



**healthwatch**

**Blackburn with Darwen**

**Acorn House Care Centre**

**Enter and View Report**

**Tuesday 8<sup>th</sup> March 2022**



**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:

Cherise Homer-Beck  
Acorn Care Centre  
Whalley New Rd  
Blackburn  
BB1 9SP

Staff met during our visit:

Cherise Homer-Beck (Manager)  
Holly Smedley (Quality Manager)

Date and time of our visit:

Tuesday 8th March 2022 at 10:30am

Healthwatch Blackburn with Darwen  
Representatives

Michele Chapman (Lead)  
Liam Kershaw Calvert (Staff Team)  
Trish Whalley (Volunteer)  
Michelle Livesey (Volunteer)



## Introduction

This was an announced Enter and View visit undertaken by authorised representatives from Healthwatch Blackburn with Darwen who have the authority to enter health and social care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the view of those people using the services. The representatives observe and speak to residents in communal areas only.

This visit was arranged as part of Healthwatch Blackburn with Darwen's Enter and View programme. The aim is to observe services, consider how services may be improved and disseminate good practice. The team of trained Enter and View authorised representatives record their observations along with feedback from residents, staff and, where possible, residents' families or friends.

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

## Acknowledgements

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

## General Information

Acorn House Care Centre is privately owned by Maria Mallaband Care Group with places for 32 residents. There was one vacancy at the time of our visit. The person in charge is Cherise Homer.

Information obtained from carehome.co.uk states that the home provides care for people from the ages of 65 + who are affected by dementia, old age and Alzheimer's.

## Methodology

The Enter and View representatives made an announced visit on Tuesday 8<sup>th</sup> March 2022 at 10:30am.

We spoke to 10 Residents 6 staff and 2 relatives, where possible within the constraints of the home's 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. On this occasion representatives chose to focus on the lunchtime experience.

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

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

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

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

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

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

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

## Summary:

Acorn House is well run and well maintained. The staff are open and hardworking demonstrating respect and empathy for the residents in their care.

Most responses from participants were positive with staff telling us that there was flexibility and support from management alongside appropriate training.

Management and provider representatives present as experienced and approachable. Staff confiding that they had a *“lot of respect for the Manager”* and *“the seniors are brilliant here.”*

Likewise, feedback from friends and family indicated *“the Manager is great, and I can go to her anytime.”*

Staff described their working environment as *“very friendly”* and demonstrated high morale even though they were very busy and at “pinch points” like lunchtime and appearing to work at full capacity.

Indeed, staff spoke to representatives about the difficulties in recruitment and retention and these problems seem symptomatic of the current social care landscape.

Covid was also mentioned as a continuing problem.

Representatives were impressed with the range of activities that had been made available (despite Covid) and the use of technology by the activity team. Some residents reported reading newspapers and watching the BBC news, being aware of current events. Others described journeys out to the theatre, the Illuminations and pantomime.

Similar appreciation was expressed for the food *“The food is very good, especially the Sunday lunch. We always have a roast. This week we had chicken and last week we had beef.”*

One resident however, described the food as *“Basic.”*

The responses received from residents in respect of care were largely positive *“We’re like a family, all together”* and *“Everyone is very helpful. They listen to me and don’t walk away when they are talking to me.”*

However, 2 residents believed there were not enough staff.

Similarly, a couple of residents told representatives that they experienced the atmosphere as *“too noisy.”*

Representatives considered that the integration of all the residents to the lounge /diner may have contributed to a sense of disquiet in some residents, particularly in respect of the behaviour of others compromised by dementia.

## Green

## Enter and View observations

### Pre-visit and location

Prior to our visit we sent out a letter and a poster to the care home advising them of the date we would attend.

We also took the opportunity to view the home's website and found it to be clear, informative, and engaging with good pictorial representation.

Likewise, we noted that a hard copy brochure was available on request, and that virtual and in person visits can be booked in advance.

The home is located on the main A666 Whalley New Rd and serviced by nearby shops. The area is urban and not far from the centre of Blackburn by car or public transport. We noted that a grocery store and a pharmacy were close by.

The home was well signposted from the main A666; however, car parking was limited and we did not see a dedicated disabled parking space.

