



healthwatch

Blackburn with Darwen

**Moorland View Care Centre
Enter and View Report**

Tuesday 31st May 2022



DISCLAIMER

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

Contact Details:

Moorland View Care Home
Exchange St
Darwen
BB3 0DX

Staff met during our visit:

Jeanette Bacon (Management Support)

Date and time of our visit:

Tuesday 31st May 2022 at 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, residents' families or friends.

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

Acknowledgements

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

General Information

Moorland View Care Home is privately owned by Boldlawn Ltd with places for 32 residents. There were 0 vacancies at the time of our visit. The person in charge is Gareth Lievsley

Information obtained from carehome.co.uk states that the home provides care for people who are affected by old age

Methodology

The Enter and View representatives made an announced visit on Tuesday 31st May 2022 at 10.30am.

We spoke to 5 residents and 3 staff, where possible within the constraints of the home routine, people's willingness, and ability to engage and access to people in public areas. Discussion was structured around four themes (Environment, Care, Nutrition and Activities) designed to gather information concerning residents' overall experience of living at the home.

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

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

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

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

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

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

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

Summary:

Moorland View is an older property with some identified maintenance issues as one would expect of a building of its age. However, it is surrounded by extensive and pleasant gardens which may have been advantageous in terms of outdoor seating and activities.

Likewise, representatives felt that some relatively minor changes could improve the resident experience particularly more of a social feel to the lunchtime experience, the provision of an appropriate outdoor seating area and more points of orientation around the home (to encourage independence).

Indeed, lunchtime appeared to be a particular “pinch point” the staff being task driven and without an overarching method and organisation. This compromised continuity and led to carers lacking awareness about individual residents’ food and fluid intake.

Responses from residents we spoke to were mixed, most respondents reported enjoying the structured activities. One resident told us *“Everyone is friendly. I’m comfortable and warm. We have a lot of fun here. We chat a lot.”* Similarly, residents reported the care team as *“looking after me”* and *“kind.”*

However, some resident responses in respect of food choices, beds, *“washing going missing”* were more negative and could perhaps be addressed by regular service user meetings.

Staff who responded to us that they felt that their training was sufficient, and that the management was flexible in supporting them in their role. However, some of the respondents reported pressures around coping with unforeseen events, leading to one resident to conclude *“They are short staffed”*.

The Enter and View report is compiled considering a number of factors - a standardised environmental assessment, the responses received from participants and the observation of representatives on the day.

On the day we visited we observed that both the room call system and the fire alarm system were displaying faults. It was unclear when this had occurred, but the support manager told us that an electrician had been out the day before. The support manager also told us that she was continuing to deal with the problem at the time of our visit however no maintenance engineer arrived whilst we were on the premises or before we left at approximately 1.20pm.

Representatives felt that faulty room call system and faulty fire alarm system compromised the safety of staff, residents, and visitors to the home, in particular the ability of staff to identify those in bedrooms or bathrooms who may need assistance.

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

Amber Red

Enter and View observations

Pre-visit and location

Prior to our visit we sent out a letter and a poster to the manager. We also took the opportunity to view both the website and Facebook pages of the home. The website was informative and comprehensive supplemented by You Tube videos of recent activities and representations of a typical bedroom.

Representatives were similarly interested to see the service user guide, an illustrated cyclical menu and updates in respect of the home's digital capacity.

There was a large parking area to the rear of the home with limited parking to the front. The rear car park and reception were well signposted from the front aspect; however, we did not see any designated carparking spaces nor a dedicated disabled parking area.

Public transport was available within walking distance at Chapels the nearest stop being Chapel Brow. Large grocery stores were situated close by (travelling by vehicle) as was the main A666.

Representatives found the home easy to locate.

Green Amber

The external environment

Moorland View is a large Victorian former vicarage with more recent additions. Set in extensive mature gardens, the building is situated close to terraced housing of a similar age. The grounds were adequately maintained and appeared to have been recently cut.

Representatives observed a small raised "deck" seating area outside one of the large lounge windows. It appeared that it hadn't been used for some months. The support manager told us later that it had been used "*last summer*" and not re-utilised pending replacement patio doors leading from one of the lounges which led on to it.

