St James House, St James Crescent, Darwen, BB3 0EY

Enter and View Report

Tuesday 6th January 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:

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Staff met during our visit:

Laura Partington (Manager)

Date and time of our visit:

Tuesday 6th January 2026 at 10.30am

Healthwatch Blackburn with Darwen Representatives

Michele Chapman (Lead)
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

Acknowledgements

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

General Information

St James House is privately owned by Devshi Odedra and Keshav Khistria with places for 30 residents. There was one vacancy at the time of our visit. The person in charge is Laura Partington

Information obtained from carehome.co.uk states that the home provides care for people from the ages of 40 plus who are affected by dementia, learning disability. mental health, physical disability and sensory impairment.

The CQC rating is

Requires Improvement

Methodology

The Enter and View representatives made an announced visit on Tuesday 6th January 2026 at 10.30am.

We spoke to 7 residents and 5 staff, 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:

St James House appeared clean and sufficiently maintained, with evidence of recent redecoration. Management and staff were approachable and professional, and residents' basic care needs were being met. However, key areas for improvement were noted, particularly around environmental comfort, resident engagement, and social atmosphere. Several environmental issues are highlighted in the report for timely intervention namely the degradation of the downstairs wet room floor and the poor condition of the rear door to the garden.

Also particularly noticeable was the temperature in the lounge at the time of our visit. This was identified by both representatives and residents as uncomfortably cold *"It's always cold in here (lounge). My bedroom is cold too sometimes"* and *"Absolutely freezing. I cannot get warm even with this blanket they have given me."*

Some residents also raised concerns about delays in seeing a doctor and a lack of response to health issues.

Likewise, residents reported a lack of stimulation, and they appeared generally disengaged and despondent. *"Theres no activities. Nothing goes on here."* Representatives considered that opportunities for social interaction whilst delivering personal care and serving lunch were missed, and several residents told us that they did not know the staff names (this could have easily been resolved with staff name tags).

Residents who responded to us had mixed views with more positive comments about the staff and the food. *"Staff are kind and there if I need anything."* Most residents described the food as satisfactory with some bemoaning a lack of choice or imagination. *"The food is generally ok, I like chilli, but we never have anything like that."*

The staff who responded to us had positive views about the support from management. *"Our manager is excellent and always supports us."* They reported ample access to training, but it was unclear whether this training was appropriate to support some of the residents.

Representatives observed that there was a noticeable population of short-term residents on a discharge to assess pathway. The majority of these being ambulatory and younger than the residential elderly cohort. Some of these had mental health needs and the manager told us that there had previously been D2A residents with substance misuse issues. Observations by Healthwatch staff noted that the resident groups may have competing needs and this is discussed further in the report.

Representatives also acknowledge that there are wider systemic considerations in respect of the D2A process.

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

Amber

Enter and View observations

Pre-visit and location

Prior to our visit we took the opportunity to view the home's website. This had been updated and improved since our last visit and was easy to navigate and read. However, representatives felt that the information could perhaps have been supplemented by images of residents' rooms, activities and a sample menu.

The home is a converted schoolhouse located opposite the newer school building, and as such is centrally located to the community. The area is well served by public transport and shops on Chapels Brow and supermarkets are a short drive away. The building was well signposted and easy to locate. There was access to a large car park directly to the front of the building. Due to the weather conditions (snow) we were unable to observe specific markings or allocated parking spaces.

This visit was a rescheduled one due to infection control proceedings at the home.

Green

The external environment

The external aspect of the building seemed reasonably maintained with the front aspect being entirely car parking.

The main entrance was secured, easy to locate, well-lit and welcoming.

Later in the visit the manager showed us the rear garden area. The garden area was limited and secured by a wall. There were little mature planting or points of interest, and a hardstanding covered by a pergola (with some seating) appeared to be used for smoking. We observed that an accessibility ramp enabling direct access to the back garden from the lounge was also being used as a smoking area.

Representatives acknowledge that seasonal issues are reflected in how a garden appears however we felt that the garden could have been made more attractive with focal points, evergreens, pot and tubs of winter flowers, or plants with berries to attract birds. Although representatives observed the back garden to be utilised as a smoking area, the manager told us that in summer the garden was used for growing and planting, with grass cutting being maintained in house.

Green Amber

The internal environment/reception -first impressions

Laura the manager greeted us at the door and made us feel very welcome. The team have met Laura previously and we know that she is a caring and long-standing member of staff.