## Green

### The external environment

Acorn House is a modern, two storey, purpose-built facility in an popular area. The outdoor area facing the main road appears limited with the main doorway situated at the rear of the building

Representatives found the rear external environment to be pleasant and well maintained if a little confined, (it was difficult to envisage a number of residents using the outside space at the same time.)

Nonetheless, the outdoor area was welcoming and secure, being fenced and accessed by a keypad. Similarly, we saw that outdoor seating and some planting enhanced the area.

During our visit we observed cleaning and maintenance being completed in this area and a resident enjoying sitting out in the sun. It was clear that this was a regular occurrence, and that the outdoor area was readily accessible to residents.

The reception area was easy to locate and similarly welcoming with ramp access and spring planting on windowsills. One resident had evidently kept a close eye on the garden telling us later *"the storm brought down a tree at the front. I help planting the pots when it's time to plant out. The crocuses are coming up at the front."*

The reception was well secured, and the door was opened immediately by staff.

## Green

## The internal environment/reception -first impressions

Staff were very welcoming, and the Manager gave her time to show representatives around the building. All PPE protocols were observed with representatives obliged to provide appropriate lateral flow test results. Representatives also wore PPE and signed into the visitors' book on request. However, hand gel was only available in a portable bottle.

Whilst we were in the reception area, a relative visited to help support his loved one at mealtime. He was designated an "essential caregiver" and we observed that he too was subject to robust Covid-19 protocols.

The home has a dedicated staffed reception area which is warm and welcoming. Representatives observed that all statutory notices were displayed as required and that a hard copy brochure was available, as was a prominently sited suggestion box. We noted the food hygiene rating as 5.

The Healthwatch Blackburn with Darwen poster was noticeably displayed as requested.

Staff were identifiable by uniform and a photographic notice board "Meet our Staff" was observed. The dining room displayed an additional poster explaining the significance of each staff uniform. Staff also wore small name tags.

Our first impressions were of a light, clean, well-ordered building with a good standard of maintenance.

## Green

### The observation of corridors public toilets and bathrooms

The corridors were well-lit, spacious, and uncluttered. In the main, floors were wipe clean laminate effect and we saw colour contrasting handrails. Throughout the home the corridors had been made more interesting with nostalgic photographs of old Blackburn. We saw photographs of the "lost pubs of Blackburn" and photographs recording a significant flood in the Roe Lee area.

The main corridor adjacent to the lounge dining area appeared to be the main noticeboard directed at residents. In addition to the staff photographic board, we saw a cyclical menu board and an illustrated weekly activities board.

We observed that dementia friendly signage was evident throughout the home being pictorial written and colour coded. (The Manager told us that she had ordered some additional signage which she believed would be more effective.)

Representatives felt that the environment would be easy to navigate and noted corridors labelled as streets (for example Oak St) and that residents' doors were personalised, some having chosen memory boxes. Doors also had names, numbers, and door knockers to replicate a neighbourhood environment and aid orientation.

Doors to public bathrooms were clearly identifiable with dementia friendly signage. Representatives considered that the number of bathrooms was appropriate to the number of residents, given that ensuite facilities were also provided.

All the bathrooms observed were clean and sufficiently stocked with soap towels and toilet rolls. We saw adapted bathing equipment alongside other adaptations such as grab rails, and raised toilet seats, but these were not colour coded.

The Manager told us that a rolling programme of decorative improvements had been scheduled for both the corridors and bathrooms.

The Manager also told us that residents had a regular monthly meeting where they were consulted about decisions such as redecoration.

## Green

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

Acorn House supports both residential and dementia needs, at the time of our daytime visit, both groups were integrated on the ground floor. The Manager told us that this was a temporary situation as a response to Covid-19 and recent staffing issues.

The floorplan of the public ground floor area consists of a large and airy lounge/dining room, the lounge area being defined with patio doors to the garden and comfortable individual armchairs and soft furnishings. This area was noted to be well maintained with pleasing décor. The flooring being laminate effect in the dining area with carpet in the lounge area.

Although most residents remained here during our visit, the space was sufficiently large enough to accommodate residents seating and dining needs, with a wall mounted TV area, a quieter seating area, and a fireplace adjacent to the patio doors.

