



healthwatch
Blackburn with Darwen

**Ravenswing Manor
Residential Care Home
Enter and View Report**

Tuesday 30th 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:

3 St Francis Road
Blackburn
BB2 2TZ

Staff met during our visit:

Beverley Ramsey (Manager)
George Daniels (Provider)

Date and time of our visit:

Tuesday 30th November 2021 10.30am

Healthwatch Blackburn with Darwen
Representatives

Michele Chapman (Lead)
Liam Kershaw-Calvert (Healthwatch staff
team)
Liz Butterworth (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

Acknowledgements

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

General Information

Ravenswing Manor is privately owned by Ravenswing Homes Ltd with places for 24 residents. There was 1 vacancy at the time of our visit. The person in charge is Beverley Ramsey. Information obtained from carehome.co.uk states that the home provides care for people who are affected by Dementia, old age, physical disability, sensory impairment, and younger adults

Methodology

The Enter and View representatives made an announced visit on Tuesday 30th November 2021

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

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

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

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

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

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

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

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

Summary:

Representatives considered Ravenswing Manor to be a good place for residents to live. It presented as warm, comfortable, and clean with caring and responsive staff.

The staff and residents at Ravenswing seemed to have successfully navigated the recent challenges of the pandemic by prioritising excellent levels of individual, staff team and provider care and security. All the residents and relatives who spoke to us reported positive comments in respect of the staff telling us *“It’s wonderful here, I love it”* and *“I feel safe here.”* Relatives told us *“With any concerns we have had we have contacted the manager first who is very approachable and open and gets things sorted. They get back to you. We have also dealt with the owner of the home who is very conscientious and caring. The owner was very visible in the pandemic.”*

Similarly, staff spoke well of each other and of how they worked as a team *“I am well supported without a shadow of a doubt.”*

Staff appeared to know residents well and offered respectful support, when necessary. The management and staff team seemed to have an open culture and appeared to enjoy interacting with the residents.

All of the residents who responded to us reported enjoying the home cooked food remarking *“The chef is wonderful.”* and *“I enjoy the food very much”*. Likewise, most residents who responded described their bedrooms as *“comfortable.”*

We were told that residents had recently been out to Blackpool Illuminations and that Christmas shopping was on the agenda. We observed an activity schedule and residents told us that they had a singalong in the morning of our visit and were looking forward to Arts and Crafts that afternoon. The home was pet friendly and a frequent welcome visitor is Pickles the Jack Russell terrier.

Overall, the environment was of reasonable decorative order with the exception of some of the ground floor flooring which was in need of immediate attention.

Prior to the publication of this report the provider commenced pre- scheduled works which address some of the points we raised.

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 looked online to view the home's website. It was easy to find, engaging and informative. Representatives observed that a downloadable brochure was also available.

An A3 poster was sent to the home in advance of our visit to request input from staff, relatives and residents.

The home is located off the A8674 Preston Old Road. There are good transport links including the nearby Cherry Tree railway station. We saw that the home was situated next to a church and that a pharmacy was at the end of the road.

When we asked the manager about general shopping, she told us that residents were taken out in the home's minibus and could order newspapers from a local shop. In addition, staff would pick up any items on request.

The home was clearly signposted on the approach from Preston Old Road. Representatives observed a large car park on three sides of the building. We saw that ramp access was situated at the side of the building. However, we did not see a dedicated disabled parking space.

Green

The external environment

Ravenswing Manor was formerly a Victorian vicarage and is situated in a quiet residential area of similar properties. The external environment presents as large and imposing and architecturally interesting, with leadwork windows and a multi pitched roof. The grounds are mature, well maintained, and pleasant. There is a sweeping driveway approach to the building and plenty of outdoor space for the residents to enjoy.

Representatives also observed a private outdoor seating area with ramp access from the dining room and a pergola to shelter under.

It was very easy to locate the main entrance and the secured front door was answered in a timely manner by a member of staff.

Green

The internal environment/reception -first impressions

A member of a staff confined the team to a small porch whilst thorough Covid-19 protocols were observed. Representatives wore the required PPE (Personal Protective Equipment) and showed the staff member evidence of a lateral flow test taken that day. The staff member asked us to fill in some further information about our health and took our temperatures before we were given access to the

main building. We also signed in the visitors' book. Staff also told us that they had an appointment system to regulate visitor numbers.