We observed that a digital sign-in system was in operation and a screen in the reception area provided information about the home. We noted the results of a residents' survey being displayed on the screen in written and chart format for clarity. The reception area is pleasant and spacious enough to be used as a meeting area and furnished in a homely fashion with artwork, armchairs lamps and occasional tables. Floors were tiled and we noted that the environment had undergone a decorative refresh. We observed a maintenance employee in reception looking through paperwork.

We also noted that all statutory notices were displayed and that the Healthwatch poster was displayed as requested. All key staff were easily identifiable by uniform and that they all looked smart and professional.

Green

Observation of corridors, public toilets and bathrooms

The corridors had been redecorated since our last visit. They were wide and uncluttered with wipe clean wood effect vinyl flooring throughout the building. Handrails were colour contrasting and we observed dementia friendly signage, being pictorial, written and colour coded to most areas. The corridors were also clean and well-lit, and we saw artwork, including residents own, displayed outside their doors which were personalised with their name. Representatives considered that the corridor areas would be easy to navigate for those who are physically compromised. Radiators were noted to have protective covers.

There were sufficient public toilets to service the number of residents. We observed them to be clean and have appropriate adaptions; we saw ample supplies of hand soap, hand towels toilet paper and dispensers of PPE for staff use. Laura was able to show the lead an upstairs adaptive bathing area which had a clean and modern bathroom, appropriate vinyl flooring and a chair to access the bath.

However, a corridor leading from an area with residents requiring high support needs was considered by representatives to have a very strong and pervasive malodour. The manager attributed this to residents with urine infections. Two representatives later revisited this area. There were 3 adjacent bathrooms the middle one being a large wet room with a toilet. The overpowering smell came directly from the wet room. The level access shower floor which was made of quarry tiles was badly stained with urine around the toilet area. There were grooves in the floor grouting where water was getting trapped and lying and the sealant on the walls was black and mouldy. Representatives felt that the degradation of the flooring area in the wet room may cause a potential site for bacteria.

This area appeared to need refurbishment.

Amber

The lounges, dining area and other public areas

The lounge area is on an open plan basis with 2 rooms made through to one and an extension to the rear. The seating was arranged in these 3 zones with a TV on the wall at one end as you enter. Chairs and side tables were arranged in rows facing the TV and along the window wall. The staff office, situated within the first seating zone, had a window overlooking this area, enabling staff to observe residents. Representatives noted the use of Alexa for residents to source entertainment.

There was another TV in the second zone which residents had chosen not to watch, and they were sitting in small rows facing each other.

Although representatives observed that the lounge was spacious and clean with wipe-clean wood effect vinyl and some recent redecoration, we did not consider it to be homely. There was little in the way of soft furnishings or ambient lighting, and residents were sitting around the sides of the room wrapped in blankets. However, there was ample space for residents to move, and we saw them freely able to come and go as they chose. Residents also had mobile tables for drinks and other personal items, and these were kept clean. Care staff were seen wiping these frequently. Residents who used a walking aid appeared to have them within easy reach and access.

Armchairs appeared comfortable and some were fitted with adaptations, such as risers and footstools. However, the overall environment was very subdued with little interaction between residents. Several residents were coughing. One representative felt that some of the residents appeared to need their hair washing.

The rear extension of the room seemed quite cluttered with armchairs in front of the rear window, a table with chairs and shelves containing numerous games and puzzles. There was also a large dolls house in this section which the manager told us was very popular with residents. However, this area was used for storing excess equipment such as mobile tables, walking frames and wheelchairs.

Representatives acknowledge that it was a particularly cold day when we visited St James House with snow outside and the temperature during the day was little above freezing. However, residents told us they were cold and this was our experience too. The lounge area was uncomfortably cold, with one resident claiming that the issuance of blankets was a normal occurrence. Staff had clearly attempted to mitigate the temperature as the older residents were all wearing additional clothing, some fleece jackets, and some outdoor coats.

The heating seemed to be turned on higher whilst we were there as there was some improvement to the temperature. The manager also turned on an extra electric fan heater above the exit door to the garden.

The situation of the external exit fire door from the extension of the lounge to the garden area also impacted the temperature of the room. Younger residents were continually accessing this door going in and out to smoke and letting the cold air in. The door itself needed replacing or reinsulating. The lead discussed with the

manager because there was a large gap at the bottom of the door through which you could see daylight. Likewise, badly fitting doors may be an access area for pests.