Notwithstanding, the environment seemed bustling. Two residents told us that they felt uncomfortable with the noise levels. They attributed this to the background noise (tv and radio) and a resident living with dementia who was repeatedly vocal. Likewise, a call bell was heard consistently in excess of 15 minutes. (The quality manager explained later that this had been activated in error by a cleaner in an upstairs bathroom.)

Representatives observed the furnishing to be homely and comfortable with appropriate levels of lighting, heating, and ventilation. We observed armchair seating to be interspersed by coffee tables and close enough for residents to converse. We saw fresh flowers, magazines and newspapers adding a homely touch, whilst a tea trolley circulated throughout this area offering hot drinks.

A hydration station was prominently placed, highlighting (with eye-catching images) the availability of orange juice, blackcurrant juice, and water.

An orientation board on the dining room wall displayed the day, date, season and weather in coloured, pictorial, and written form.

At the far end of the quieter lounge area a small activity corner offered books, videos and jigsaws (which we saw residents use). The activity coordinator told us that the large table situated here had been decoupage'd by residents with vintage prints and images. We observed that an activity "riddle sheet" had been placed on each side table and that some residents were attempting these which sparked discussion.

The dining area adjacent to the lounge had enough tables to accommodate the residents with each round table seating 4 residents. Representatives noted that care had been taken to seat those with adaptations (wheelchairs) by siting the wheelchair lap tray up to the table edge. At least 4 residents required hoisting to participate in the lunch and this was done with competence and respect for the resident whilst offering reassurance.

The dining experience was enhanced by the provision of light background music (Smooth FM) and the TV turned off. Tables were attractively dressed in colour matched tablecloths, napkins, and a daily menu in the middle.

Staff told us that food was cooked on site and the food served reflected the menu. Many of the residents had chosen to select sweet and sour chicken and rice and representatives observed this to look appetising, be of sufficient quantity and served at an appropriate temperature. The second option was a cheese slice, chips, and beans. Dessert was iced cake, yoghurt, or ice cream. One resident was observed having a second portion of the sweet and sour chicken whilst telling us it was "*homemade and good.*"

Examination of the 4-week cyclical menu indicated a wide availability of popular foods such as fish and chips, lamb casserole, Sunday roasts, gammon, mixed grill, and vegetable flan. Desserts offered were equally appealing for example sponge and custard, Banoffee pie, sticky toffee pudding, fruit salad and mousse.

Representatives also observed a flexibility around mealtimes with several residents requiring a late breakfast, one gentleman who requested porridge and a hot drink was quickly accommodated.

## Green

### Observations of resident and staff interactions

Staff at all levels demonstrated a relaxed and open culture with residents and staff knowing each other's names and having friendly, supportive, and encouraging interaction.

Whilst guiding representatives around the home, the Manager was observed to knock on residents' doors before entering and know residents' names enquiring how they were.



Verbal interaction between staff and residents was maintained throughout caregiving and staff joined in conversations between representatives and residents.

When hoisting residents, staff were observed to continue talking to residents in a reassuring manner stroking their hand and telling them what they were doing and why.

Likewise, staff were noted to respond promptly to requests for assistance to the bathroom, whilst ensuring residents walking aids were within reach if needed.

Residents were observed to look happy, clean, and appropriately dressed. They enjoyed talking to representatives and seemed confident and comfortable in their environment. Residents invited representatives to sit with them and were keen to tell us about themselves and Acorn House.

We also observed residents being welcoming and friendly to each other initiating conversation and helping each other with the activity quiz sheet.

The team were able to note that most residents who were unable to engage in conversation appeared equally content. We saw that some residents had their legs elevated on stools being covered with a blanket over their knees. We observed as one resident enjoyed having her nails painted by the activity coordinator. The resident told us that “*pampering*” was a regular activity.

Other residents reported the opportunity to go out and about using community transport. *“We go on trips; I especially like the theatre. The Empire theatre in Blackburn. The Manager here gets the what’s on programme so we can pick what to see. We have been to the panto and We’ll meet again show. We use dial a ride transport. It’s great. We also went to Blackpool illuminations on a minibus. We had a fish and chip supper in Lytham. “*

Representatives were able to ask the activity coordinator about her role and she told us that 2 staff shared the dedicated full-time role, that 2 activities were available each day and that monthly activity plans were planned in advance.