We observed that the Healthwatch Blackburn with Darwen poster was displayed as we had requested alongside other items of general information. A large Christmas raffle prize was displayed as part of the home's celebration.

The hallway reception was very welcoming and impressive being warm and well lit, and there was no discernible odour throughout the building. A large Christmas tree was placed prominently against dark wood panelling giving a festive atmosphere. The panelling framed a grand staircase (with stairlift) garlanded with Christmas decorations, which reached up to the first floor.

Staff were easily identifiable by uniform and the team observed that they adhered to strict PPE protocols wearing the full complement.

We could hear general chat and music playing from one of the lounge areas. There was a very convivial atmosphere which the staff promoted and facilitated. We were offered refreshments and staff seemed open and happy to speak to us. The manager was similarly transparent and gave us her time to chat. We noticed that she generally had an "open door" approach.

Likewise, we saw that residents felt confident and comfortable enough in their environment to move around independently.

We had the opportunity to speak to the provider during our visit and he too was eager to be involved. Indeed, both the manager and provider discussed environmental improvements which they had scheduled but had been put on hold due to the current situation with materials and Covid-19.

Green

The observation of corridors public toilets and bathrooms

In keeping with the style of the building, the corridors were spacious and uncluttered. There were some handrails on the lower floor but not on the upper floors. Corridors were adequately lit, and we saw that mirrors, pictures, and small tables contributed to the homely atmosphere. Dementia specific signage was posted on doors throughout the home (to aid navigation) being colour coded, written and pictorial.

However, the carpeting in some of these areas was very "busy" and maybe not ideal for those living with dementia. The carpet thresholds from the hallway to two of the lounges were taped down and one representative stumbled slightly. We mentioned this to the manager and she told us that this was an area which had already been earmarked for improvement.

A visitors' toilet was situated close to the front door and dedicated visitors' lounge. In common with the rest of the bathroom facilities observed it was clean

and well stocked. The cleaner was in attendance, and she told us that she enjoyed working at the home.

Many of the bedrooms at Ravenswing Manor have washing facilities, therefore representatives considered that the number of bathrooms situated on corridors were sufficient to service the number of residents. The bathroom facilities observed provided a range of assisted bathing such as a wet rooms and baths, we noted that they had appropriate adaptations such as raised seats and grab rails, however these were not colour coded.

Representatives saw very little in the way of personalisation on residents' doors. These were of a uniform colour and largely indistinguishable from one another. However, this may have been a matter of choice as we saw that at least one lady resident had chosen to personalise her bedroom door.

We also saw an activities schedule displayed and noted that the Arts and Crafts scheduled for the day of our visit was proposed that afternoon. We saw other activities were scheduled such as Dominoes, singing, films, exercise, and a hairdresser visit.

Green

The lounges, dining, and other public areas

Ravenswing Manor has three lounges, two overlooking attractive rear garden areas. At the time of our visit one of the rear lounges was dedicated to the TV viewing whilst the other rear lounge played a range of music from the long established to the contemporary. The lounges were accessed directly from the large hallway reception and appeared to be of equal size and comfort level

The décor was traditional with the fireplaces and height of the rooms lending an air of nostalgia. Representatives observed a variety of cosy seating including a 2-seater sofa.

Seating was arranged around the sides of the room and although we saw residents talking to each other we did not think that the arrangement promoted social interaction. However, we did see coffee tables at the side of some armchairs and noted that residents had placed books there.

We also observed that a digital clock had been placed prominently to aid orientation, displaying the time, day and date.

Representatives noted that residents were offered hydration both in the lounge areas and dining areas.

The dining room was conveniently sited close by the kitchen and lounges with access to garden seating via French doors.

The dining area had sufficient seating for the number of residents with most of the residents choosing to eat there. A menu board displayed the day's menu, and the chef was in constant attendance throughout the meal. (However, one resident told

us that the menu board was too small for them to read.) We did not find that the daily food choices reflected the example menu on the website.

Unfortunately, the overall environment in the dining area was somewhat cramped with residents being obliged to leave their walking frames in the corridor to mitigate this. The carpeting in the dining area was dirty and stained and needed replacement. We discussed this with the manager and the provider who told us that the replacement had already been planned.