The dining area was separate to the lounge, reached from the corridor adjacent to the lounge area. Access to the dining area was restricted to residents due to infection control processes and this was recorded on a notice on the door. Representatives wondered how this would work if a resident preferred to eat late or be leisurely. Regardless, as the manager showed us round, we did come across one resident enjoying a mid-morning cup of tea sat in the dining room.

The dining room was spacious and clean with room to manoeuvre disability aids. Flooring was wipe-clean wood effect vinyl, and the furniture was sturdy wooden tables with wipe clean vinyl chairs. Some tables were nicely set with tablecloths, placemats, crockery and cutlery.

We observed a blackboard on the wall displaying an enticing breakfast menu including eggs, bacon, sandwiches, cereals, porridge and toast. Full English Breakfast was available at the weekends. However, we did not see a daily lunchtime or evening meal menu displayed.

Amber

Observations of resident and staff interactions

Representatives considered whether the number of short-term discharge to assess (D2A) placements had impacted on the social cohesion of the home. Laura told us that at times up to 60% of residents were short term placements. This made it difficult for staff to form enduring relationships with residents or to get to know their background. One representative recognised a resident as a former nurse who had worked at the hospital for many years. The carer seemed surprised at this information and had evidently never had this conversation. Nor did she attempt to engage or contribute to the discussion with the resident whilst it was ongoing. Another representative recorded, *"I did not observe any interaction between staff and residents during my time in the home other than functional - drinks/toilet."* However, feedback from residents about staff was generally positive, and feedback from staff about management was similarly positive.

We observed that the support needs of the elderly residential placements were notably different to the support needs of the D2A residents, many of whom were younger and with less physical needs. It appeared that some of these had mental health needs and yet staff told us they were unclear about the training in this respect.

A representative felt that this group of residents created an unintentional feeling of intimidation, which was noted in the dining room and after lunch in the lounge, where a group of residents were wandering about and approaching those residents sat in chairs, invading their personal space. Whilst we did not see any conflict between each group of residents it was noticeable that the more ambulatory group

had naturally assumed ownership of the public space for example being able to control the TV channels and frequently accessing the outdoors to smoke. This was to the detriment of older and less mobile residents.

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.

Lunch was due at 12 noon however the residents could not get into the dining room as the door was locked. The manager told us this was the usual occurrence to fulfil infection control obligations. However, this caused inconvenience particularly to residents with walking aids who then had to turn round and go back to their chairs in the lounge. Other residents were observed queuing up outside the door waiting for it to open.

Once the door was opened residents took their seats.

There were 6 tables in the room, two with three residents, three with two residents, and one with four residents. There were 16 residents seated in the dining room.

Tables were nicely set with fabric tablecloths and place mats, standard cutlery and white ceramic crockery. However, there were no condiments on the tables, and these were later located and provided by staff on request.

The kitchen was directly next to the dining room allowing meals to arrive at optimum temperature, and we noted that individual plates were probed for temperature whilst in the kitchen. We saw some staff wearing PPE gloves whilst others did not. Likewise, representatives did not observe any handwashing by residents or staff but concede this could have taken place earlier.

We observed that hot drinks and squash were served immediately prior to the meal after which the meal was served promptly and efficiently. We noted that 2 members of staff were allocated to the dining room with other staff coming and going taking covered meals on individual trollies to those who could not come to the dining room.

Unfortunately, there was no menu displayed other than a breakfast menu and no menu on the dining tables either. Similarly, there did not appear to be any choice in terms of what was served and we did not hear any discussion between staff and residents which might establish this. We noted that residents were served on different sized plates and wondered whether they had a choice of portion size as appetite can vary day to day and according to preference.

The food served looked and smelled very good and was clearly enjoyed by the residents, being plate meat pie, mashed potato and mashed swede with carrot and

gravy. The dessert was strawberry cake, and this too appeared to be enjoyed by the diners.

We did see one staff member encouraging a resident to eat but this was not the norm, communication between staff and residents being limited and the mealtime decidedly functional. Similarly, there was little communication between residents. Representatives felt small changes such as a radio playing and staff encouraging communication would have improved the atmosphere such as “how was your lunch” “would you like more?”

Overall representatives did not feel that the mealtime supported any social experience being observed as “very flat”.

Plates were cleared away promptly after eating and one resident approached the kitchen to thank staff for the meal.

The whole mealtime took half an hour for the residents to finish and leave the room.

Additional information

When we asked residents about the activities on offer at the home, they told us that a hairdresser came once a fortnight and that a fitness instructor made regular visits to do chair-based exercise. The manager was able to show us the hairdressing room, and this was noted to be attractive, well equipped and newly decorated.