We did not see any alternative outdoor seating areas.

The visitor car park was to the rear of the building with the reception close by. Representatives noted the provision of a disabled ramp and a wall mounted notice "Falling plaster off the outside wall so please stay clear".

Reception was clearly signposted to the opposite side of the building and the secured front door was answered in a timely fashion by staff.

Green Amber

The internal environment/reception - first impressions

Representatives were welcomed by Jeanette who told us her role was to support the registered manager with duties such as care plans and medicine recording as she was formerly a nurse.

She asked for our Covid status, and we provided evidence of negative lateral flow tests taken that day. Jeanette also signed us into the digital visitors' record. Gloves and masks were observed to be available at reception, when one representative asked for a plastic apron, this was brought quickly. Likewise, hand cleansing gel was available throughout the home in bottles but not in all wall mounted dispensers.

Representatives observed statutory notices as required and the Healthwatch Blackburn with Darwen poster displayed prominently as requested. Staff were easily identifiable by uniform and wore PPE as necessary. We noted that one staff member wore a red tabard to indicate that she was dispensing medication and should not be disturbed. However, we later observed the staff member continuing to wear the tabard whilst undertaking routine duties (setting tables).

Likewise, we saw that staff in blue aprons were handing out mid-morning drinks to the residents. Staff were observed to be wearing masks.

Meanwhile, the support manager was very accommodating and gave her time to guide representatives around the home. The environment seemed clean with no discernible odour.

Green Amber

The observation of corridors public toilets and bathrooms

Corridors were clean, well-lit and uncluttered. There were some decorative items, but both the doors and walls were a neutral and light colour. There was a mix of flooring, either vinyl or carpet. The support manager telling us some of the latter was due for replacement. We did not see handrails.

Representatives felt that the environment may be difficult to navigate for those living with dementia or poor eyesight. We did not see any dementia specific signage and some rooms had no signage at all (the 3rd lounge).

Indeed, representatives observed a resident leave the dining room during lunch requesting the toilet. The resident was pointed in the direction of the nearest toilet by staff but seemed to find it difficult to get her bearings.

Most bedrooms were situated on the ground floor, and these were identified by a number. However, one resident had personalised her door by putting her photograph on it in a plastic pocket.

Similarly, the support manager told us that residents were able to personalise their bedrooms with furniture and by choosing whether they had vinyl or carpet flooring.

Sixteen of the bedrooms at Moorland View are en-suite, therefore representatives considered there were enough public bathrooms to accommodate the number of residents. All the bathrooms we observed were stocked with toilet roll, soap and hand towels, generally they were clean, and the cleaner was working her way round at the time of our visit - however, a couple of the toilets required flushing.

Bathrooms in the newer areas were spacious and accessed by a sliding door. Toilets were raised from floor level, and some had frames but none of these were colour coded. The flooring in these bathrooms was specific to its environment, but in one bathroom it was damaged slightly. Representatives observed assistive bathing facilities as appropriate.

A lift entrance to the upper floor was highlighted with a colour coded safety notice at the entry.

Amber

The lounges, dining area and other public areas

As befitting the period in which it was built, the public rooms at Moorland View were large with high and ornate decorative ceilings. There were some minor maintenance issues here with one ceiling being water stained, and another with a small amount of boarding.

There were three lounges in use, giving residents attractive views over the grounds and a variety of environments, including a quieter lounge at the far end of the building. Several of the lounges had original architectural features and were decorated in traditional fashion with magazines, plants and soft furnishings, adding a homely touch. The first lounge had a large fish tank.

The support manager pointed out some new armchairs and these were noted to be comfortable and ideal for the environment. We observed that some chairs had been fitted with risers to suit the individual and that at least one resident was using a footstool.

When we arrived, morning drinks were being distributed and a number of residents were sat in the lounge nearest reception. This was a long room with a large window at the end where a TV was sited, the TV was not obtrusive and was showing subtitles for those hard of hearing. Chairs were arranged around the sides of the room but due to its configuration were not so far apart as to preclude social interaction. The lounge looked comfortable and was dressed in red, white and blue bunting to celebrate the upcoming Jubilee.