The chef was very impressive and provided home cooking and baking. Indeed, we were offered a piece of homemade chocolate sponge pudding as it was “baking day.” Representatives were also offered tea and recorded this being served in a paper cup to be Covid-19 secure.

Evidently, the chef took pride in his work, and told us that he “*loved*” his job.

The menu for the day was displayed as cereals, porridge, eggs and/or beans for breakfast. Lunch was meat and potato pie with fresh vegetables followed by chocolate sponge and chocolate custard. The evening meal was cheesy mash and beans followed by various homemade cakes.

The manager provided us with a selection of menus, and we noted a variety of traditional home cooked food was scheduled such as fish and chips, hotpot, Sunday roast and cheese and onion pie. Lighter evening meals were offered including homemade soup and sandwiches, egg on toast and a “buffet tea”. Desserts offered included trifles, sponge puddings, mousse, and cream scones and jam.

Green Amber

Observations of resident and staff interactions

All three of our representatives recorded very positive impressions about the staff at Ravenswing Manor. They were observed to be solicitous and caring whilst creating a homely atmosphere. We heard staff chatting to residents about their own families and asking about residents’ families. We heard a staff member engaging a resident with “*good news! You have a visitor tomorrow (daughter).*”

All the staff we observed knew all the residents’ names and used them consistently.

We noted that staff had a pride in their work and created a warm environment filled with humour and music. Tellingly, one carer explained “*We are like a family here.*”

Residents were not afraid to make requests, and these were met immediately (a blanket and cushion). This level of care was replicated amongst non-care staff such as the chef who was cheerful and always saying hello.

When we spoke to residents, they reported a level of trust and appreciation of the staff. “*If I need someone in the night, I pull the cord over my bed and someone*

comes fairly quickly - I'm happy with that. The staff are lovely.” and “I feel safe.”

The relatives we spoke to were equally positive, praising the staff and manager and describing the provider as *“conscientious and caring.”*

Staff were also observed to value the safety of the residents with appropriate Covid-19 protocols. We saw PPE being worn at all times and gloves being changed between individual interactions e.g. distributing medicines.

On this occasion however, 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.

The dining area comprised of what originally would have been two rooms made into one and contained six tables with seating of either 3 or 4 to each table.

The tables were covered with tablecloths and had paper napkins, standard metal cutlery, plastic tumblers, salt and pepper pots and a small flower arrangement. Representatives considered how inviting and pleasant the table settings were. Similarly, the lighting was recorded as “good” and although there was no background music, staff happily lifted the atmosphere with encouragement, support and humorous interaction with the residents. Some residents were observed to be enjoying the social experience and we heard two residents expressing excitement and anticipation about the Arts and Crafts activity in the afternoon. We also heard one resident stating the menu was *“too small”* for her to read and another saying her room was *“cold at night.”* We noted that it was difficult for residents to orientate to time as the dining room had no clock.

Unfortunately, the dining room carpet detracted from what appeared to be a pleasant experience and there was little circulation room between tables.

The meal service was scheduled for 12 noon with residents being assisted into the dining area around 11.40am. To accommodate the transfer of residents to seating, staff were obliged to remove walking frames and store them on a corridor next to the dining area. Consequently, when one resident wanted to leave the room before the end of meal service, she was unable to do so as her walking frame had been taken away and stored on the corridor.

Blackcurrant or orange squash was brought round for residents to choose, and one resident requested plain water which was given to them quickly.

The kitchen being next-door to the dining room facilitated the ease with which meals were brought out to the residents. The meal was already plated, and the crockery was white (we did not see dementia specific-coloured plates or adapted cutlery). However, representatives observed the food to look appetising and be of sufficient quantity.

Generally, there were three carers assisting the meal service and plated meals were taken to residents who were eating in rooms elsewhere. The chef also assisted in delivering several meals to residents in the dining room with one carer supporting a resident to eat (indeed both the manager and the chef were seen to be “on the floor” to support the mealtime). Representatives observed that the resident being individually supported had been provided with a napkin (to avoid spillages) and that the carer constantly interacted with them to encourage eating. The remaining carers employed an efficient system observing who was eating and who was not. Two residents did not eat very much of the meal, and this was immediately noticed by the carers. As a result, the two residents were given liquid supplement formula and encouraged to drink it (which they did slowly).

