



**healthwatch**

Blackburn with Darwen

**Oldfield House Care Home  
Enter and View Report**

Tuesday 2<sup>nd</sup> November 2021



**DISCLAIMER**

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



### Contact Details:

Oldfield House  
15 Hawkshaw Drive  
Darwen  
BB3 1QZ

### Staff met during our visit:

Kassie Tomlinson (Manager)  
Tracy Brown (Deputy Manager)

### Date and time of our visit:

Tuesday 2<sup>nd</sup> November 2021 10.30am

Healthwatch Blackburn with Darwen  
Representatives

Michele Chapman (Lead)  
Liz Butterworth (Volunteer)  
Trish Whalley (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, resident's families or friends.

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

## Acknowledgements

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

## General Information

Oldfield House is privately owned by Crown Care Homes Ltd with places for 18 residents. There was 1 vacancy at the time of our visit. The person in charge is Kassie Tomlinson.

Information obtained from [carehome.co.uk](http://carehome.co.uk) states that the home provides care for people from the ages of 65 plus who are affected by dementia, old age, physical disability, and sensory impairment.

## Methodology

The Enter and View representatives made an announced visit on Tuesday 2<sup>nd</sup> November 2021 at 10.30am.

We spoke to 6 residents, and 6 staff, where possible within the constraints of the home routine, people's willingness, and ability to engage and access to people in public areas. (There were no friends or relatives at the home when we attended.) 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:

Oldfield House presented as a well maintained, well managed service with a clean and pleasant environment.

Representatives observed staff as wearing PPE (personal protective equipment) appropriately and felt that the Covid 19 visitor protocol was sufficiently robust.

Similarly, representatives were impressed with the person-centred focus of the staff, one carer told us *"We use care plans, but find out a lot of information when we have 1:1 time with residents. Like time spent giving baths and other personal care, as we have plenty of time to chat then"*.

Staff who we spoke to told us that they were happy in their work and felt that they were supported by a receptive manager and that they received regular training. *"It's very homely here and we work as a team. It's a good place to work because of that."*

Likewise, staff told us that some of them had worked together for a considerable time and that this stability had contributed to the cohesion of the team.

We saw that the home had made use of technology to keep residents "in touch" and had also used local newspapers and a residents' daily newssheet "The Daily Chat" to encourage reminiscence and stimulate cognisance with quizzes and games.

The kitchen staff were observed to offer alternatives to the main menu and accommodate late risers with brunch. One resident telling us *"There is lots to eat and drink all day."*

However, representatives felt that some improvements could be made to the lounge environment to make it more homely, and there were some minor maintenance issues in terms of paintwork and tiles etc.

Most of the residents reported positive experiences at Oldfield House however 2 of the 6 residents we spoke to made comments at variance with these and our representative observations. Healthwatch Blackburn with Darwen would suggest a contemporary internal quality survey to clarify these issues.

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

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

Initially it was difficult to find a dedicated website, but this is located on the provider website Crown Care Homes Ltd. The website is engaging and easy to navigate, the contact details are clear, but we could not find a publicly available Twitter or Facebook account.

The home is located in an established and leafy road of similar older properties off the main A666. There is a Co-op food store a short walk away as is the nearest bus stop at Lynwood Ave.

The home was easy to locate and clearly signposted. However on-site parking was limited, and we did not see a designated disabled bay.

### Green Amber

#### The external environment

The external environment was very pleasant with established grounds and a private outdoor seating area to the side of the building. Representatives observed a well maintained lawned area with various benches, tables, and chairs for residents to enjoy during warmer months. The area being secured by a wrought iron fence.

The extended building appeared similarly well maintained and it was easy to locate the main entrance. The main entrance was served by a disabled ramp.

When we arrived, a care worker was attending a resident in the garden area and the front door was open, so we were acknowledged immediately. Subsequent observations confirmed that the front door was normally secured.

We were met at the door by the senior carer and the member of staff who had been outside with the resident. The manager appeared shortly afterwards.

A minibus was parked at the side of the home and staff told us that this was shared by the 3 homes in the group for resident outings.

### Green

## The internal environment/reception -first impressions

Staff were very welcoming, and representatives observed that all staff were identifiable by uniform, name tag and wearing PPE (Personal Protective Equipment).

Staff are to be congratulated on the thorough Covid-19 processes they employed on our arrival, including checking our lateral flow tests and checking visitor temperatures. Hand gel was readily available and wall mounted.