At the time of our visit, the second lounge was entirely given over to activities. A specialist seniors fitness instructor called James was delivering a high quality and well attended fitness session. We saw fourteen residents taking part in the activity and we were told this was delivered three times a week. We observed that both residents in chairs and those in wheelchairs were encouraged to join in, and that residents were very engaged and clearly enjoying the workout.

James was very professional and knew all the residents by name using props and calling out to encourage them. Representatives spoke to James later, he told us how much he enjoyed his job and how welcoming he found the home.

At the time of our visit, the third lounge hosted a couple of residents who wanted to be undisturbed. When they had been taken to lunch, we observed this lounge to be smaller but as comfortable as the two we had already viewed. The TV was turned off and we saw a bookcase which contained various board games and craft items.

However, we did not see an orientation board (in any public area) advising residents of the day, date and weather outside. A clock sited in the third lounge did not read the correct time. Neither did we see a weekly menu nor activity sheet displayed.

The dining area was situated adjacent to the lounges on the ground floor and comprised of two adjoining rooms, in one room there were four tables each seating three and in the second room there were four. There was also a small individual fold away table placed in the corner to seat one. The tables were spaciouly set apart, leaving room for walking aids and wheelchairs. Flooring was vinyl and the overall décor was pleasant, but the dining experience may have been made more enjoyable with some light background music or local radio.

The tables were covered with bright wipeable tablecloths and had paper napkins, non-adapted cutlery and white crockery cups and saucers. We did not see condiments or table décor, nor were the tables set with beakers for juice or water.

The daily menu was displayed, and this consisted of chicken Balti and chips or mince beef and onions with gravy and dumplings, followed by homemade almond slices. The vegetarian option was listed as poached salmon in parsley sauce.

Green Amber

Observations of resident and staff interactions

Prior to lunch, representatives saw the support manager and a member of staff moving a resident to seat her in the dining room. The moving and handling was respectful, and we observed staff telling residents what they were doing and suggesting “*don’t rush.*” Indeed, the team considered that all residents who required hoisting to the dining area were handled appropriately and with consideration. Similarly, a member of staff was observed holding a resident’s hand whilst explaining what was planned for lunch.

The staff team seemed to be aware of residents’ names and appropriately responsive with two residents in the lounge being brought cardigans when they reported being cold.

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.

The kitchen area was situated close to the dining area, making it easier to bring meals out to residents. We observed four staff servicing the lunchtime, they wore masks, patterned aprons and blue gloves. Residents were asked by carers what they would like from the menu.

The staff members also took plated meals to residents who had chosen to eat elsewhere.

Residents who wanted to sit in the dining room were assisted to their tables from 11:50am in time for lunch at 12:00pm. Some residents preferred to stay in the lounge area.

Meal service commenced at 12:12pm and the dishes were brought out of the kitchen ready plated. Representatives considered that the dishes were of sufficient quantity and appeared appetising. We noted that staff had utilised plate guards and an adult bib to support residents with eating. Several residents were assisted on a 1:1 basis.

In the corner of one of the dining rooms, there was a small bare individual table set with plastic cutlery. The chair was in the corner facing out into the rest of the dining room. When representatives asked about this, we were told that the resident had requested this as she had her own routines and couldn't weight bear ordinary cutlery. (As soon as this resident had finished their meal, they were helped back to their bedroom).

Five residents chose to stay in the lounge area, four of which had individual tables. The fifth resident (in a wheelchair) was sat on their own facing a wall with a large table in front of them. This resident received their meal at 12:30 and was assisted by a carer. However, representatives felt that there was a lack of encouragement and interaction from the carer during the meal.

