry is done by domestic staff.

Communal bathrooms had bright yellow doors which were clearly identifiable. The bathrooms were clean, however the toilets could pose a problem for dementia residents, as it is a white lid on a white bowl.

The walls had differentiation on walls and handrails for dementia residents.

### Green Amber

## The lounges, dining area and other public areas

The home has 2 upper floors, with a lounge on the ground floor and a lounge on the 1st floor. Stairs or lift can be used to get to the different floors. However, representatives used the lift and found it to be small, dirty and a panel was broken with open wires exposed.

Representatives who took the stairs noted them to be clean and well-kept and had handrails leading up to the top floor.

As representatives entered the second floor, it was noted the heat was overwhelming. It was warm day outside and the heating was not on. Two residents mentioned how hot their rooms were, both kept curtains or blind closed in an attempt to keep the room cooler. Attempts were made to help cool down the rooms, with a free-standing large fan being used in a communal area. It was positioned against a wall, so was in a safe position. One resident had two fans in their room. Another fan was seen on the top corridor with the cleaning trolley, which was excessively dusty.

There was no discernible odour throughout the home.



by choice.

Andrews Court has two public lounges, one on the ground floor and another on the first-floor. Both lounges were bright spaces, had large arched windows with nice artwork on the walls. However the residents were all lined up against the wall in a row of seats, therefore the rooms didn't really encourage social interaction, with the TV being the main focus of the room. However, some seats could not see the television, which could be

Representative could see that the setup of the room did appear to make it easier for staff members to come in and out of the room.

The first-floor lounge had two televisions, both blaring out at the same time. Representatives found this to be intrusive and noisy. There were small tables dotted around the room, with drinks of juice and water on some. Staff members were seen to be offering residents refreshments and knew the names of each resident they interacted with.

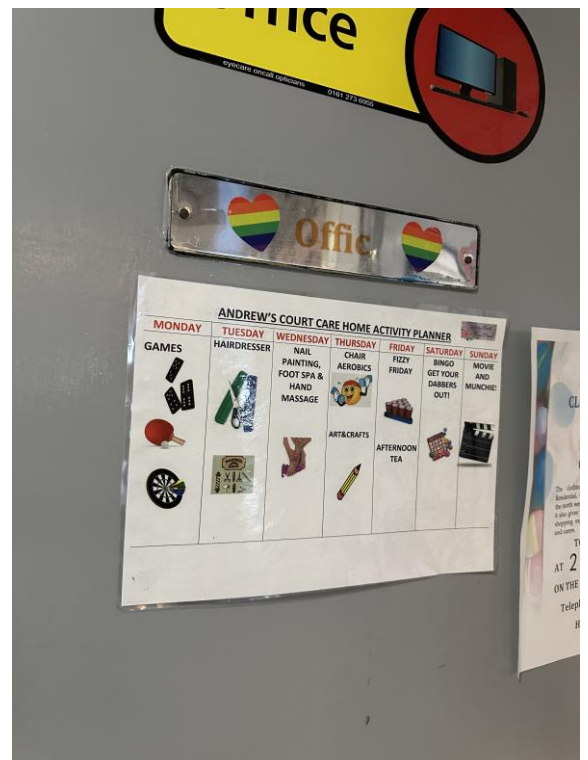


On the first floor, there was a storage shelf with games and books, as well as a drink station with Coca-Cola, milkshakes, juice and water. When asked about the temperature of the drinks, a staff member informed the representatives that the milkshakes had just been taken out of the fridge before being placed on the shelf. However, we noted holding the carton that it had clearly been sat at room temperature, and a representative noted those same milkshakes had been seen on the shelf an hour previously.



A resident showed us a photograph of a rather drab looking sandwich that had been served to them. It was a cheese sandwich but they told us that it had little or no cheese. When she asked the staff about it, she was told that they thought the resident didn't like a lot of cheese.