Representatives observed that there was a flexibility around individual preferences when one resident who did not want meat pie was offered homemade soup as an alternative. This was prepared and brought out quickly. One resident who did not want the meat in the pie, was offered a sandwich as an alternative but the resident stated that they were happy to pick the meat out and just eat the potato and vegetables. The carer again stated that if they were still hungry after doing that then they would make a sandwich for them.

Another resident was observed not eating the meal in front of them, this was spotted quickly, and the resident was encouraged to try a ham sandwich which they accepted and ate.

One resident had a minor bout of choking and a carer attended and assisted in a kind and friendly manner, calmed the resident, and kept an eye on them thereafter. This reoccurred and the carer attended straight away and gave reassurance to the resident and offered water. The carer remained with them for a while.

Alternatives were also offered to the chocolate pudding with chocolate sauce dessert. We saw yoghurt and ice cream offered although one resident provided with white yoghurt on a white plate did not seem visually tempted. The resident was then given chocolate sponge and chocolate sauce and ate it.

Indeed, the chocolate sponge appeared a popular choice with one resident having seconds and being offered thirds, leading to one staff member to quip “*you will be dancing round later.*”

Throughout the meal service great attention was paid to infection control and cleanliness, medications were being given out to several residents and each time the carer attended a resident they changed their PPE to fresh gloves ready for the next resident. Likewise, the domestic assistant came into the dining room and cleaned all touch points on doors and handles.

At the end of service, tea and coffee were brought out for the residents in standard cups. One resident wanted more sugar which was given to them straight away.

Green

Additional information

- Originally the home had a third lounge which seemed smaller than the others but equally as warm and comfortable. This lounge is adjacent to the front entrance and visitor toilet. In light of visitor restrictions during Covid-19 the lounge has been repurposed as a private meeting place for residents, friends and family and visiting professionals. Representatives noted that the confinement of visitors to this room was strictly adhered to. A visiting community nurse left the room to call her next patient. A staff member politely asked her to return to the room and use the call bell in order the care staff could bring the patient to her. This is particularly important (for infection control) when considering the number of other care homes clinical staff may visit in a short period.
- During the lunch period, one resident refused to leave the TV lounge reporting she was “*not hungry.*” Despite this staff attended to her in a kindly manner “*just have a little bit of this it will do you the world of good*” and were successful in coaxing her to eat by offering several alternatives.
- Staff were observed to use the hoist when appropriate and offer respect to residents in their interactions. Representatives evidenced staff asking permission to support residents “*Is it ok if I check your temperature.*”
- A minibus was parked on the driveway and the manager told us that it was used for trips out most recently to Blackpool Illuminations where there had been a stop for fish and chips. The bus was also scheduled to take interested residents on Christmas shopping trips. Often, it was used on general shopping trips.
- The homeliness of the environment was underlined by the presence of the provider’s dog “*Pickles*”. The manager telling us that he was a regular visitor and that the residents “*loved him*”.

Feedback from residents

Environment

“It is clean and comfortable, but I am in a double bedroom and I don’t get on with my roommate. I am hoping to get a single room next week.”

“My bedroom is fine, not big but satisfactory. It’s lovely and warm and the bed is really comfortable.”

“Its fine here but it’s cold at night in my bedroom.”

“My room is comfortable, and I have my laundry done and get it all back.”

Activities

“I missed the trip to Blackpool, but I have been poorly, and I am just taking my time”.

“We had a sing song this morning. I love dancing but I can’t walk now. In the summer I sat outside. It was lovely. This afternoon we are doing crafts. I think it’s Christmas crafts, but I don’t know. I’m looking forward to it”.

“Sometimes there are things to do. I love drawing but my eyes are bad now.”

“I enjoy the music in the lounge, but we don’t really do any activities.”

Care

“I feel safe here. I came here straight from hospital, and I am glad I came. My daughters are glad I am here too”.

“The staff are all good, but I do have my favourites. They work hard I have no complaints.”

“It’s wonderful here. I love it. No cooking or washing up to do! If I need someone in the night, I pull the cord over my bed and someone comes fairly quickly and I’m happy with that. The staff are lovely. I recommend it here. I get a bath, it’s marvellous as they have an electric hoist, and I don’t have to step into the bath.