Meanwhile, another resident had refused their meal stating they "*didn't want it.*" The carer tried to encourage the resident to have the meal. This was not successful, and the carer took the meal away from the resident and no alternative food was offered. However, the resident was offered a cup of tea, which was accepted. Unfortunately, when the hot drinks were dispensed in this room, (at 12:45pm) it was a different carer, and the resident was asleep. Unaware of the resident's previous request, the carer did not leave a cup of tea. At 12:50pm, yet another carer offered the resident dessert, which was refused again, with no alternative being offered. Therefore, staff were seemingly unaware that this resident had not eaten or drank anything during the lunchtime period.

Conversely, another resident who did not appear to want lunch was offered a chip sandwich, which they were happy to accept.

Another of the residents being supported on a 1:1 basis ate Weetabix and milk. This resident seemingly had dementia; however, representatives saw little interaction or encouragement to eat from the carer.

Similarly, a resident had their meal placed on the table in front of them despite being asleep. The carer advised the resident that their food had arrived, however the resident continued to sleep and at one point their hand fell into the plate of food. The resident sat opposite attempted to wake the sleepy resident by shouting their name loudly several times. Eventually a carer who was assisting another resident nearby approached the sleeping resident and woke them. The carer stayed for two or three mouthfuls and then returned to the resident they were originally assisting. Unfortunately, the resident was asleep again within 10 minutes.

During this time, a resident who appeared to have dementia was shouting from their bedroom along the corridor. The bedroom door was shut, so it was difficult to know when and if they were attended to.

At 12:40pm, staff moved one resident (in a wheelchair) from the dining area to the third lounge, this was the same resident who had seen the community nurse earlier.

The third lounge was very quiet with just the lead representative present. There were no other residents or staff, and the resident was left with their meal in front of them. Twice, carers were observed to pass and ask if she was ok but neither stopped.

At 12:45pm dessert, tea, coffee and juice were served in two of the lounges and the dining areas.

When the lead representative left the third lounge at 1:10pm, the uneaten main course was still in front of the resident in the wheelchair.

Meanwhile, one resident who had finished their meal was being led away from the table and appeared to have a lot of food spillage down their clothing.

Amber

Additional information

- Representatives observed that the control panel for room call buttons was constantly scrolling random numbers. F510, F410, F013, F011, 109, 011 etc. There was no noise from the panel when it showed these numbers. When representatives asked staff about this, they told us it was ignored as the panel probably needed resetting due to two call bell numbers in the office

being faulty. This was also brought to the attention of the support manager who explained that the system was old and had been in situ when the current owner had purchased the home and that they had been trying to source a new one since then.

- The fire alarm panel was also showing a low battery fault and was intermittently going off and then it would reset itself and continue to show a fault. Staff did not seem unduly concerned and did not alert the support manager. However, when we spoke to her, she said that electricians had been there the day before and that she would report it again. Prior to us leaving the home, the lead representative mentioned the fault on the fire system to the support manager once again, and she confirmed she had just been in touch with the alarm company again to resolve the situation.
- During lunchtime one resident was sat in a wheelchair near the front door of the home. At 12:25pm a nurse arrived to test this resident's blood sugars. The nurse asked permission of the resident to carry out this test. This was duly given, and the test took place by the front door. The results were recorded, and the resident was taken into the dining room and the nurse left.

Feedback from residents

Feedback from residents who responded to us was mixed. Most residents reported enjoying the structured activities whilst one simply wished *"to go for a walk."*

The majority of respondents reported liking the environment, the food and the care describing the staff as *"kind."*

Some resident responses in respect of food choices, beds, *"washing going missing"* were more negative and could perhaps be addressed by regular service user meetings.

Environment

"I quite like it. I don't get visitors, but I wish I did. The staff said they are my family now. I can go outside for a cigarette. It's lovely outside in nice weather. I'm a quiet person and there are quiet places to sit."

"I like it apart from my bed. The mattress is covered in plastic, and it gives me a bad back, so I don't sleep very well. They said they can't do anything about it, but when I was in a different home, I didn't have to have a mattress like that. There is a good view from the lounge."

“I got to bring in my own chair from home but that means I have to sit in the lounge that is a bit too cool. I can have visitors in my bedroom, and I go to my daughters on Saturday’s”.

“I like living here, it’s a hive of activity. I have my own room with my things in. I don’t have a television in my room.”

