



healthwatch

Blackburn with Darwen

**Birchfield Care Home
Enter and View Report**

Tuesday 17th August 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:

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Staff met during our visit:

Melissa McKeefrey (Deputy Manager)

Date and time of our visit:

Tuesday 17th August 2021 10.30am

Healthwatch Blackburn with Darwen
Representatives

Michele Chapman (Lead)
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, 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 Melissa together with staff, residents, and visitors, for making us feel welcome and taking part in the visit.

General Information

Birchfield is privately owned by M & K Taylor Ltd with places for 24 residents. There were 3 vacancies at the time of our visit. The person in charge is Kayleigh Perkins

Information obtained from Care Home UK states that the home provides care for people from the ages of 50 plus who are affected by dementia, old age, mental health, and physical disability.

Methodology

The Enter and View representatives made an announced visit on Tuesday 17th August 2021.

We spoke to 6 residents, and 4 staff, where possible within the constraints of the home routine, people's willingness, and ability to engage and access to people in public areas. Unfortunately, there were no friends of family attending the home during our visit. 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. On this occasion representatives focused on the residents' lunchtime experience.

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:

Birchfield is large and spacious home with some attractive period features. Comprised of 2 Victorian buildings reconfigured to 1 the main entrance to the home appeared elusive with 2 steep driveways, both of which would be difficult to navigate for the less able. Similarly, the age of the building dictated that an ongoing programme of maintenance be necessary.

Unfortunately, the staff team were unaware of our visit and this may have been attributable to changes in the management staff team, sickness and/or annual leave. Similarly, we were unable to give feedback on our departure as no manager was present

Residents seemed happy to talk to us, and indicated a general satisfaction with the food, however representatives observed that the dining experience as a whole did not promote the dignity of some individuals. Adaptions that could have supported the dining experience were absent as was a sense of eating being a social occasion. Likewise, several residents highlighted a lack of provision in terms of activities, and this was borne out by our observations.

All of the residents who spoke to us about their rooms indicated they were satisfied *“It’s very nice I feel safe. I have a nice room.”*

Comments about care were similarly appreciative however one resident reported a carer *“rowing”* with them.

Some of the staff team told us that they were demoralised and felt that *“Everyone worked really hard over the pandemic covering a range of tasks we normally wouldn’t do like cooking for the residents. I didn’t mind this, but I now feel let down and taken for granted.”*

It was difficult for representatives to establish a root cause of staff dissatisfaction, but this was apparent in the reserved atmosphere in the home.

Staff told us it that it may have been the experience of the pandemic across the entire Health and Social care sector. However, changes to shift patterns and leadership may have exacerbated the situation at Birchfield. Similarly, two staff members and one resident raised that they felt staffing levels could be improved.

Staff members appeared to have some residual anxieties about their experiences at the height of the pandemic. It did not seem that they had been adequately supported with these issues.

Healthwatch Blackburn with Darwen have signposted below.

Our Frontline: support for social care workers. If you work in social care, talk with someone who gets it. For free, confidential, emotional support: Call 0300 303 4434 from 8am to 8pm, 7 days a week, for trauma and bereavement support from Just B. Text FRONTLINE to 85258.

Health and Wellbeing for care staff [PL-Regulated Care Bulletin - click here](#)

Based on the observations of representatives, and the opinions that staff and residents expressed, the Enter and View Representatives gave the home an overall score of:

Amber

Enter and View observations

Pre-visit and location

Prior to our visit we took the opportunity to view the home's website. Representatives observed a wealth of information, and the layout and the number of photographs made it accessible. It was particularly good to see that the website was updated regularly, and we enjoyed seeing the residents on the "News and Activities" page. Likewise, the Facebook page was an important resource in keeping residents and loved ones connected. The ability to be able to book a "virtual tour" was also considered a valuable option to inform prospective residents and their loved ones.

The location is convenient for local facilities with two places of worship nearby. Blackburn town centre is minutes away by car and there is a regular bus service on the A6777 Preston New Rd.

The entrance to Witton Park is similarly close by off the A6777.

Situated in a leafy road with similar large late Victorian properties the home consists of two properties converted into one during the 1980s.

Prior to our visit we contacted the manager by telephone to advise them of our visit and we followed this up with a letter and a poster inviting interested parties to come and speak to us. Our initial contact with the manager was very positive.