“The staff are very nice both days and nights. I like it. I would recommend living here.”

“There’s nothing that’s bad but the washing powder that they use here gives me a rash. Also, with the washing you generally get all your clothes back but sometimes things have shrunk”.

Food

“I have a cancer in my mouth. The chef is wonderful he chops my food up and makes extra gravy, so my food isn’t too dry.”

“The food is good and varied. You get plenty to eat and you get seconds too if you want. For breakfast I have porridge and cereals.”

“It’s good food. I can’t grumble. The cooked breakfast is lovely. I enjoy the food very much”.

“There is nothing to dislike. The food is fine, and I have my own knife and fork”.

Relatives and friends' views

How do you feel generally about the service?

"It's excellent. Our relative has been here for two years and the staff are very good. We are very happy with the care and the environment. The fact that the building is Victorian suits the family (relative) who can relate to it with memories. During the height of the pandemic everything was done to protect the residents and the family felt confident that (relative) was very safe."

"We pay for a hairdresser once a week, where we give the staff cash to pay for the service".

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

"Very much so. There is a newsletter that the relatives receive. The staff will contact the family with regard to (relative's) health and raise any concerns and actions taken".

"The family are very happy with how well informed we are kept. GP visits are arranged for (relative) and the family are very comfortable with this. The staff are very proactive about healthcare and wellbeing".

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

"Yes. With any concerns we have had we have contacted the manager first who is very approachable and open and gets things sorted. They get back to you. We have also dealt with the owner of the home who is very conscientious and caring. The owner was very visible in the pandemic."

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

"Not sure really but they have books and games and there have been choirs."

Would you recommend this service to others?

"Yes certainly. (Relative) was in another care home prior to coming here and it was awful. (Relative) kept contracting UTI's, falling and hallucinating. The night staff were sharp with (relative) as well. Since (relative) has been at Ravenswing they are settled and there have been no health issues as there were at the other home. We are very happy that (relative) is at Ravenswing."

Staff views

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

“Yes. There is a senior carer and two carers plus the cook and a domestic. At night there are two carers. We work 8am to 8pm. We have very little sickness.”

Yes, it’s all sorted, I am in 4-5 days a week.

How does the organisation support you in your work?

“The manager is fantastic when you have issues you have to deal with at home. We are like a family here. I’ve been here a while so that shows it’s a good place to work. We get regular training sessions once a week or once a fortnight. They are very good with training. Its online training.”

“I am well supported without a shadow of a doubt”

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

“We have had some training on this - it’s really interesting. I have not come across this here, but I would like to know more.”

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

“Everything is in the care notes. You get to know everyone here and you know what they like and how they want things. You get to know the residents really well.”

“Yes, I have been doing this for many years.”

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

“I would definitely have my Mum cared for here.”

“Yes, my Dad came to this care home on my recommendation.”

Response from provider (email received 29/12/2021)

Further to our recent conversation and following our recent Home visit by Michelle Chapman and her team, during which we explained that we were about to commence some essential and much needed improvements to the Home, I am pleased to enclose some photos showing the changes / improvements to date, which I would ask that you kindly forward / share with Michelle.

Shortly after the visit, we replaced the old dining room carpet with a new laminate flooring, (please see attached file of photos).

This was the first part of our scheduled flooring upgrades. The next stage which involves replacing all the downstairs corridor carpet with similar laminate flooring is due to commence on 5th January 2022.

We have also commenced work on the first of three lounge upgrades, involving new wiring, new fireplace, improved central heating, improved lighting, plastering, new decoration and finally new carpets and furniture. These works are slightly more involved, and we hope to have the first lounge back up and operational by the end of January 2022. (Please see attached file of photos). We will of course send more photos once the works have been completed, after which we will immediately proceed with remaining two lounges.

We have also scheduled the replacement of 25 old wooden window frames and doors with new energy efficient PVC windows in mid-February 2022. And by the time that is completed we hope to have our plans for further improvements to the Home including a first-floor extension with additional larger bedrooms and improved facilities downstairs nearing completion.

Regrettably the pandemic interrupted our ongoing plans for improving the Home, however we now feel the situation is safe enough to continue with those works.