“It’s alright.”

“Everyone is friendly. I’m comfortable and warm. We have a lot of fun here. We chat a lot.”

Activities

“We have a singer a bit like Elvis Presley. We do some crafts. We made bonnets at Easter. We play bingo sometimes. I like cooking and would like to do some of that”.

“James comes in three times a week which is good. I watch TV and read. Three of us are going to Blackburn shopping soon.”

“We do exercises (with James) three times a week which is good. We play dominoes and bingo sometimes. The days are long and there is a lot of sitting waiting and watching TV. I like to walk and would like it if someone asked me to go for a walk”.

“I like mixing with everyone. It’s fun. It’s good to laugh. I like reading. We are having a jubilee party.”

“We do activities and there’s a singer coming to the Jubilee party. He’s been before and he sounds like Elvis”.

“I really enjoy the activities. It keeps us fit, as we are sat around in chairs most of the time which is not good for you. They get us involved in things here. It’s good.”

Care

“They look after me well.”

“I’m well looked after, but sometimes the staff don’t come straight away if you need them, because they are busy.”

“The staff are very kind, and you can always go to them.”

“Most of the staff are nice, but the odd person are not so much.”

“I have had some falls, but don’t need too much care. The worse thing is that your washing keeps going missing. It happens to everyone.”

“I need help getting out of bed and in the bathroom. The staff leave me to do what I can for myself whilst they help someone else, then come back to help me finish off what I can’t manage”.

Food

“The food’s good here. I like the chicken.”

“I like the food. I like burgers and hot dogs best, but we don’t have them. We have sausages though.”

“Sometimes the food is OK and sometimes it’s not”.

“The food is very good. We have a choice of two things. The gateau is nice and we get fresh fruit and cream.”

“There are two choices. We have lots of fish. It’s warm enough.”

“It’s alright. I can cope with it. They are short staffed. I don’t like the fish. You can have egg on toast if there is nothing else you like.”

Staff views

Staff who spoke to us mentioned feeling pressurised when unplanned events happened such as sickness as this meant *“the daily routine gets put back.”*

However, all the staff who responded told us they felt supported by flexible working and appropriate training. Staff were aware of person-centred provision and each respondent said they would recommend Moorland View to a close friend or family.

Making a non-specific observation, one staff member told us that *“I don’t feel that generally carers get the recognition they deserve. You are just expected to get on with it.”*

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

“Yes”

“Most of the time there are enough staff, but I am sometimes rushed because I am always first to be pulled off to provide care or to escort residents. I wish I could spend more time with residents who are in their bedrooms”.

“No not always, particularly if a resident falls and you need to take staff away from the daily care to look after that person. It reduces the number of staff and its hard then. The staff are asked to cover if someone is ill or off. We do three types of shifts 9-hour, 12-hour and split shifts. Split shifts are difficult when you have a family”.

“When we are short staffed you get behind with things and the daily routine gets put back.”

How does the organisation support you in your work?

“There is flexibility around childcare and special events. My hours fit in with the breakfast club at school”.

“I work part time and they try to accommodate my earlies which are better for me. There are separate staff on nights.”

“The training is good. Most of it is online mandatory”.

“Training is supported, and we do online training. I’ve started my level 3 NVQ but it’s hard when you are working lots of hours and go home to a young family. It’s difficult to fit in.”

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

“I understand the need around this as everyone is an individual, but we have not had any specific training.”

“There is no specific training for this. We respect residents wishes with their care. Communication is important.”

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

“I am the chef and I cater for two vegetarians. I use Quorn as a meat replacement and the two residents eat fish on Sundays.”

“Residents have a map of life when they are admitted, to find out lots of information about them. We find out things like if they prefer a bath or shower, and if they like it in the morning or at night. They can have their main meal the other way around if they prefer.”

“Information is in the residents’ personal plans. But we are like a family here and you know what people like and dislike and the certain ways of doing things.”

“When a new resident is going to come here then they get a visit to their own home where we get information about them. This is then fed back into their personal plans.”

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

“Yes”

“Yes”

“Yes, I would.”