The provider had also installed an electronic checking in system which recorded visitors details including their Covid-19 status. The system also required that visitors record leaving the home. Likewise, we observed staff using an electronic care record system that was updated promptly.

Representatives' first impressions observed the home to be fresh smelling and be very clean. There was a pleasant "buzz" about the place, and we could hear carers chatting to residents in a friendly manner. The staff who welcomed us seemed to typify an open culture, they appeared eager to show us around and introduce us to the residents.

The reception area was light and warm being decorated in neutral colours and having 2 easy chairs, soft furnishings, and a coffee table to sit beside. An outside telephone line was situated on the coffee table.

Representatives saw a wall mounted rack of information for residents and a suggestion box prominently situated. Copies of the resident user guide were available alongside the results of a 2019 internal quality survey. A noticeboard displayed further information and a printed house magazine "the Daily Chat" was available. The Healthwatch Lancashire poster was prominently displayed as requested.

Representatives observed that the provider had considered further accessibility for service users, the user guide stating, *"We can provide a large print or audio tape if required."*

Any call bells that we heard during our visit were answered quickly.

## Green

### The observation of corridors public toilets and bathrooms.

The flooring in most public areas was wipe clean wood effect with some areas being carpeted (stairway). All the corridors were clutter free and well-lit being safe to navigate. However, we did not see any handrails.

Dementia friendly signage was evident on the doorway to public rooms and used to indicate bedrooms alongside the resident's name. Likewise, a lift to upper floors was clearly identified.

Corridors were made interesting with pieces of artwork and some noticeboards were situated in high traffic areas. However, some of the paintwork in the high traffic areas needed a refresh.

The corridor nearest the lounges displayed an activities noticeboard promoting activities such as exercise sessions, movie nights hairdresser visits, pamper sessions and quiz night amongst others. Indeed during our visit we observed residents enjoying a softball session. The deputy manager carer told us that the senior carers were responsible for organising the activity sessions.

5 of the bedrooms at Oldfield house are en-suite therefore there appeared to be sufficient public bathrooms to service the number of residents. Representatives noted that the public bathrooms were sited in convenient locations next to the public areas.

The cleaner was in attendance whilst the team were at the home and all the bathrooms which we saw were clean and fresh smelling providing either bathing or wet room facilities.

We evidenced bathrooms being provided with adaptations such as raised seats and grab rails, but these were not colour coded. Similarly, we saw plentiful supplies of soap toilet paper and paper towels.

There were some minor maintenance issues with tiling and paintwork.

## Green

### The lounges, dining, and other public areas

The lounge areas were spacious and configured to an L shape, each with a wall mounted television. The smaller of the lounges was somewhat quieter than the other although they were simultaneously broadcasting the same programme which produced a disconcerting echo effect.

Residents could choose which lounge they would like to sit in; however, we did not find the configuration of seating in either lounge to promote social interaction as the seating was around the edges of the room. Furnishing of the lounge was clean and functional, the temperature was ambient, and residents had window views to the outside area including doors to the side garden. However, there was a small damp patch on an inside wall of the larger lounge.

The smaller of the 2 lounges had an activity cupboard leading from it. The door was open, and we could see skittles and a football amongst the boxes stored there.

A notice on the door of the lounge displayed “Upcoming Events” with Bonfire Night and Remembrance Sunday identified as celebratory occasions.

Nearby a separate dining area appeared attractive and homely and some residents seemed to enjoy sitting in a small seated area at the end of the tables.



There was lots of chat in the dining area we observed carers using the space to complete records, we saw a visiting health professional completing paperwork too. We saw that carers duly observed their break times.

The dining room was set out with 3 tables each able to seat 6 residents so there was enough capacity to seat all the residents together. However, some residents preferred to eat from a tray. Each table had a condiment set and representatives observed the environment as light, clean and spacious.

We did not see a menu displayed so we took the opportunity to speak to the chef who was on duty. She told us that meals were preprepared by outside the specialist catering company 'Apetito' and each resident was given a menu to choose from at the beginning of the week.

The chef displayed the 4-week cyclical menus in the kitchen. The food sounded varied and interesting. Alongside a choice of soups and sandwiches traditional main courses such as hotpot, fish and chips, corned beef hash and lasagne were offered. Desserts were equally varied with rice pudding, sticky toffee pudding, chocolate eclairs and sponge pudding on offer. However, the chef was very flexible, and she told us that she was happy to make alternatives at any time mainly sandwiches, baked potatoes, and soups. Indeed, during our visit the chef was approached to provide chicken soup and fish fingers as an alternative to the main menu. It was evident that residents were comfortable doing this and we also observed the chef make a brunch for a resident who only wanted to get up at 11:10am.

