



Oldfield Manor, 15 Hawkshaw Drive, Darwen, BB3 1QZ

[Enter and View Report](#)

Tuesday 1st July 2025

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:

Oldfield Manor

15 Hawkshaw Drive

Darwen

BB3 1QZ

Staff met during our visit:

Donna Parker (Manager)

Roxanne Marshall (Regional Manager)

David Kumar (Owner)

Date and time of our visit:

Tuesday 1st July 2025, 10:30am

Healthwatch Blackburn with Darwen
Representatives

Liam Kershaw-Calvert (Lead)

Katie Merry (HW 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

Acknowledgements

Healthwatch Blackburn with Darwen would like to thank Donna Parker, Roxanne Marshall and David Kumar, together with staff, residents and visitors, for making us feel welcome and taking part in the visit.

General Information

Oldfield Manor is privately owned by Crown Care with places for 17 residents. There were 5 vacancies at the time of our visit. The person in charge is Donna Parker.

Information obtained from carehome.co.uk states that the home provides care for people from the ages of 65 and above who are affected by old age, dementia, learning disability, mental health conditions, physical disability and detention under the Mental Health Act.

Methodology

The Enter and View representatives made an announced visit on Tuesday 1st July 2025.

We spoke to 9 residents, 5 staff and 1 relative, 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 who are seldom heard, to give them the opportunity to express how they feel about a service. 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:

Healthwatch Blackburn with Darwen made an announced visit to Oldfield Manor care home on Tuesday 1st July 2025.

Upon arrival, representatives were warmly welcomed by the Home Manager and Regional Manager into a relatively small, comfortable, and homely environment. Staff wore professional uniforms and appropriate PPE. Residents were seen happily engaging with staff.

The external environment is attractive and well maintained, with large trees, hanging baskets, a lawn, and seating areas. A ramp provides accessibility for residents with mobility needs, and further adaptations are underway to enhance garden access. Outdoor spaces are used for social events, barbecues, and inter-home visits, providing enjoyable experiences for residents. Inside, the home is clean, bright, and welcoming.

Staff-resident interactions were consistently attentive and person-centred. Residents were observed being supported with drinks, meals, and activities, with staff demonstrating patience and kindness. The new activity coordinator has introduced a wide variety of engaging experiences, including therapy dog visits, school choirs, reminiscence exercises and cultural celebrations.

The mealtime was well managed, with staff assisting residents as needed. The dining experience was safe and calm, although some residents preferred to eat in their rooms or in the lounge, with one resident stating that “it’s too cold” in the dining room.

Feedback from residents was positive overall. The staff demonstrated professionalism and kindness in their interactions with residents, showing a strong level of attentiveness to residents’ needs. Staff expressed feeling supported by management and spoke positively about teamwork remarking “I know I can go to the manager if I need anything, we are a good team, I trust all the staff.”

The atmosphere at Oldfield Manor was observed to be warm, inclusive and supportive, with strong staff engagement, attention to individual needs, and a focus on creating a comfortable environment for all residents.

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

Green

Enter and View observations

Pre-visit and location

Oldfield Manor is part of the Crown Care Group, and we were able to easily find details about the home prior to our visit. Representatives observed the Crown Care website, which was clear and easy to understand. However, it was felt that the website would benefit from greater user engagement through the inclusion of up-to-date reviews, virtual tours and authentic photographs. This would help to make the website more engaging and trustworthy for potential residents and their families. A more individualized touch for each individual home would also improve the overall presentation.

Before the visit, we contacted the home by a letter in the post to advise them of our visit. Along with the letter, we sent a poster inviting family and carers to come and speak to us. Our initial contact with the home was positive. On arrival, we noted that the poster we had sent was displayed.

The home is situated on Hawkshaw Avenue in Darwen. On the same road further up is another home belonging to the same provider, Oldfield House. Both homes have very clear signs on their grounds, however, they are not easily visible from the road which may cause confusion for visitors. If the signs were larger and more prominently positioned, they would be easier to see and would help visitors to locate the correct home.