The staff member was particularly proactive describing using You Tube and a dedicated webservice “NAPPS” to facilitate the broadcast of films, theatre, concerts, and sporting events. Similarly, armchair yoga and dancing were available as pre-recorded activities on a daily basis.

The activity coordinator also supplemented care staff during the lunch period.

## 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.

Prior to the lunch period, carers were seen to attend to residents' toileting needs and use handwipes on each resident to clean their hands before lunch. Some residents were distressed at having their hands wiped but the carers dealt with this well, in a very reassuring manner. Staff changed to blue plastic aprons and continued to wear masks with some of the carers wearing blue gloves for serving meals or drinks. However, there was no evidence of staff cleansing hands or changing gloves between each resident contact.

On the day of our visit, lunch appeared to be running late with some residents waiting for 45 minutes prior to lunch being served. One resident became quite agitated and got up from the table several times. He was not restricted in any way and staff encouraged him by reminding him that lunch would be coming.

As staff were assisting other residents to the table, one resident was doing a jigsaw. A staff member went up to her and assured her that she could go back to the jigsaw after lunch. The resident seemed happy with this and went to the dining table.

Staff were equally helpful assisting other residents to the table. One lady seemed happy walking without assistance, but a staff member walked beside her holding her handbag.

The meal was served just before 1.00pm, and staff were highly competent, well organised, and efficient. A staff member was allocated to check on a resident in his room making sure he had his meals and drinks.

However, it seemed 2 residents who ate in the sitting room did not have appropriate tables to place their food on causing them difficulties.

At one point a bowl of chips fell to the floor and as the staff were very busy, they did not notice this. A Healthwatch representative noticed, picked up the chips and informed a staff member. The resident was brought a fresh bowl very quickly and staff sat with her briefly before attending to another resident.

Regardless, staff appeared to be working at capacity in part due to the number of residents with significant physical needs and requiring support with eating, wheelchairs, and hoisting. Carers sat by residents and one staff member was observed helping 2 residents simultaneously. Although this was not ideal it did not seem detrimental to either resident and was preferable to waiting for help.

Adapted cutlery and drinking mugs were evidenced as was the preference for some residents to use their own drinking mug. A straw was located for one resident who was struggling to drink from a beaker.

Crockery was white and this colour contrasted with the dark red table linen.

Staff provided help with cutting up food, but one resident was finding it frustrating not knowing which cutlery to use. An adapted spoon was given to him, but he insisted on using his knife and fork. The carer was very patient and removed all distractions away enabling him to eat as much as he wanted at his own pace. Similarly, one resident was not happy with the meal asking why it was not fish and

chips. The carer explained that was the menu for Friday and it was only Tuesday. The resident seemed satisfied with this and went on to eat her meal.

The food appeared plentiful and well received with one resident asking for seconds. Another resident told us *“The food is always good.”*

Desserts were served when most of the residents had finished their main meal.

### Additional information

The Manager showed the Lead representative the upper floor of the building. This was very quiet due to the number of residents in the downstairs lounge/dining area. However, some residents were observed as preferring to stay in their bedrooms.

The Manager was able to point out some additional facilities situated on the upper floor.

- A small cinema room was positioned in the circular part of the front elevation to the building. Comfortable chairs, coffee tables and a 2-seater sofa were positioned around the perimeter facing a screen. The area had been made inviting with posters of popular characters/films.
- A dedicated hairdressing salon the “Cutting Crew” was made available each Saturday. It replicated a traditional salon with a backwash, grooming station, and standing hairdryer. The Manager told us it was very popular.
- A small dining room was available upstairs mirroring the comfort of main dining area downstairs.
- A “garden room” had been created for reminiscence it was painted in green and blue with a picket fence, faux flowers and a wall panel representing a garden shed. The Manager told us that this was an area being considered for an update.