Response from provider 24/07/2022

We do not recognise the overall rating of this report, especially the part saying that the organisation of supporting residents with their nutritional intake of what is a large client base with high residential needs. We note the other observations.

I want to reassure everyone reading this report that on the day of the visit that both the Fire Panel and Aid Call system were working and continued to do so. It's just unfortunate the Fire Panel emitted an audible warning at the time of the visit.

On that day, the Fire Panel emitted an audible alert, it had a fault, but not the system. Staff did inform our fire safety provider and they responded the following day and I have sent all the relevant supporting maintenance schedules to Blackburn with Darwen Quality Assurance Team. The alarm itself was not sounding and it continued to provide fire protection to all occupants having been serviced on the 6th April. There had been no previous problems with the Panel. The following day, support was provided, and the batteries are replaced. However further visits are required on the 7th, 9th and 10th, until a whole new unit is installed to support the Panel with the door magnets that keep all of the fire doors open. The Panel showed another fault with the display and because of this, I felt it was time to replace it and this has been done.

With the Aid Call system, I accept a little more diligence will have been useful and will have avoided the sight of the scrolling numbers on the board. All such numbers were minor technical problems such as low batteries. We use a handheld pager and this alerts the carrier a staff member informing them of the call point, who is in fact calling. Those codes have now been cleared and we have a Panel that can clearly show the caller's number. We regularly clear it, and calls are answered promptly.

On the day of the visit, the staff on duty comprised an active NMC nurse, the deputy manager who has dedicated 40 years of her life to this care home, a competent senior person, this having been her only job, a degree holder in health and social care, a current candidate of the Level 4 of Health and Social care diploma and another carer who has a Level three diploma. These people in your words are "lacking awareness". The author suggests that the staff are "task driven and without an overarching method and organisation. This compromised continuity and led to carers lacking awareness about individual resident's food and fluid intake".

These same people and their colleagues have successfully managed to achieve good outcomes for some very vulnerable older people with high clinical needs, many have diagnosed co-morbidities. For a long time, they have shown dedication, commitment, competence and a willingness to learn and change where needed

The reader needs to understand the make up of a contemporary residential client base. At the beginning of their stay many may be able to walk into the home, but there will be those cared for in the community where their needs can no longer be met, many of these may be immobile. These people, as time passes, will experience

further illnesses such as the advance of dementia, falls, stroke, heart concerns and they become frailer and their needs increase, many will require support with their feeding.

The report states that the carers lack awareness about individual resident's food and fluid intake. There is no mention in the report about the high-quality choice of meals that are provided for varying needs. There is no mention about an understanding of SALT or swallowing risk assessments, IDDSI scales, the use of thickener for fluids to reduce the risk of aspiration pneumonia or choking. The need to offer those who are diabetic an appropriate diet. How they are able after the event to record the fluid and food intake for each resident that requires support and how the fluid output for those with catheters is recorded. The need to weigh people on a regular basis, to determine their BMI and MUST scores. For any concerns to be passed onto the GP. These tasks will have been competently dealt with on the day. It confirms that care staff generally are not valued by society.

These same staff display a level of competence that engages with external healthcare disciplines, such as the District Nurses, Dieticians, OT and Physio, Diabetic Nurse, Advanced Nurse Practitioners, and the Virtual Ward Round. Nearly one third of our residents require support with their nutritional needs and these same staff display a great deal of organisation to ensure they can achieve this. The team is highly regarded by our local health and social services colleagues, please don't take my word for it, ask them!

Pre-visit and location

I am pleased that members were able to find the care home. There are presently flower baskets hanging outside, around the care park, as there are, every year.

The external environment

I am grateful to my current gardener, who started a year ago. He has transformed the grounds, regularly cutting the grass, restoring beds, and managing excess growth. He is promoting sustainability, having constructed wooden compost bins, to aid the natural decomposition of garden's waste material so that it can be used as future compost. This includes "wilding" of the grass on the borders of the lawn, encouraging insect life by maintaining their habitat. Because of ash dieback many of the established trees have had to be felled, but this has allowed increased light to fall on the grounds. We have hanging baskets around the care park area.