The home has activity coordinators, who also are carers. When speaking to them they said there were no scheduled activities and that they made things up for the residents to do. Sometimes they did “daft things” that made the residents laugh. They said they just put things on day to day with the residents sometimes it was bingo or play your cards right. They told us that they had a singer in the other week doing Elvis songs. Other activities included arts and crafts, sticking seeds into apples to make bird feeder and put them on windowsills, armchair exercises, nails and hair salon and a garden party. Staff stated that they take the residents outside if the weather is okay. In contrast with this conversation, the office door had a clear daily activity schedule displayed. The activity of that particular day was hairdressing, which representatives saw taking place.



A room on the second floor was dedicated for hairdressing, and representatives saw residents having their hair done. The hairdresser told us that they had been doing it for “13 years” and had seen different managers at the home. They stated it was “brilliant here”, they “love the residents” and told us the staff help and they feel “supported.”

Residents sometimes go out into the local area, for example, we were informed one gentleman went to the barbers last week and staff will take residents to the Co-op across the road. (Although some are known to change their mind when they get to the door.)

## Green Amber

## Observations of resident and staff interactions

We noted the home to be busy but calm, and during a visit a call bell for a resident in their room was answered promptly.

Representatives saw good interaction between staff and residents. We noted on numerous occasions that staff members made sure they were at residents level to speak to them and respect for each other was clear between both residents and staff.

One resident sat in the lounge was uncomfortable in their chair, a representative noted their legs were swollen and they didn't have a footstool. When speaking to the resident, they stated "It's awful here...I am going out tomorrow, they are evicting me to another home." When asked why, "I am too much for them. They can't cope when I have pain. They get me up at 6:30am, sit me here and I have to stay here until after 7:30pm. I hate it." When asked if they get on with the staff, the resident paused, and a carer came over and said, "we all get on here."

When speaking with the home manager, we were informed that they have plenty of staff in the home, with set rotas, and were lucky that staff cover for each other when needed. The set rotas allow the staff to do their shifts around child-care and other requirements. They do use agency staff in an emergency, and use a regular agency, so they always send staff who are familiar and have previously worked in the home. The manager stated that they do not need to provide one to one support for residents at the home.

Staff complete online training but they do fire training and moving & handling training in house. The support manager sometimes joins the coffee and chat forums run by the ICB when available. She informed us she makes use of the ICAT offer from ELHT and find it really helpful. The manager or team leader do medications for the residents. She stated that she is quite hands on as a manager and finds it helpful to get to know the residents and make sure their needs are met. This was echoed when we spoke to staff, residents and family. Appreciation for management was apparent. Staff especially sang praises of the management, with one staff member stating that Carol "has always been really good with me." Another saying they felt "fully supported" and "wouldn't be here if I didn't."

## 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. All catering is done in house.

When speaking to the manager about how they ensure residents have a choice, she stated that they are given the food menu in the evening before but they always have extra meals on in case residents change their mind or forget what they had

ordered. This was later witnessed during lunch when one resident did not fancy their meal and were offered plenty of alternatives.

Lunch was at 12:30pm and in this home was split between two floors. The ground floor lounge had a dining area and the first-floor lounge also was used for dining. Two representatives observed the ground floor lunchtime, and two observed the first-floor lunchtime. Both floors were served the same meals, the main was chicken and vegetable pie, with cabbage, beetroot and gravy or a prawn salad. Dessert was strawberry angel delight, with fresh fruit and chocolate sauce - fruit and yoghurt were alternatives.

Representatives observed a different lunch experience between the two lounges.

### **Ground floor lunchtime experience**

There were 14 residents in the lounge. They were all seated at the table by 12:27pm, there were two tables of six residents and two residents sat in arm chairs with pull up tables for them to eat from. Staff came in, wearing aprons, and were seen using hand sanitiser. They placed bibs on certain residents, each resident was asked if they were happy for the staff member to place the bib on them. Staff were seen to crouch down to the residents level to listen and talk to them.



The atmosphere of the room was calm and comfortable, with the TV playing quietly in the background. The dining tables were set with black table cloths, artificial flowers for decoration, placemats, cutlery, napkins, salt, pepper and vinegar. Dinner was served at 12:37pm, the food was plated appetisingly, and the smell was pleasant. As the meals were served, residents were asked what hot drink they would like. The drinks trolley was a little grubby and needed a wipe down, however the drinks were served promptly. Some residents were served in plastic cups and mugs, some had sippy cups. They were bright and colourful making them easily identifiable. One resident placed their coffee cup onto their plate but a staff member promptly noticed and moved it back onto the table.