## Feedback from residents

### Environment

*“It’s not as good as it was.”*

*“My room is comfortable.”*

*“It’s comfortable, nice bedroom and nice laundry.”*

*“Comfortable, I like it I have not been here long.”*

*“I settled in straight away, I was iffy at first.”*

*“They clean well, it’s nice.”*

*“When it’s busy, I wait until a seat comes empty.”*

*"I would like another mirror for my room, I need a new one and a razor."*

*"We need a calendar"*

*"I am lucky, I have my own room even though it is small".*

*"I like to spend time in my room."*

*"I have my own room and I am very happy here. I have been here for 18 months. My family can visit now, but they couldn't when we were in lockdown, and I missed them"*

*"I have my own things on the windowsill which I like. I have a lot of things that I cannot have here but they are boxed up and being looked after" "I can't get them"*

*"I like the setup. I can have visitors in the garden room. I don't like the noise; it is very annoying. There is shouting, even at night."*

*"The place is always being tarted up. It's too noisy and there is always shouting. There needs to be a quiet room."*

*"I like living here".*

### Activities

*"They have some darts"*

*"I like reading books."*

*"There are activities, I'll do them if I can, quite a few different ones."*

*"My nails are done once a week."*

*"The days float by"*

*"I cannot walk due to my legs"*

*"I watch TV, I have a large new TV in my room that I bought." (She said the TV was very worrying at present due to what's happening with war in Russia.)*

*"I like to go out with my family. We sometimes go to Ribchester Arms for our lunch. We go in a taxi."*

*"We go on trips; I especially like the theatre. The Empire theatre in Blackburn. The manager here gets the what's on programme so we can pick what to see. We have been to Panto and We'll meet again show. We use dial a ride transport. It's great. We also went to Blackpool illuminations on a minibus. We had a fish and chip supper in Lytham. "*

*"I would really like to go to Barton grange garden centre. They have a farm shop too, which sells Cartmel sticky toffee pudding"*

*"I like to get out in the garden when we can"*

*“The storm brought down the tree at the front”*

*“The crocuses are coming up at the front”. I like to help with planting the pots when it’s time to plant out”*

*“I like the quizzes as it keeps the brain active. There is lots to do like board games and books. We go on outings and can make suggestions on where to go. I get taken out to the shops. A library comes in every week. A hairdresser comes in every week to the salon upstairs, and a chiropodist comes regularly.”*

*“I don’t like the activities like quizzes as I can’t be bothered. There are 2 TV’s. I’ve no time for them”.*

*“I don’t really know what there is to do. I haven’t been here long.”*

## Care

*“There’s a lot of youngsters, but they are all good to me.”*

*“They’re just friends.”*

*“We’re like a family, all together.”*

*“They’re lovely the staff. I can be relaxed with them. I like having a laugh with the staff.*

*“Any problem and they’ll sort it straight away.”*

*” Staff are good and treat me well”*

*“The staff really look after everyone”*

*“Staff are very good. They look after my legs”*

*“A nice lady, who works in the office, does shopping for me. The things I need like toiletries. I tell her to get quality items and not the cheaper products.”*

*“Everyone is very helpful. They listen to me and don’t walk away when they are talking to me. There isn’t enough staff to do everything.”*

*“Good, but not enough of it. It’s gone downhill recently. There aren’t enough staff. Some of the good staff left.”*

*“I get looked after”.*

*“Some people wander round and take things off you.”*

*(Pointing to a male resident)” that man had a resident sat on his knee once. He is always touching residents and kissed one once. There aren’t enough staff to keep an eye on him.”*

## Food

*"I enjoy it."*

*"On a nice day, we eat outside."*

*"The food has all been nice".*

*"I feel comfortable asking for a cup of tea, with no sugar. But sometimes I get one."*

*"The food is ok. We can choose what we have."*

*"My favourite is vegetables and greens, especially sprouts. I loved my own home cooking. Food here is what everyone else likes best. They think I am grumbling all the time"*

*"The food is very good, especially the Sunday lunch. We always have a roast. This week we had chicken and last week we had beef"*

*"We always celebrate everyone's birthday and chef bakes a cake. She makes good puddings especially crumbles."*

*"It's good. There is a choice of two meals, and you can have toasties and currant teacakes. They will make you whatever you want. It's too noisy at mealtimes. I like to be quiet when I'm eating. Maybe there could be a different room or staggered mealtimes. Sometimes residents pinch food off your plate."*

*"Some days are good, and some are bad. It's basic and there isn't very much choice."*

*"It must be good, I eat it".*

## Relatives and friends' views

Visitors took the opportunity to speak to representatives one said he and the staff were very friendly and had a joke with each other.

Another visitor was full of praise for the home, the staff, and the care provided.