Oldfield Manor is approximately one mile from Darwen town centre, providing convenient access to local amenities. There is a bus stop located close to the home, and shops are within a similar distance. The post office, Health Centre, and other amenities can be found in the town centre.

Parking is limited at the home and representatives had to park on the road. This did not appear to be an issue as the road was quiet.

Green Amber

The external environment

The home is in a lovely setting, with large trees surrounding the building creating a peaceful atmosphere. The garden is well maintained, with impressive hanging baskets and an immaculately kept lawn. There is a seating area outside. At the front door is a ramp which makes access easy for anyone with mobility issues. A grassy area in the garden currently requires steps to get down, but the manager

informed us that a ramp is being built to allow residents who require it to access the space. The cobbled grounds lead up to the home.

The home also features an outdoor seating area with artificial grass, which we were informed is used as a smoking area for both residents and staff. The area has a clean and compact ashtray to put out the cigarettes and the overall area is well maintained.



Staff explained that in nice weather, or when hosting parties and events, the outdoor space is used for barbecues and gatherings. Residents from the other homes come to join in, and likewise, Oldfield Manor residents visit partner homes for activities.

Green

The internal environment/reception -first impressions



Upon arrival at Oldfield Manor, we were warmly welcomed by the Home Manager and the Regional Manager. While there was no designated reception desk as the space is tight, an electronic guest book was available for signing in, and staff checked our ID badges. The front door was secure and locked, and our Healthwatch Enter and View poster was displayed prominently on the front door.

Next to the entrance, there was a photographic display of staff members placed prominently, highlighting staff and their respective roles. The display adds a personal touch, helping visitors familiarise themselves with faces. All care staff were

clearly identifiable, dressed professionally in smart blue uniforms, whilst wearing PPE.

Across from this was a display of the activity calendar. It indicated that there would be exercises in the morning and quiz games in the afternoon.

The tiled flooring at the entrance is not dementia friendly and could be challenging for residents with dementia, however, the home is small, and staff were attentive, so representatives felt assured that if any issues arise, they



would be addressed promptly. Facing the front door is a staircase leading to the rooms upstairs, fitted with a safety gate at the bottom and a handrail on the left side. There is also a lift in the dining room for residents who struggle with mobility.

The home accommodates currently 12 residents, creating a small, comfortable, and homely environment that immediately felt welcoming. On arrival, we saw a resident being wheeled into the lounge, who appeared very happy, waving to staff and to ourselves, which added to the sense of warmth and friendliness within the home.

Green

The observation of corridors public toilets and bathrooms

The space in the home is limited, but staff make effective use of every area. The corridors appeared clean, well-lit, and homely, with carpeted flooring that added to the comfortable feel. While the corridors are relatively narrow, there is still sufficient space for residents using wheelchairs to move safely. Representatives observed two bathrooms during their visit.

One had been recently renovated and was clean, bright, and equipped with adaptations on the toilet. The colour of the toilet contrasted with the flooring, making it dementia friendly. The other bathroom featured a bath/shower with a shower screen, handles, and other adaptations, including a handrail that

was colour contrasted to the wall, also ensuring dementia friendly accessibility.

All rooms in the home have washing facilities, and some are en-suite. There are sufficient bathrooms for the number of residents. Most rooms are equipped with TVs, though their use is left to residents' personal preference.

Green

The lounges, dining area and other public areas

The lounge area was observed to be clean, bright, and warm, with large windows allowing natural light to enhance the welcoming atmosphere. The main seating area featured chairs arranged around a large TV, while a smaller area by the windows offered additional chairs, a smaller TV, and a selection of books, providing residents with options for relaxation or quiet activities. One resident remarked that they liked sitting by the window because they could see the cats outside.