There was a moment where the room had no staff members in while the residents were eating. During this time, a resident dropped their spoon on the floor and could not reach it. When the staff re-entered the room, a representative informed them about the spoon, and they quickly retrieved it and gave the resident a new one.

Throughout the meal, staff asked residents if they needed their drinks topping up and if they needed any help. One resident was eating with their hands, the staff noticed and gave them their knife and fork and asked if they wanted help cutting up the food.

Residents seemed to enjoy the meal, one said to a staff member that there was too much, but was reassured and told to “eat what they can.” Another was encouraged to eat and told they would get chocolate after.

During lunch, one resident appeared to be distressed, staff quickly came to their side to comfort them. When we spoke with staff later, we were told it was a daily occurrence, but they just make sure to reassure them.

Chatting amongst residents was light and pleasant.

After the meal, staff were seen noting down what residents had/hadn't eaten. One resident was witnessed to have 1:1 feeding, and the carer was seen to be wearing gloves. The resident did not want their meal. The carer tried multiple alternatives until they ate something, including yoghurt and cornflakes. The resident later said they wanted the cornflakes warm, which was promptly heated up for them.

During dessert, the chef came into the room and interacted with the residents. They all knew who the chef was.

The overall atmosphere of the ground floor lunch was positive, with residents being encouraged to eat at their pace.

### **First floor lunchtime experience**

On the door to the dining room was a four-week menu selection, however representatives were unable to match up the food for today with the menu. There were two dining tables, one long table that seated 10 and a smaller one that seated 4 and all the chairs were the same height. Some residents remained in their chairs to eat. The tables were set similar to the ground floor dining room with a black tablecloth, placemats, paper napkins and condiments. There were jugs of juice and plastic beakers. One resident made a comment that “they need new cutlery as these don't cut anything.” The room was noisy, it had two TVs, one muted and another playing a film that was loud. Staff did turn the TV down slightly during lunch.

Residents were moved to the tables at 12:20pm, with the assistance of staff and some residents came in from their rooms. Staff wore blue aprons for food service, one carer wore gloves. There was no evidence of handwashing or use of handwipes by staff or residents. Staff were seen with long fingernails and nail polishes, which did not seem appropriate for serving food or providing personal care.

Two residents required assisted feeding, and three residents were given adult bibs.

Lunch was served promptly at 12:30pm.

Plated meals were brought out by staff using tea towels as the plates were hot, staff informed residents to be careful when touching the plates. Staff and resident interaction was pleasant, with staff referring to the residents by name when bringing their meal.

Those who remained in their chairs had to ask staff for cutlery as they had been forgotten.

A pureed hot meal was brought out at 12:35pm and put on an empty table. At 12:40pm the pureed meal was collected by a carer and taken to a resident sat in an arm chair. The carer left the meal on the table to go collect a bib, when they returned, they started to feed the resident. They were not wearing gloves at first, but left again and returned with gloves and commenced feeding. There was very little encouragement or interaction given to the resident by the carer and the carer was also trying to feed another resident who was sat next to her.

One resident remained in their chair to eat. The resident appeared to be withdrawn and sleepy. They had a side table to the left of them, and not within easy reach. A carer brought their lunch which was prawn salad and it was wrapped with plastic film. The carer gave the resident plastic cutlery and said “here’s your lunch” and walked away. After 10 minutes, another carer asked why the resident was not eating and asked if they needed help uncovering the film. The resident complained of not feeling well and the carer said they would feel better if they ate. The resident tried to eat but was struggling. The manager came in and asked if they were okay, and they repeated they weren’t feeling well. The manager said they will contact the doctor. Carers however continued to encourage them to eat, one carer brought a chocolate milkshake and poured it into a cup for them.

Throughout the meal there was little observed interaction and conversation amongst the residents. A resident started to cough and staff were immediately attentive. Some residents appeared sleepy at the table. A resident had fallen asleep with their uneaten food in front of them, the resident was around the corner and not easily seen by carers. This was still happening 10 minutes later at 12:40pm. A carer came to give them a cup of tea and woke the resident up, told them to eat their dinner and walked away. The resident put their fork in the food, but immediately fell asleep again without eating. Nobody checked on the resident until 12:52pm when a carer came over and sat with the resident, cut up the food and encouraged them to eat. The food had been on the table for 22 minutes, and was not at optimum temperature.