He told us that the staff acknowledge him as his wife's main carer and that this was important to him. He told us that his wife had moved from another care home as he was unhappy with her care. When he had raised concerns, he felt like he wasn't being listened to and nothing changed. He told us *"It's nothing like that here, the Manager is great and I can go to her anytime."*

## How do you feel generally about the service?

*"All the staff and management are good. They are very helpful here."*

*"All the staff here care for my wife and me. We are on first name terms and we have a laugh"*

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

*“The first thing they do is inform you about health and care plans.”*

*“I am confident in the care provided and feel confident when I go home, she is in good hands.”*

*“I have been directly involved with the staff in making decisions about her care, to help keep her out of A&E.”*

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

*“I don’t complain but give observations, but I know I can go to the staff.”*

*“Should I have a complaint I would tell Joanne on the desk.”*

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

*“Yes, very much so.”*

*“I am always made welcome I don’t like leaving my wife, but I can spend as much time with her as I can. We have a lot of fun with the staff.”*

*She doesn’t really take part in social activities as she has had Covid so is being cared for upstairs in her room.*

Would you recommend this service to others?

*“Definitely, yes.”*

*“Yes” I would certainly recommend this care home to others.*

## Staff views

Staff were happy to engage with representatives with one senior offering to spend her 10-minute break with us.

Staff were open about explaining the difficulties in recruitment and retention in the care sector (particularly of late) One staff member describing feeling “frustrated” and “disappointed” when new starters do not stay. Pointing out the time and effort that is expended.

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

*“Some days we do have to prioritise, and especially during Covid”*

*“Yes mostly, a lot of problems stem from Covid.”*

*“We are good at working together to help out.”*

*“99% of the time we have enough staff, the 1% when we haven’t is brought on by Covid”.*

*“Everybody is really good at chipping in.*

*“I work part time along with another staff member. I have previously had different roles in the home.”*

*“I help out with mealtimes as they are very busy.”*

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

*“The training programme seems really good, I am currently undertaking it, I only started 6 days ago. The courses cover everything.”*

*“We were offered training. I always do additional training as well, I’m on level 4 currently and doing level 5*

*“The seniors are brilliant here and very approachable”.*

*“There is a very good atmosphere.” Everyone is friendly. Yes, I am very happy here.”*

*“I was going to transfer because of the distance it takes to get to work but I ended up staying.”*

*“Many staff have been here a long time so there is a base, a well-established team with a lot of respect for the Manager”.*

*“There is lots of training both face to face and online.”*

*“We have a monthly teams meeting.”*

*“All staff are aware of the Safeguarding process.”*

*“The management are very approachable and very supportive of me. They have been very flexible with my working.”*

*“The training is good, and we do annual e-learning.”*

*“We have monthly activity plans and do two activities every day - this morning residents are having their hands and nails done”.*

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

*“People have choices”*

*“They can choose favourite foods and we cater for special requirements e.g., food”.*

*“I know about LGBTQ groups, but there aren’t any here at the moment. I love the differences in the residents.”*



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

*"We need to know as soon as residents arrive especially re diets and allergies, or this could be very dangerous."*

*"Residents family, and friends. Hospital. GP"*

*"I always make sure those who need positional changes get it as it is important"*

*"We have monthly activity plans and do two activities every day - this morning residents are having their hands and nails done".*

*"We find out information about residents from care plans, and also get daily information about them."*

*"The care plans are formulated by the manager based on what the carers tell the manager. These are reviewed monthly or more frequently if a change is identified in an individual's needs."*

*"Individual care needs are identified especially by carers who get to know the individual best".*

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

*"Yes definitely, from what I have seen so far."*

*"I would, yes. I recommended a relative last year."*

*"Yes, I couldn't say that for the other places I've worked in, but yes to this one."*

*"Yes"*

*"I would recommend this care home. My niece works here, and my Grandad was a resident".*

## Response from provider

Email 20/04/2022

Good Morning Michele,

I have been reading through the report and I am very happy with the contents.

Comments I would like to add to the final report-

Myself and my team are really impressed with the comments received from residents and staff.

We have worked so hard to get to where we are now and are set to impress everyone who visits everyone here at Acorn House.

We are pleased with the turn around of the home in the last 12 months, we have a good strong team with such a caring nature.

Kind Regards

Cherise Homer-Beck

Home Manager

Acorn House Care Home

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