The home is signposted clearly from Gorse Road, but the sign is set back and amongst mature trees so may not be immediately evident. Parking provision is not marked out and we did not see any bays or a dedicated disabled bay.

There were two driveways each of these being quite steep and uneven with moss in places. Representatives felt these may have been difficult for visitors with physical disabilities to navigate. Similarly, it would have been difficult for those pushing wheelchairs.

Green Amber

The external environment was very imposing with grounds surrounded by large trees and mature planting. However, we visited on a dull and rainy day, and it was difficult to establish if the planting made the outlook from the internal environment appear dark.

At the rear of the property, we observed an attractive raised and secured area with metal seating and small tables where residents could sit out. We saw that there was summer bedding, planting, and hanging baskets.

Birchfield is a large and older property and whilst this may have advantages in terms of room sizes, it inevitably impacts on the amount of maintenance required.

Representatives felt that that the external environment needed an ongoing maintenance programme alongside redecoration.

It was difficult to find the main entrance to the home. We approached a porch to be redirected to a side door on the other side of the building.

The side door was equipped with a disabled ramp and was secured. Once we had pressed the doorbell staff answered within a couple of minutes.

Prior to entering the home representatives donned PPE and brought evidence of negative Covid-19 tests.

Green Amber

The internal environment/reception -first impressions

One of the carers answered the door and let us in. We were introduced to the deputy manager. She told us that unfortunately the manager was absent due to sickness and the covering manager was on annual leave. The deputy manager explained that she was quite new to the service and did not know we were going to visit as she had not seen our letter or poster. Despite this, she was very welcoming, and we showed proof of our negative Covid 19 tests. However, we were not asked to sign the visitors' book.

She told us that the home had capacity for 24 residents and the current occupancy was 21. She also apologised that she may not be available throughout our visit as she was taking a resident to hospital.

We noted that hand gel was available throughout the home and the notice on the door prior to entry was clear in respect of guidance on the Covid-19 restrictions.

There were several notice boards in the home, but none displayed the Healthwatch Blackburn with Darwen poster as requested. However, we saw that relevant documentation such as the CQC report and statutory notices were displayed as required. A notice advising of protected mealtime and Care Champions was helpful as was signposting to a local dentist and optician.

The complaints policy was clearly displayed, and a suggestion box was sited nearby.

Another noticeboard displayed posters of individual activities available in the home including cooking activities and fitness sessions.

The interior was typical of late Victorian architecture with high ceilings, decorative features and leaded glass.

The home appeared spacious and clean had no discernible odour, however the décor generally seemed very “tired” and lacked colour.

Staff were clearly identifiable by uniform, the senior carer distinguishable from the carers.

Amber

The observation of corridors public toilets and bathrooms

Corridors and doors were uniformly painted in neutral hues, and this was replicated on each floor. Representatives felt that this uniformity and number of doors may have made it difficult for those with dementia to navigate independently. Likewise, we saw that handrails provided on corridors were not colour coded and may have been indiscernible to some. There was some dementia friendly signage to dining areas and the bathrooms, but bedroom doors had numbers on them and were indistinguishable from one another, and without personalisation.

Corridors were carpeted, or vinyl and clean and uncluttered. Any area used for storage of equipment did not impede progress around the home.

Together with the 7 en-suite bathrooms, representatives considered that there was a sufficient number of shared toilets and bathrooms to service the remaining number of rooms, with some bathrooms having baths and others a wet room. We saw adaptations such as raised seats and handrails but none of these appeared to have been colour coded.

The cleaner was attending to the first-floor bathrooms when we arrived, and these were considered very clean with sufficient supplies of soap and toilet rolls. One of the bathrooms on the ground floor had yet to be cleaned and a toilet needed flushing, a ground floor cloakroom would have benefitted from an update in terms of decor.

Green Amber

The lounges, dining area and other public areas

Birchfield offers plenty of choice in respect of lounge areas. There were two large seating areas to the ground floor and a further small lounge area to the rear overlooking the garden seating area. This was particularly homely with a radio playing contemporary music and library shelves. The 3 ladies sitting here told us that they liked to look out of the window rather than watching television.