However, residents who responded to us were ambivalent about the activities on offer. “*Theres no activities. Nothing goes on here*.” We did not observe any activities taking place during our visit nor was there an activity schedule displayed. The manager told us that it been very difficult to recruit to the activity coordinator post due to the limited hours and that the post had been vacant since September 2025.

One resident told us that he did not read or watch TV anymore describing himself as “*jaded*”. Likewise, representatives did not hear a radio playing or see magazines and newspapers being read. Another resident complained “*they don’t take you out*”.

It is routine for Healthwatch representatives to introduce themselves say good morning and ask residents if they are well. On this occasion, several residents reported that they were not.

“I have had antibiotics, but I am no better.”

“No, I have told the staff, but they say I don’t need the doctor.”

“I have asked the staff, but I don’t know what’s happening.”

This was reported to staff by a representative.

Whilst some of the younger residents were keen to talk to us and enjoyed the conversation, it was difficult to establish an accurate response to our questions,

"Oh I better not say anything." These residents were easily distracted and preferred to engage in their own topics about previous job roles and their past. One resident seemed fixated on his mobile phone and told us that he liked podcasts. Despite this, there was a general opinion amongst representatives that all the residents we spoke to were happy to have someone to talk to.

Feedback from residents

Environment

"My room is very tiny. It's very small. I wish I was in a different room".

"It's always cold in here (lounge). My bedroom is cold too sometimes."

"Its O.K. here."

"My room is O.K".

"It's good here".

"It used to be good here. Now it's not".

"We have a room each because they are only small but ok."

"The bedrooms are more comfortable because I am warmer, I have a thick duvet and it's nice when I am in bed."

"It's passible"

"They tell me I have one of the nicest rooms, so I guess it's nice."

"I have a TV in my room and can watch whatever I want in there, I get lonely though."

"Absolutely freezing. I cannot get warm even with this blanket they have given me. I have a bad chest and have had a while. I don't know what's happening about it."

"My room is great."

Activities

"Theres no activities. Nothing goes on here."

"We don't do anything. The television is on (lounge), but I can't really see it or hear it" (from where resident was sitting).

"Nothing. A guy comes in and we do exercises. He's good."

"They don't take you out."

"We used to like watching TV but not here."

"I did read a lot but not here…. Its jading."

"I can't choose TV it's just on."

"I don't know what you mean" (activities) *if I could do anything I would like to watch a good film."*

"No, I don't watch TV."

Care

"We have a buzzer if we need help and staff do come quickly."

"The staff are O.K".

"The staff are good".

"The staff are O.K. but two days ago things changed. I don't think they (staff) are happy with me or my son."

"Staff are kind and there if I need anything."

"We have pressure mats that let staff know if we are getting out of bed because we have both had falls."

"The staff know us now. I don't know the staff names."

"I wish we had never come here; we were silly to agree. We should have stayed in our own home."

"We cannot manage at home anymore; we have both been poorly and don't have a choice now."

"I am so lonely, I miss my mum and dad and my friends" "I don't have any family."

"The staff are ok. They work hard. I know some of their names."

"The staff are great."

Food

"The food is not too clever. It's not always hot."

"You get breakfast".

"We always have biscuits. Tea and biscuits three times a day."

"The foods good. I had a good Christmas".

"The food is generally ok. I like Chilli but we never have anything like that."

"My husband likes plain food, so he is quite happy."

"The food is ok but lacks any imagination."

"The gravy is awful."

"I like lots of fruit, but we don't get any, a bowl of fruit would be lovely."

"I don't think there is a choice of food."

"Sometimes you can choose a butty (sandwich) instead."

"We get lots of drinks whenever we want them. There are biscuits too."

"The food is great it's always great."

Feedback from staff

Feedback from staff was positive particularly in respect of the support they received from management. The deputy manager explained the support and guidance she has had while transitioning into the management role. She especially found medication an area of concern, as a new responsibility, but had support from the manager and the necessary training. She explained the training all staff have, including face to face and online. When asked if there was any additional training around mental health (given that the home caters for adults with mental health needs), the carer explained that they do have training and someone comes in but she wasn't sure who.

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

"I don't have a lot of time to do my tasks. I'm behind today. I don't have time to do personal care. If I had spare time I would help with personal care for the residents".

"There is a bank staff system covering care at short notice."

"I enjoy care work."

"We rarely use agency staff; one member of agency staff is a former employee."

"There has been a high turnover of staff just recently."