The late riser had requested egg and bacon sandwiches which were duly provided. The staff enjoyed banter with her and when she asked for "*a beer*" and they told her they would get her a glass of wine at lunch. Staff appeared to know the residents well and told us that this lady often liked to get up later and preferred brunch. We observed staff asking the resident later "*is your sandwich alright?*" and "*there is a fresh cup of tea in front of you.*"

Prior to this lady was having her meal a tea trolley was circulating amongst the other residents.

## Green

### Observations of resident and staff interactions

Representatives were impressed by the levels of positive interaction between staff and residents. There was shared humour and mutual respect. We observed staff to seek consent before administering medication and saw staff knocking on a bedroom door prior to entering. Staff took time to converse with residents (whom they knew by name) and there was a calm and friendly atmosphere with staff appearing "well drilled."



Similarly, staff took the time to introduce us to individual residents (by name) and explain who we were. On speaking to staff several told us that they were long standing, worked well together, and enjoyed their jobs.

However, on this occasion, 2 of our 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.

There is one dining room in Oldfield House. 3 tables were set for residents. 1 table seated 5 residents, 1 table seated 3 residents and the last table was also set for 3 residents.

The tables were set with plastic table mats, standard metal cutlery, fabric napkins and a wire basket in the centre of the table containing ketchup, brown sauce, vinegar and salt and pepper. We did not see any juice beakers present, (but noted juice and fresh fruit being readily available in the lounge). Neither did we observe any adapted cutlery. However, plates had either blue or green coloured edges. We noted that feeder cups and mugs were used when appropriate.

Representatives perceived the dining room as bright, with plenty of space around the tables. Towards the end of the lunchtime, a carer used Alexa to play 60's music enhancing the social experience.

Lunch was due to commence at 12.30pm, and although there was a menu board in the dining room it was not written up. Carers told us that residents had the weeks menu circulated in advance each Monday. Representatives observed the lunch served as salmon or Cornish pasty, carrots, green beans and gravy. Dessert was sponge cake and custard or milk pudding.

Residents started entering the dining room at around 12.20pm. There were two residents already sat in the dining room, one of whom was sat in an armchair with a small table in front of them. Several residents began talking to each other at the tables and the staff encouraged this and joined with 'banter' which was both reassuring and a pleasure to listen to. We saw that 10 residents ate in the dining room and 2 residents ate in the lounge.

We observed carers preparing residents to eat, transferring two residents from wheelchairs to dining room chairs ready for their meals. One resident had an adult bib placed around them.

Food service began at 12.45pm, when ready plated meals were brought out of the kitchen and placed in front of residents. Simultaneously plated meals were taken out to residents who chose to eat in their own rooms. Representatives saw that the food looked appetising, was of sufficient portion size, and that steam rising from some food indicated it was hot.

Two residents asked the carers for some tartar sauce for their salmon, and this was quickly brought out to the table for them. This also happened when a resident asked for salt and pepper, as it was not in the wire basket - they were quickly found and given to the resident.

The chef was equally attentive providing lunch alternatives of chicken soup and fish fingers on request. She also asked a resident if they preferred mash or new potatoes.

Representatives saw staff offer individual support to three residents. One resident had their food cut up and the carer described to the resident where each type of food was as a clock face analogy. Another carer supported a resident individually for a period of 30 minutes until the meal was finished.

One resident did not touch their food despite being verbally encouraged to do so. Eventually the food was taken away and the resident was given 3 Jaffa cakes on a plate. However, these were not touched by the time observation finished (1.15pm).

At 12.50pm, a hot drinks trolley was wheeled into the dining room and residents were served tea or coffee. There was no juice or water as a norm. However, one resident requested water, and this was provided from the fridge.

Desserts were brought out at 1.05pm.

Carers addressed residents by name and there was excellent rapport between carers and residents for the whole mealtime.

## Green

### Additional information

The deputy manager spent some time with us explaining how the home was able to support the choices of residents.

Whilst we were there, a large Tesco order was delivered and the deputy manager told us that residents were able to request items in that order, for instance, one resident had the TV Times delivered.