During the visit, the regional manager was seated in the smaller area by the window working on documents, and residents spoke with her comfortably, demonstrating familiar and friendly relationships with staff. All residents had tables within easy reach for drinks and personal items, and one resident had colouring books and pencils on their desk, reflecting what the manager had said about encouragement of engagement. Residents who required walking aids had them readily accessible, ensuring mobility needs were consistently met.

A carer was present in the lounge at all times to deal with residents' needs, and a representative noted a carer using a moveable stand chair to sit face to face with a resident, demonstrating thoughtful, person-centred care and ensuring interactions were comfortable and respectful.



The adjoining dining room had been recently painted a dark blue, which contrasted nicely with the neutral tones elsewhere in the home. Tables were decorated with attractive arrangements and baskets containing artificial plants, and a daily updated menu was clearly displayed. Resident artwork decorated the walls, contributing to a sense of community, pride, and personal involvement in the environment.

Representatives observed various maintenance and housekeeping activities taking place throughout the home, including cleaning, bedroom updates, and gardening. Despite these activities, they were conducted discreetly and did not disrupt the calm and welcoming atmosphere of the home. The

combination of bright, homely lounge areas, practical dining facilities, and visible care from staff contributed to a comfortable, supportive, and engaging environment for all residents.

Green

Observations of resident and staff interactions

Representatives witnessed carers to be extremely attentive, caring and friendly. From observation in the lounge, residents were quite happy engaging with staff. There were periods when all but one resident were dozing in their chair throughout the morning. One resident enjoyed reading the newspaper. Two residents were keen to chat with a representative, talking about their past, where they lived, worked and their interests. One resident really appreciated speaking with a representative as they had lots in common and was grateful for the visit.

Representatives observed the chef coming round to residents in the lounge asking them by name if they wanted more tea, coffee or juice. There was a good rapport between the chef and the residents, and the chef brought out more drinks for people. The chef observed one resident struggling to drink their drink, so sat with them and helped. The chef even asked the resident if they would like some biscuits with their coffee to get them to drink their drink. It was a good interaction.

Representatives saw a work experience student attempt to do a hoop and ball game with a resident. This was very brief, and the resident was reluctant to engage. It was noted that the work experience was a young student with possibly little experience in caring for the elderly. They appeared to struggle to communicate with residents and wore their coat while with residents. Representatives did not see them having much supervision.

A representative observed a resident to be very drowsy and leaning to one side. We informed a staff member about this, and they immediately checked on them. The resident is known to be sleepy. The carer tried repositioning the resident and a senior carer and manager were asked to check the resident as well.

We were informed that the new activity coordinator, who has been in post since June 2024, has already made a significant impact on the home. Residents benefit from a wide variety of activities. Therapy dog Monty visits weekly, bringing joy to many of the residents, and the home regularly hosts a choir from a local school. Some residents also have pen pals from primary schools. Educational and cultural activities include visits from Rooftop Bees to talk about honey and bees, a reminiscence exercise looking at new and old coins from the Royal Mint, a local vicar for holy communion, celebrating Eid with Bollywood dancers and the Library Service brings books for residents. Outings are organised regularly, with trips to the theatre being popular. For residents who may be unable or unwilling to travel, creative solutions are used to replicate experiences within the home, such as a “beach day” with sand and ice cream in the garden. Residents who wish to enjoy alcoholic beverages are able to do so, with alcohol free alternatives provided for those who cannot. Upcoming activities include a 99th birthday celebration for one of the residents with a balloon arch and live singers, a wine and cheese evening, and a planned outing.



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.

Lunch was between 12:00 PM and 12:30 PM in the dining area, although several residents chose to eat in the lounge or in their rooms, with meals delivered to them as needed. One resident came down to collect their dessert and then returned to their room via the lift, demonstrating the flexibility offered to residents. Residents began arriving in the dining room at 12:00 PM, with only five choosing to eat in there. While individual choice was respected, representatives noted that staff did not actively encourage residents to use the dining room, which could have offered a gentle opportunity for mobility and social interaction. One resident commented they preferred not to go into the dining room “because it’s cold.”