One resident was heard saying to another resident “I asked what it was and she just walked away.” The second resident told them they thought it was chicken pie.

The residents were not rushed in any way throughout lunchtime. However, the room was loud, with the TV blaring, and staff calling out to other staff members from one end of the lounge to the other. However, no resident complained about this.

Dessert was served and being well presented created positive discussion amongst residents. Tea and coffee were later served, with some residents having beakers with wide spouted lids.

Representatives were concerned at the number of residents who did not eat well. Carers informed us that they have a digital activity log that records all food and fluid intake and has an area to comment on any concerns. Residents are weighed monthly or weekly (depending on need) and the doctor is contacted if they have concerns.

Prior to leaving, representatives thanked staff and residents for making us feel welcome. As we were leaving, staff appeared to be more relaxed, it could be noted that our presence in this particular lunch experience possibly made the staff anxious.

The overall atmosphere of the first-floor lunch appeared to be tense and stressed, resulting in residents in need of help going unnoticed or a bit of time.

## Green Amber

### Additional information

When asked about diversity and equality, the manager stated they do not currently have residents from different cultures. However they have a resident who is openly gay, as well as five staff members who identify as LGBTQ+.

## Feedback from residents

### Environment

“I love it here.”

“I dropped really lucky when I came here. It’s wonderful.”

“I have my room set up as I want it and I’m able to move around quite easily by holding onto things. I don’t go out of my room. I love my own company and I am very happy here on my own.

“The room is a good size for me.”

“I stay in my room. I used to go to the lounge by the TV is too loud, I do go down for my meals and them come back to my room. I’m very happy in my room, I like it.”

“I put my radio on and listen to it and do my knitting.”

“It’s okay.”

“I’ve been here for one year, everyone is lovely and I’ve got a single room, it’s okay, it’s not posh!”

“Excellent, I’ve got my own TV in my room, can’t fault it.”

“I’ve been here for seven months, I like my room, I feel like this is home now.”

“Suits me.”

“It’s the best that there is.”

“I like it because I can be independent.”

“I know where they are if I need them. I have family support whenever I need it.”

“I have my own things and am very comfortable, except for the bed. There is a dip in the middle and I get stuck and cannot move.”

“The cleanliness is not as good as when I first came.”

## Activities

“I’ve got the internet here and my tablet. I can download films to watch and I keep myself busy. I’m doing an online jigsaw at the moment. I can order things from Amazon and they are brought to my room. I am very happy.”

“I keep in touch with people and use Facebook.”

“I stay in my own room and do my own activities. That’s what I like. I’m happy doing this. I can go out if I want to and I do this.”

“I can’t do much anymore because of my legs, they are not as good anymore.”

“We don’t do too many, we could do with doing more. Sometimes they get us to colour in, but that’s not really for me.”

“We don’t do a right lot of them.”

“Not enough, I would like to go on days out - I like getting out and going to a nice café.”

“No I do my own exercises. I like listening to music, it would be good if we could dance - I like dancing.”

“I choose not to get involved but I could if I wanted to.”

“I like to be in my room. I play games on my computer.”

“It’s great now we have Wi-Fi.”

“I can do online jigsaws which I love.”

“Amazon is the best thing. I can order anything I need.”

“I don’t put the tv on during the day, especially when it’s so warm, I think tv adds to the heat.”

“I’ve got a mobile phone and learned how to use it.”

“I prefer to stay in my own room and just go to the dining room for meals.”

“They do have activities, they had an Elvis singer, but I came back to my room. Not my cup of tea.”

“They had a large wreath delivered from a funeral undertaker. I thought it was inappropriate in wreath format, so I rearranged them into table displays. Other residents joined in, and I really enjoyed that.”

“Some residents get a newspaper.”

“I have visitors in my room. We have a good laugh and don’t disturb others.”

“I go out. We can go out whenever we want to. I have been driving my car till recently.”