Similarly, the local newsagent delivered the Blackburn Telegraph, whilst some residents preferred personal copies of The Telegraph or The Sun.

Residents were able to access TV and free Wi-Fi in their rooms. Some residents liked to keep in touch with family by iPad or Facetime. The deputy manager told us that residents often accessed sporting events (snooker) on Sky and that staff supported residents to use the YouTube “walkaround” option.

We also observed staff using Alexa to request music during lunchtime.

The provider and staff had made arrangements for remote contact and actively encouraged families and residents to keep in touch over the recent experiences of lockdown.

A small hallway leading to an outside door had been sectioned off and a glass screen placed in the wall between residents and visiting friends and/or family. The provider had supplied an intercom system to this area. However, the visitor pod was directly adjacent the dining area, so could only be used at certain times.

## Feedback from residents

The majority of the feedback from the six residents who spoke to us was positive however two of the six were less positive.

### Environment

*"It's OK here."*

*"It can be cold here in the evenings."*

*"They moved me from my room. I liked my old room; it was better than the one I'm in now. I don't like it. They told me that I have to stay in the new room now as they have more room to put in an electric bed. There's nothing I can do but I don't like it and it upsets me".*

*"There's a resident here that takes things. I had a tin of biscuits that were a present from someone and they took the tin. I didn't get it back."*

*"My jumpers and clothes go missing. I've only got three jumpers left now. Go to the laundry and don't come back. The staff don't know where they go too but they won't look in other residents' cupboards and drawers for them. What can I do as my clothes are missing."*

*"I have a nice room".*

*"I like spending time in my own room. I watch TV in the lounge in the evenings.*

*It's nice living here".*

*"I like sitting in the lounge. I have a nice bedroom. I can have my own cushions in it and my own treats".*

*"I'm not all that fond of having the TV on all the time. I can't see it."*

*"I don't like going in the lounge during the day - I'm used to living on my own. My room is next to the loo so it can get a bit noisy".*

*"There's nothing I don't like here".*

## Activities

*"There are no activities here. We just watch television. Sometimes we do exercises or dominoes. Apart from going out to the dentist I haven't been out for two years. We are stuck indoors all the time. I'm getting worse."*

*"Two residents control the television remote control and if you don't want that programme on then it's just too bad. The staff side with the two."*

*"I like the man coming in to do exercises. We throw a soft ball. We do games. We have our nails done. I like singing."*

*"We have exercises every week."*

*"We do weekly exercises".*

*"I don't have my hair and nails done and I don't like doing exercises. I like to sit and relax and watch TV. I wouldn't change anything. (Activities are available but not wanted)."*

*"I wish we could do dancing".*

## Care

*"Carers are very good. I can't fault them".*

*"They are short of staff - they work long hours - 12-hour shifts."*

*"I had a bad intimate itch for three months now. They thought it was the pads I have to wear. The Dr gave me a wash lotion to use. The carers use it but I still have the itch for three months and it's not getting any better. It causes me a lot of discomfort as I'm sat down all the time."*

*"They wake me up at 6am - the night staff get us up before they go off duty. I can't have a lie in. It's a long day. The night staff say they haven't got time to let me stay in bed and that I have to get up at 6am. One day I waited in bed for the day staff to get me up. It was 8am and no one came to me. I had to buzz the buzzer for them to come to me. It's not good".*

*"No one is helping my wife with her mobility. She could walk before she came in here. She is getting worse, and I'm worried about her."*

*"I don't need to worry about anything. Staff do things for you, they really are good. They clean your teeth for you. I have a bath every few days. They see to your feet."*

*"I can have my own Doctor (GP) from home. Staff have tried to sort out a referral to the hospital for me (swollen legs). They are really good. If you need something and the staff are busy, they come to tell you and let you know they will come back. I can get up and go to bed when I want."*



*"They let me go to bed early if I'm not feeling too well".*

*"I don't need any help. The staff are lovely. I can have a shower."*

*"They are short staffed, but nothing can be done about that. The staff have to escort me when I use my frame - I don't like it."*

## **Food**

*"You don't get value for money. The chicken pie was all skin - I couldn't eat it. I sent it back. So then I didn't have anything to eat. It was terrible."*

*"You don't get a good choice - there's no alternative if you don't like something".*

*"There is lots to eat and drink all day. I have cereals and poached eggs for breakfast. I like vegetables. The fish is lovely. There is some choice of things to eat. I can have a "drink" (alcohol)."*

*"The food is good - wonderful. There are 2 choices every day. We have fun at the dinner table."*

*"The food is not too bad. They make a good cup of coffee."*

*"I have toast and marmalade."*

## **Additional information**

*"My relatives can make an appointment to visit me in the little house (visiting area) twice a week. They have their test and temperature done."*

*"It's expensive here."*

## **Staff views**

Responses from the 6 staff we spoke to were all positive, referring to regular training, responsiveness of the management, and the "family" atmosphere amongst both residents and staff.