Tables were attractively arranged with wipe-clean mats, fabric napkins, jugs of water, plastic glasses, metal cutlery, and baskets containing condiments such as salt and pepper. Tables varied in size, seating two or four residents, and were colour-coordinated. Laminated daily menus displayed the meal options clearly, including dietary allergies. A juice station was available, and hot drinks were offered to residents before meals.

The menu offered a choice of two hot meals: Cumberland (sausage) pie with mashed potatoes, baked beans, and gravy, or vegetable lasagne with garlic bread. Desserts included sticky toffee pudding with custard or apricot halves with pouring cream. Meals were supplied by Appetito, requiring residents to pre-select their meals a week in advance, though staff explained that a new kitchen will allow freshly prepared home-cooked meals in the future. Staff were also able to accommodate individual requests, such as a cheese or ham salad. Meals were served on plastic plates with coloured rims, and desserts were presented in different coloured bowls.

Staff wore appropriate PPE, including blue aprons and gloves, and protective aprons were offered to residents as needed. Loud music was initially playing on an Alexa speaker, but a staff member promptly turned it down to create a calmer atmosphere. Staff were visible throughout the dining room, assisting residents appropriately, checking that meals were satisfactory, and engaging with them warmly. One resident was observed repeatedly coughing during the meal, and staff dealt with them appropriately, ensuring safety and comfort. Interaction between residents was minimal, although some conversation occurred. At one point, there was a brief period when no staff were present, but residents continued eating and interacting independently. One resident finished their main course quickly and waited approximately 20 minutes for dessert, highlighting an area where service could be improved.



Staff recorded diet and fluid intake via a care app and monitored resident weight regularly, with frequency adjusted based on nutritional status. The “food first” approach was used before referring to the dietician, and snacks, ice cream, fruit, and supplement drinks were readily available. Second helpings were not widely observed in the dining room. No buzzers went off during the meal, and staff consistently addressed residents by name, contributing to a calm, personalised environment.

In the lounge, five residents chose to remain for lunch, each seated at individual wheeled tables with drinks offered before food service. Staff assisted residents as needed, including feeding, engaging through conversation, and singing, creating a warm and person-centred dining experience. One resident requested a meal substitution, which was promptly accommodated. Staff monitored residents who were eating independently, providing support where necessary. The manager was actively involved throughout, supporting staff and interacting with residents to ensure a safe, comfortable, and personalised mealtime experience.

Green

Additional information

The home has a “you said - we did” poster up displaying feedback from the residents and how they have responded to the feedback.

Feedback from residents

Environment

“I love it here.”

“My room is lovely. I’ve got a nice room.”

“I wouldn’t change anything here.”

“It’s okay.”

“It’s alright.”

“I like my room.”

“I have photos of my family in my room.”

“I have a smart TV and staff have to help me as I struggle to find the channels I want.”

“I have a commode and sink in my room.”

“The bathroom is just along the corridor and staff help me.”

“It’s lovely and warm. I can have my windows open if it gets too hot.”

“I prefer to stay in my room.”

“I prefer to have my meals in the lounge as I find it cold in the dining room.”

Activities

“Sometimes we do singing which I like.”

“I prefer to stay in my room. I have anxiety.”

“I like to watch TV. (When asked if they could choose what they watch, one resident indicated sometimes.) “They put on what they think they all want to watch.” (The manager later told us that the residents choose what is on the TV)

When asked if there are any activities, “I don’t think so.”

“Not really.” (Representatives later did see a folder filled with activities that had taken place in the home, and there were upcoming activities planned)

When asked what a resident liked to do during the day, “not much.”

Similarly, one resident said that they “liked knitting, but can’t really do that anymore.”

Care

“They do their best.”

“Staff are kind.”

“They are always busy.”

“As soon as I arrived, I felt at ease and within a week we were all friends.”