The bench seats on the patio were recently donated during the pandemic by the family of a married couple who had stayed with us, being in their 90's and had need to visit the Vicarage to arrange their wedding in their younger life.

The rendered walls of the "Vicarage" soffit boards and gutters, I hope will be repaired and renovated this summer, if resources allow.

The internal environment

Observation of corridors, public toilets, and bathrooms

Last year, we redecorated most of the ground floor corridors, painting the doors and walls, laying wood effect vinyl planks on the floor, and putting protective footplates and metal work on door frames and kickplates to protect them from the daily punishment they get from the hoisting equipment. I intend to continue with this process this coming summer.

Work also included renovating the ground floor communal toilets, with white moisture resistant board on the walls and ceilings, allowing easier, effective wiping down of the wall surfaces within each unit. I have not yet been able to replace the flooring in these toilets. Every communal toilet within the building now has highlighted blue disability aids for people to see, against the white walls. Such aids are coloured white in bedrooms as their ensuite facilities are to appeal to several different needs, to be homely, and not institutional. Last year I purchased a new commercial washing machine and needed to improve the power supply to it, to minimise the risk of Legionnaires Disease, all our hot water systems are now on a closed pressurised loop, so removing water storage tanks in the attic within the building.

I note the comments about appropriate signage and have accessed such signs as well as extended the use of photographs on some doors.

The lounges, dining area, and other public areas

I redecorated the dining room a year ago. The walls were painted, and the old carpet removed and replaced with the wooden plastic planks as mentioned before. The original fireplace allows the room to maintain a visible link with the past use of the building as a Vicarage.

What we call the green lounge and the first you looked at, has lounge chairs with heavy duty vinyl fabric. They are wipe able, but institutional in look. The new chairs that have recently been delivered to the older lounge, have a variety of colours all with a natural looking but wipeable fabric and provide us with some exciting options, so I have ordered another four for the same room and may extend their use to our patio lounge.

This year our energy costs have tripled and so reducing our overall energy use is essential if the care home is to remain viable as a service. For this summer in the patio lounge and a few surrounding bedrooms I have commissioned new double-glazed units. The roof over the same room is to be repaired, additional insulation to be placed in the roof space above, replastering the damaged ceiling and perhaps a bold attempt to repaint the whole room in white. The existing chairs may clash with this idea and so I may need to use similar chairs to those I have mentioned earlier. I have also commissioned a large combination gas boiler, to replace our old, dependable but inefficient gas unit.

As for the older lounge, I bought the chairs, to help inspire us with in providing some ideas with the eventual redecoration of that room. Shall we remain conservative by respecting the existing heritage with its plasterwork and fireplace or to be modern and bold, lowering the ceiling and removing the fireplace and the surrounding plasterwork?

When it comes to funding care providers within the Borough, the Government has recognised it has not provided sufficient funding to some local authorities, for some considerable time and to ensure that the care services within each local authority boundary have a sustainable future. They are providing a "Fair Cost of Care Grant" to be used as from next year and Blackburn with Darwen Borough Council will be submitting access to that fund. I have submitted my return. A successful application should have a positive impact with all providers next year, encouraging some real change.

Gareth Lievesley

Registered Provider.

Response To registered provider Moorland View 25/07/2022

Thank you for your response which highlights your ongoing schedule of improvements to the home. This will be published in full within the report.

I have removed all reference to hanging baskets as I note that there are hanging baskets in the car park area.

Please be assured that Healthwatch Blackburn with Darwen recognise the professional qualities and dedication of the staff at Moorland View.

The lunchtime observation was conducted by 2 Healthwatch representatives who are both former health professionals, and is snapshot of the home on that day .On this occasion the representatives observed independently to ensure objectivity (the notes are collated later)

I appreciate that staff have many duties beyond the remit of our observations, the completion of such medical notes and observation tools being deferred to the overview of the CQC.

Thank you for telling us about the improvement process that you are undertaking. I do hope you are successful in your application to the" Fair Cost of Care" grant.

Many Thanks

Michele Chapman

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