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

*"I work for 25 hours a week and I feel I have enough time to do my job".*

*"Yes, there are 3 staff on days plus the cook and the cleaner and Manager. There are 2 staff on at night. If there is any staff sickness, then agency staff are used but it's very rare that this happens as we don't have a lot of sickness."*

*"Yes definitely. We are like a big family here and know all our residents well".*

*“Yes. It’s very homely here and we work as a team. It’s a good place to work because of that”.*

*“There are 3 staff on during the day and 2 at night. There are enough staff on duty. All the staff work together as a team to provide good care to the residents. Not much agency staff is needed.”*

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

*“Kassie (the manager) is really good both she and the organisation are flexible”.*

*“We have training every month on the 1<sup>st</sup> of the month. We do it at home on the computer. Its multiple choice and you have to get a high percentage to pass the test at the end. Its three modules - like health and safety, Equality Infection control etc.”*

*“We are well supported with training. We have training every month. It’s a good team here”.*

*“Training is done on line at home each month. They are multiple choice questions, and you must get a high score to pass. This month its Medication, Hand hygiene and equality, diversity, and Inclusion. It’s always three modules.”*

*“Shifts are 8am till 8pm and 8pm till 8am. We work as a team to cover the shifts and can pick up extra shifts if we want. We occasionally work in the other care homes in the group if required. We have open access to the manager and can approach her about anything we want. There is a suggestion box which the staff can use if required. I don’t have any issues with anything.”*

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

*“I am a cleaner, but I am still told person centred information about the residents, about how they like their room.”*

*We haven’t had specific training, but it’s covered on mandatory training. I can’t “think of any resident that’s been here that would need this.”*

*“Our training has touched on this, but we have not needed this yet”.*

*“It’s covered on mandatory training, but we haven’t had any residents here.”*

*“We always ask the residents what their preferences are, and care plans are updated monthly in case they change. Family are also involved in doing care plans”. (Examples of care delivery in relation to religion were given)*

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

*“It’s on their care plans and we know all our residents.”*

*“From the care plans and we all know our residents likes and dislikes as we are like a family.”*

*“This is on the residents care plans but we work very much like a family team, so we just know.”*

*“We use care plans but find out a lot of information when we have 1:1 time with residents. Like time spent giving baths and other personal care, as we have plenty of time to chat then”.*

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

*“Yes, the carers are really good I would definitely recommend it.”*

*“Yes, definitely.”*

*“Yes. I would recommend this home. There is no substitute for good care, and I know the carers are good.”*

*“Yes, I would.”*

*“I’ve been here over 20 years - that shows you what it’s like to work here. I love it. We are like a big family.”*

*“Yes. Many of our residents are from recommendations”.*

## Feedback from provider



### FEEDBACK FORM FOLLOWING ENTER & VIEW BY AUTHORISED REPRESENTATIVES

Healthwatch Blackburn with Darwen values any constructive comments that would help to enhance our practice of the Enter & View process. Could we therefore ask the service provider to use this form to provide feedback to help us evaluate our effectiveness?

Organisation Address	Premises –if different
Oldfield House BB3 1QZ	
Contact Name	Telephone Number and/or email
Kassie Tomlinson	01254 702920 kassie@clouan-care.co.uk
Name of Healthwatch Enter & View Authorised Representatives	Michele Chapman-Project Officer Liz Butterworth Trish Whalley
Date & Time of Enter & View	Tuesday 02/11/2021
Were you happy with the Enter & View Arrangements prior to the visit?	
Comments-	
HAPPY WITH BEING INFORMED AND WAS A PLEASURE TO HAVE YOU COME AND VISIT OUR HOME.	
Please outline any Positive aspects of the Enter & View visit.	Comments-
VERY FRIENDLY, JOLLY PEOPLE. MADE ME AND MY STAFF FEEL AT EASE.	
Please outline any Negative aspects of the Enter & View visit.	Comments-
NONE. HAPPY WITH EVERYTHING.	