“I can ring my buzzer if I need anything and they come.”

“I know the staff are here and will help with anything I need.”

Food

When asked about the food, the residents’ responses were limited. No residents could say whether they had a favourite food. They said they had a choice but were not sure when they order meals. Staff explained the menu choices are taken a week in advance and if the residents change their mind, they try to accommodate that. We witnessed a resident state that they didn’t want what they had ordered and would like a ham salad. Staff checked with the chef, and a freshly prepared ham salad was served to the resident.

“The food’s good.”

“I like cups of tea, and they bring me tea.”

“It’s okay.”

Any other comments?

“I have no complaints whatsoever about living here. I am well looked after, and the staff are lovely and caring. The only reservation I have is that they don’t have enough staff on duty to meet the needs of some of the other residents who can be demanding. The food is good, and I like it. Today for example it’s hot, so I don’t feel like a big meal, and they will make me something like a sandwich. It’s wonderful that they do that. My room is lovely, and you can go and look at it if you wish, I give you permission. The only thing is that I have a lovely ensuite bathroom that I can’t use as they can’t get the hoist in. So, I have to use another bathroom to enable the hoist. There are lots of activities here. We have concerts. There’s lots to do. I love reading and I’m making my way through the books on the bookshelf here. I enjoy languages and the activity coordinator downloaded and printed off for me some things that I enjoy in German. That was so kind. I like watching the cats in the garden and I have the best seat to watch them. I’ve got my Alexa for my music next to me and I’m very happy.”

Relatives and friends’ views

We were told by a member of staff that they have a relative staying in the home; the family moved the resident after an unpleasant experience at another home. The family feel their relative is in safe hands and being well cared for. Staff contact the family if there are any concerns, and the family appreciate being able to be involved in their relative’s care. All the family of this resident would recommend the home to others.

Staff views

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

“Depends on the situation, sometimes we have to do 2:2 care on some of our residents - we usually have 1 senior and 2 carers.

“On the whole yes”

“Most of the time, yes, some needs have changed for some residents, so it makes it harder, sometimes no breaks. It was brought up in a staff meeting and it’s got better since then.”

How does the organisation support you in your work?

“Good, I’ve never had any problems.”

“Very well, I’ve recently suffered a health condition and I’ve received a lot of support.”

“Very good, I’ve worked here 9 years, anything I need, I ask my manager.”

“I know I can go to the manager if I need anything, we are a good team, I trust all the staff.”

How do you deliver care to diverse groups?

“Everyone is the same, I wouldn’t treat them any differently.”

“Follow the care plans and getting to know them as an individual.”

“I would deliver patient centred care.”

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

“Follow their care plan on the tablet, offering them something and asking what they would like. It’s all about offering a choice.”

“It’s documented in their care plan, getting to know them.”

“Speak to them, ask them what they like. Some residents have dementia, so it sometimes can be tricky, so you refer to the care plan.”

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

“Definitely yes, my mother-in-law is actually in this home, she is settled here.”

“Yes, I was going to bring my dad here, but he ended up in hospital on end-of-life treatment.”

“I’m not sure...yeah?”

“My sister came here, I knew she would be looked after and happy here.”

Any other comments?

The staff all seemed very hands on and worked well together as a team; they knew their residents and their needs. Representatives felt confident that the care was good.

Overall, staff morale appeared very good. Staff reported that they enjoyed working as a close team, they felt supported by their manager and felt confident speaking to the manager when needed. Notably, some staff shared that their own relatives had been cared for in the home, demonstrating their personal trust in the service.

Response from provider

Hi Liam,

I was delighted with the report.

Kind regards

Roxie

Roxanne Marshall – Regional Manager

Crown Care Homes LTD

Healthwatch Blackburn with Darwen

Unit 19, Eanam Wharf, Blackburn BB1 5BL

Telephone 07538 540237or 01254 480002

Website: Healthwatchblackburnwithdarwen.co.uk