“They did bring me a TV, but only one channel worked so I asked them to take it away.”

“Sometimes I watch TV with another resident in their room.”

“I prefer to stay in my room and do my knitting or whatever I want.” [The resident showed us samples of knitting which was for members of staff with babies.]

## Care

“They are just about the best staff. Very very kind and they come reasonably quickly when you ring the call bell.”

“The staff are really nice, even the night staff. They come when I need them and are very good.”

“It’s fantastic, they work like trojans. It’s not an easy job, is it?”

“Wonderful, I can’t fault it.”

“Always help if I need it, I like it to be quiet.”

“Very good, they are good at everything.”

“I’m not unhappy here, the hairdresser is very good, she will always fit you in when you want it doing.”

“I have a call bell but don’t need to use it. I can do everything for myself. The staff just come in when I want help to have a shower.”

“They are all good, some better than others. They let me do my own thing and are used to me now.”

“I have signed for my own responsibility so I can lock my door at night. I didn’t like staff coming in during the night and poking me. I have a heart condition and was terrified.”

“Some of the carers are young and complain that they are too tired to work in the mornings.”

“Some staff are good, some are bad.”

“I do have a bell and they come if I ring.”

“I have district nurse visits, and they should be twice weekly. I sort out all my appointments. Administration of foot services has not been as good since the merge of community services.”

“I like to be independent. I do my own medication.”

“Probably the best there is. I need help because of my eyesight and health.”

“Staff are good.”



“They answer the bell if I need them.”

“The staff are trying to sort out a dentist appointment for me.”

## Food

“We have a choice of two main course and get to choose the day before. The food is good and I have it in my room. I’ve got my own condiments and am quite self-sufficient. Sometimes if it’s hot, they bring a jug of water for me, I’ve got my own fruit squash.”

“The food is not as good as it used to be two years ago. You get a main meal in the day and then soup and a sandwich, cake for tea. Main meal is something like steak and kidney pudding, chips. I expect I could get a jug of water if I asked for it.”

“I like the food, it’s good and they always make sure it’s soft enough for my teeth, I have teeth problems.”

“Yes, quite good, there is a good choice.”

“Food is okay, can sometimes be a bit greasy.”

“Very nice, I’m not really fussy but it’s always homemade meals, they are nice.”

“I like the food, they give you a choice.”

“The food is okay. We order the day before so they can get it ready.”

“I have all my meals in here. I like my own space.”

“We do get a choice.”

“Some good food and some bad.”

“We recently had some mushroom soup which was excellent.”

“The homemade cake is usually good.”

“For breakfast I like to have a glass of orange juice, slice of toast or toasted teacake and a cup of tea. Nine times out of ten, something is missing. They have no juice or no teacakes.

“Other residents eat cooked breakfasts, one lady has two boiled eggs.”

“Staff prefer for me to eat with others in the dining room. They worry I will get depressed.”

“We get a choice of two for each meal.”

“Food is usually good.”

“We get lots of cups of tea.”

## Relatives and friends' views

### How do you feel generally about the service?

"Everything is okay, I feel like my mum is cared for."

"Good."

"Good."

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

"I feel this could be a lot better, we have to ask them when my mum has been to see the doctor or has a hospital appointment, they never keep us updated."

"Yes, they get in touch with my sister first, if they can't get through to her, they will call me."

"Yes."

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

"Yes definitely."

"Yes."

"Yes I would speak to staff or the manager."

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

"Yes, she used to. She doesn't get as involved anymore as she isn't mobile."

"There isn't any! They used to do bingo and stuff like that, they don't do it anymore. I wish they did more with them."

"We visit mum in her room as this is what she prefers."

### Would you recommend this service to others?

"I don't know really. There wasn't a lot of choice to be honest, this seemed like one of the best ones."

"At the minute no. With the lack of communication and activities, it's a no."

"Yes and have done."

### Any other comments?

"I work in social care and I have watched the care staff move residents and they are not doing it correctly. I feel like they all need retraining in moving and handling."

“When we come to visit, I don’t feel like the care staff make you feel like it’s a home from home. They don’t offer you a drink or somewhere to sit. The main living room is really small and we feel like there isn’t enough room for visitors to sit and feel comfortable.”