Healthwatch Blackburn with Darwen  
Unit 19, Eanam Wharf Business Centre  
Eanam Wharf, Blackburn BB1 5BL  
Tel: 01254 480002

**healthwatch**  
Blackburn with Darwen



## healthwatch Blackburn with Darwen

Please use this space to comment on how you think we could improve your experience of our Enter & View visit. Your views are very important to us at Healthwatch and we appreciate, in anticipation, your time to complete this form.

VERY WELCOMING.  
NO CONCERNS AT ALL. HAPPY TO  
HAVE ALL 3 STAFF MEMBERS  
IN THE HOME. NICE AND  
FRIENDLY.  
I HONESTLY DO NOT THINK ANY  
IMPROVEMENT IS NEEDED.  
HAPPY TO WELCOME YOU  
BACK ANYTIME. ☺.

Completed by	CASSIE TOMLINSON
Position	MANAGER
Date	2/11/21

Healthwatch Blackburn with Darwen  
Unit 19, Eanam Wharf Business Centre  
Eanam Wharf, Blackburn BB1 5BL  
Tel: 01254 480002

**healthwatch**  
Blackburn with Darwen

## Response from provider (by email 10/12/2021)

Hello,

I am responding on behalf of Oldfield House care home and the only changes we had to mention was the reference to Tracy Brown, whom was the deputy manager at the time, and is referred to as a senior. Please let me know if you need anything more from me.

We have already conducted a senior teams meeting regarding the report, and we are putting together an action plan based on the findings. I will share this with you once complete.

Kind Regards,

David Kumar | Director



CROWN CARE HOMES LTD

# Introduction

An Improvement plan has been developed as a result of our Blackburn with Darwen Inspection feedback, within this document we aim to highlight key areas of improvement and a framework that ensures all objectives are achieved.

This plan will be executed by the following members of the Senior Team: -

*David Kumar*

*Gayle Banks*

*Roxanne Marshall*

*Bazz Lee (Head of Maintenance)*

The actions within the plan will be separated into the following sections.

1.) Interior Improvements

2.) Quality Resident Survey

3.) Meals & Hydration

4.) Training

1

## Actions & Responsibilities

### 1. Interior Improvements

#### Lounge

Re-design of lounge & dining will take place starting January.

This will include walls, light fittings, pictures, feature walls and New Tv/entertainment system.

Furniture will also be evaluated and ordered during the design period.

#### Handrails + Paint

Handrails are to be installed in the corridor of the main entrance.

Another installation will take place on the main corridor from leading from the dining area.

This should assist any residents with support during the times they are walking in these high traffic areas.

#### Layout Changes

Renovation will allow for split dining in both the front lounge and dining area.

This will allow for a more engaging atmosphere promoting social interaction.

The redesign will also resolve any echo issues between lounges. This will also allow more options for residents as a place to interact or watch television.

Seating arrangement will be purpose design layout to encourage interaction between residents

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## Actions & Responsibilities

### 2.) Quality Survey

#### Residents

Resident surveys will be conducted by the management team, this will ensure that all information or details regarding quality of care are understood and can be acted upon by the management team.

Care control survey software will be utilized to full capacity.

#### Staff

Staff surveys will be conducted and reviewed by the management team to ensure our actions align with our staff preferences.

Care control survey software will be utilized to full capacity.

The suggestions box is always available and reviewed frequently.

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## Actions & Responsibilities

### 3.) Meals & Hydration

#### Meals & Monitoring

Meal start times will be monitored by management to ensure residents experience minimum wait times.

The director will monitor the overall dining experience to ensure the highest quality experience is delivered.

#### Hydration

Additional hydration stations will be introduced to the new lounge and dining areas.

This will enable residents to access water/juice in more locations and as freely as they please. Promoting hydration and independence.

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## Actions & Responsibilities

### 4.) Training

#### Training

Training & the assessment of new course is constantly reviewed by the management team.

The management team will assess new course that educate staff on the topics regarding the LGBTQ community.

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**Healthwatch Blackburn with Darwen**

**Unit 19, Eanam Wharf, Blackburn BB1 5BL**

**Telephone 07538 540237 or 01254 480002**

Website: [Healthwatchblackburnwithdarwen.co.uk](http://Healthwatchblackburnwithdarwen.co.uk)