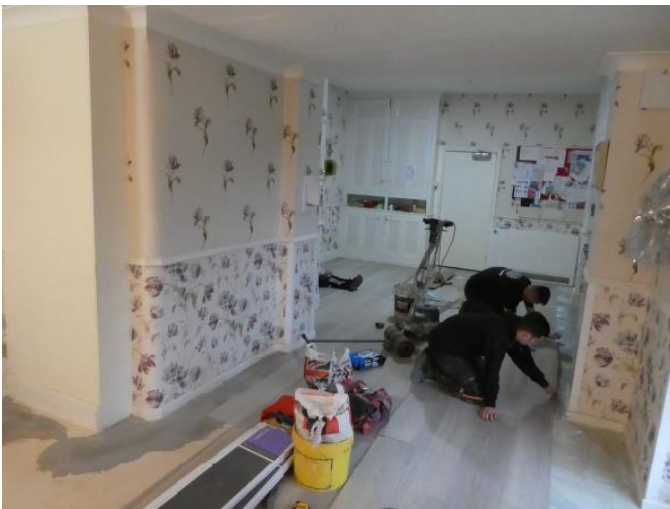
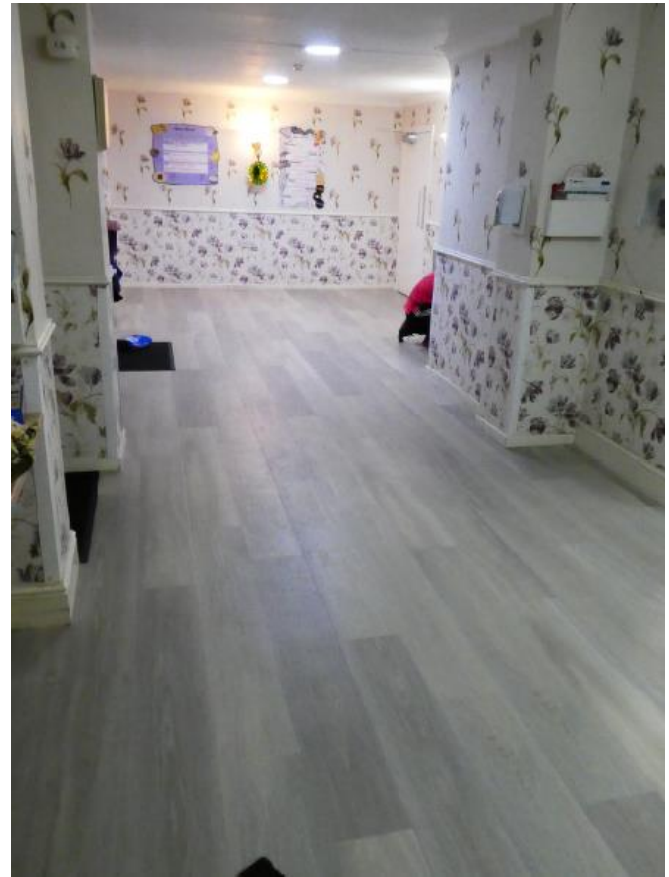
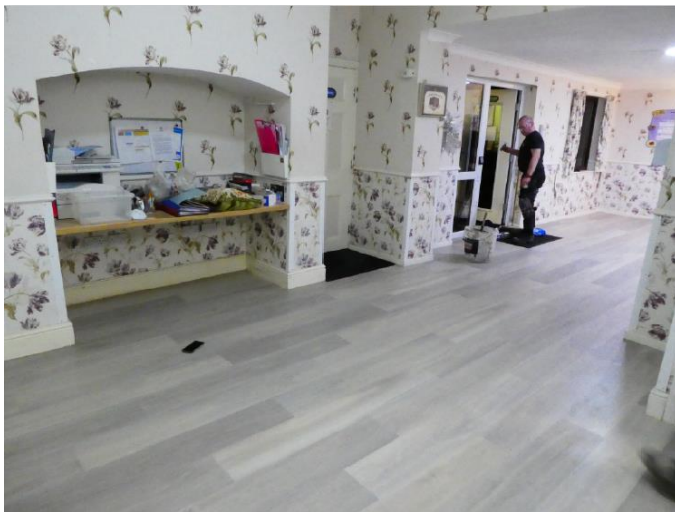
We look forward to receiving the draft report in due course.

Kind Regards

George Daniels

Director

Ravenswing Homes Limited



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