"It is variable."

How does the organisation support you in your work?

"I'm studying for my NVQ level 2 at the moment. We have online training. I've done some I haven't done a lot, and I think I've been sent some more. I'm concentrating on finishing my last NVQ module. I haven't had any training around mental health".

"Shadowing someone was my main training".

"The managers and owners are supportive".

"Our manager is very understanding and flexible if we have personal reasons and need to change shifts."

"Our manager is excellent and always supports us."

"If I had a safeguarding concern I would go to the manager. We would make sure the report is sent."

"I like to use the BwD training available, recently I have done advanced palliative care and respiratory training. There is lots of training offered."

"There is some limited flexibility around shift swapping. Training is always available."

How do you deliver care to such diverse groups such as LGBTQ (for example food religion culture.)

"Diversity training would be online. I haven't done that yet".

"We have already supported residents and staff. We have a staff member who is transitioning, and we have discussed this openly with residents."

"I would refer to the care plan and the admission folder."

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

"Talk to them and it's in their plans on the computer".

"I would use the care plan which is digitally updated".

"I would refer to the care plan and the admission folder."

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

"Yes, I would. I like it here. Everyone is really friendly. I look forward to coming to work unlike other places I've worked at. This is my first job in care".

"I would recommend this care home to any of my family or friends."

"My family have been in this care home."

"Not while I was working here because it isn't appropriate with the pressures of work."

Response from provider (by email 03/02/2026)

Good Morning Michelle,

Sorry for my late response. I have been through the report and as can be imagined I do have some points which I do feel are not a true reflection of our home. Firstly, it does mention the poor degradation of wet room floor which was in progress at the time of your visit given the fact the grouting was being removed the previous day and it was due to be complete and now this is done. The back door has now been sealed and I was not aware of it needing to be until you did bring this to my attention and we had this fixed that same day. The lounge was then very warm and this helped with the temperature in there. We thank you for bringing this to our attention and I have added it to my list of daily checks to be made.

I am confused as to why any residents would feel there has been delays in seeing a Doctor as we also use IHSS service very frequently and staff are very confident in doing this but I presume this may of just been a comment a resident who is not familiar with our service may have made.

It brings me great joy to inform you we have now recruited an activities coordinator again and she is starting with us this week and is very keen and eager to commence with working with the residents. I fully take on board your suggestion of name tags and this is something I will look into as a matter of urgency. We have also discussed having the tv in central lounge displaying who is on shift that day for a reminder to all residents of their staff on duty for that day or just have all staff on that screen with some information about their role and what they can help them with. Thank you kindly for the suggestion.

I agree strongly with the comment of we have a lot of short-term residents and this is through no fault of our own it's simply what we are currently faced with as we do get a lot of our residents through D2A placements and we help rehabilitate back to home. We also had a conversation that we are now avoiding any residents with substance misuse although the report reads that we take people with substance misuse when in fact we no longer do if they are still actively misusing.

Next was external Environment. The report states I showed you the back garden and there were little maturing plants or points of interest. I do find this rather disappointing as over the last year we have put a great deal of effort into planting more fresh fruit and vegetables which are consumed once we have grown and we have also planted a varied number of flowers that bloom throughout the year. We have fruit trees and bird tables and even a potting house at the bottom of the garden. Yes, I can agree the smokers was using the outdoor seating area at the time of the visit but at the time of the visit the garden was also fully covered by snow. We have taken a lot of pride in our garden even more so recently.

Next was staff and it's noted that the staff member was not aware of a resident being a former nurse. I have spoken to all staff on duty that day and one was a staff member who has recently joined us and she stated she was aware that she was a nurse but not aware of where she had spent over 20 years working. Our care plans are very reflective on the history of the residents and this lady in particular has a good background on her care plan. This same staff member also made reference to training when staff first come to us for employment, they are made to do care certificate before they are even inducted this is something I have now rolled out since becoming manager. We then continue to give more training in certain areas as we progress with their employment.

We will take on board rectifying anything we possibly can and in a timely fashion. Our residents are very important to us and we do feel that we offer a great service but recognise there are aspects we can improve on and have been aiming towards doing so. We strive for perfection daily and will continue to do so.

We would like to take this opportunity to thank you for your visit and for your open and honest views on our home although we do acknowledge it must be hard to gather that much information on a 4 hour visit and I often do wish you could do the visit over a week to try and gain a better view of homes. We look forward to your next visit and only hope the weather is much better for this visit.

Kindest Regards

Laura Partington

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