“My [relative] has been here for four years now, and I have never had a review of [their] care, I have seen that they have done things differently today for your visit. They never usually have the drinks trolley on display like that and they have been wearing their aprons today, they don’t usually do that. It’s annoying as these things are the things they should always be doing.”

One family member of resident told us they are offered a cup of tea if they are there when they come round with the drinks trolley.

## **Staff Views**

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

“Yes.”

“I’d say so, there’s enough staff and they know what they’re doing.”

“We support each other.”

“Yes, we have three staff upstairs, and three downstairs and always one senior around.”

### **How does the organisation support you in your work?**

“I feel very supported here. Wouldn’t be here if I didn’t.”

“All the staff get on well.”

“It’s brilliant here.”

“The staff all help each other.”

“I love working here.”

“There’s a flexible rota and you can talk to seniors.”

“Yes, the manager has always been really good with me, I left and came back and she enabled me to work the days I needed to work. I’ve been fully trained on everything.”

### **How do you deliver care to diverse groups such as Religion, culture, gender, LGBTQ+?**

“There are flyers for support. Holidays are celebrated.”

“We had a Pride party during Pride Month.”

“We had a fun day celebrating pride, it was in the Telegraph. Family members joined.”

“We do this by giving personalised care, for example when a resident wants a female nurse, we make sure that patient only has a female nurse.”

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

“Information is reviewed monthly. The individual care plans are all online.”

“Some information is verbally if they can, or family or an advocate.”

“Use initiative.”

“Yes, we have an app on our phone called Care Vision, it enables to look at each of the residents profiles so we are fully updated on everything at all times, it’s really good.

### **Would you recommend this care home to a close friend or family.”**

“Yeah.”

“Yes, I have done. It wasn’t a close family member, but my Mum’s neighbour. She was very happy here.”

“Yes, course I would.”

### **Any other comments?**

A member of staff explained having a dual role, cleaning and laundry. They explained that on the day of our visit, they were the only person on cleaning. They had all 37 rooms to clean plus all communal areas, with the exception of the kitchen as kitchen staff do this area. They told us domestic staff work well together and cover for each other as needed. They leave messages for each other.

They told us they all have online training, and thought it must be due soon as it is every year.

Staff go out socially together, with one telling us they went to the cinema.

“It’s a good home, managed by good people.”

## Response from provider

Dear Liam

Thank you for visiting the service on the Tuesday 7th August.

There are a couple of responses we would like to highlight from the report.

Our registration details are as follows:

Caring for adults over 65yrs

Caring for adults under 65yrs

Dementia

Physical disabilities

The report states that not much improvements have been made on the carpark and gradens however we have had 2 years of knotweed treatment to the side of the building and the back of the building. The grass area was made which in the summer time we have tables, chairs and umbrellas which is nice for people who use the service. We recognise the grass and weeding needed to be done and the fence however we had a 2 week spell of heavy rain during the time of the visit. Since the visit the weeding has been completed which is part of a regular maintenance plan.

The fence has been repaired once however we acknowledge it needs to be repaired again.

The Facebook page no longer exists. It was apparent to new management the required consents were not in place for this. Some of the content was only frowned upon by the local council. Following this a Facebook group was set up, required consents on place and is updated up to daily with activities for those who are part of the group. We don't have public groups or pages since this.

There is disabled access to the left side of the building at the front of the carpark.

The storage of the equipment on the corridor to the first floor does not pose a risk to fire evacuation as this was highlighted in previous years. The corridor is wide enough with equipment for wheelchair access. At the time of the visit room 27 was vacant and remains vacant as a respite room which we have asked cqc permission to increase our capacity by 1.

We recognise we have an activity planner which is there as a guide to plan activities however if service users don't want to take part in those named activities then staff will try something else to at least encourage some engagement.

We don't have a dedicated activity co Ordinator as we feel having separate roles can mean that care staff don't feel activites is their role. We like our staff to take part in activities which is also enjoyment for them and brings change to their daily job roles. Activities off sight always depend on the weather and service users participation.

We are still in the process of improving the service in all the domains and appreciate any poor highlights from the visit will be improved.

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