The largest lounge seated the majority of the residents who were watching television. The armchairs were arranged around the perimeter of the room some with coffee tables, and we observed that residents had been offered drinks and biscuits. The room was relatively pleasant, light and decorated in shades of blue.

A third lounge directly next to the large lounge was more intimate with a couple of residents watching television with subtitles. This too was relatively pleasant, but one of the armchairs was wet on the seat.

Representatives noted lots of discrete areas around the home which were furnished with armchairs and would have facilitated private conversation or visitors.

The dining area consisted of 2 adjoining rooms which meant that not all residents could eat together. Representatives felt that the dining area was bare and uninviting there being a lack of table décor, cruet, and a tablecloth. We did not see any adapted cutlery or plates and the crockery was not colour coded.

There was an absence of menu, however after enquiring, a blackboard menu was written up. The menu indicated breakfast as eggs, bacon, fruit and cereals. Lunch was beef stew or omelette followed by fruit, ice cream and biscuits. Tea was cold meats, soup of the day and sandwiches. The menu was not entirely reflective of what was available at lunch time with peach crumble being served.

The dining room contained an activities board propped on the floor by the fireplace. It was not displaying the current date so was very confusing. Regardless, we did not see any activities taking place during our visit. Likewise, there were 2 large clocks in the dining room, one of which appeared to have stopped. We felt this would be equally confusing for a resident with dementia.

The home had a dedicated smoking area for the use of staff and residents. It was not very pleasant or clean and the roof was leaking into bucket on the floor. The carpet around the buckets was wet.

Representatives observed that a new “conservatory style” visitors meeting room was under construction as an extension to the building.

Amber

Observations of resident and staff interactions

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 lunchtime reflected our general opinion that the atmosphere at the home was rather subdued. Only 2 residents engaged in conversation with each other and although the carers spoke to the residents by name and were friendly, they seemed task driven and did not engage in encouragement to eat or linger to chat. Indeed, small touches like a radio playing may have made the experience more enjoyable and less perfunctory.

Earlier on, representatives had observed the chef asking residents if they wanted stew or omelette for lunch. No further explanation was offered as to which flavours of stew or omelette were available, neither was an alternative or dessert mentioned. However, a dessert of peach crumble was available on the day alongside fruit and mousse on the trolley.

Meal service started at 12.05pm as some residents were still making their way to the tables. We saw 6 people in one dining room and 9 in another, we were told 1 resident was at hospital and 2 residents ate in their room and 1 resident ate in the lounge. The whereabouts of the 2 other residents seemed to cause staff some confusion.

The plated meals were brought out to the seated residents. Representatives felt that the portions of food offered were good but may have looked unappetising (some omelettes seemed burnt).

There was very little interaction between staff and residents during this time, we did not hear staff enquire if residents were enjoying the meal or if they required any help.

However, we observed that residents' hydration was well catered for with tea, coffee, and juice on the table.

Aside from one resident having an adult bib placed around them there appeared little in the way of aids to support eating. This was most notable in the case of plate ware which was white (and may have been indiscernible to those with dementia or failing sight), and adapted cutlery. Representatives felt that the lack of support compromised the residents' dignity and enjoyment of the meal.

At least two of the residents would have benefitted from adapted cutlery and crockery, they struggled to feed themselves and there was food spilt on the residents themselves, around the plate, and on the table and floor. One resident became upset and apologetic to the carers for spilling food on the floor.

The carers reassured the resident there was no problem, however the resident continued to apologise stating they hadn't got the "*right spoon.*"

Another resident was seated at the table in her wheelchair; however, the resident was so low down and sat at an angle so that it was difficult for them to see the meal on the table. As a result of this, the resident ate with difficulty and had food down their clothes and around the plate and the table. This resident and others would have benefitted from a feeding beaker for liquids.

We saw that one resident had not eaten anything presented during the lunchtime. The resident was not offered dessert or encouraged to eat alternatives from the trolley such as fruit or mousse. There was no enticement or excitement to choose anything, and no effort was made by staff to encourage a choice. This resident was taken out of the dining room being observed to drink, but not eat anything.

One resident remained in the lounge during mealtime. This resident was in a large wheelchair and was assisted to eat by a carer who sat and watched TV.

There was little interaction with the resident and a representative asked the resident if they had enjoyed their meal. The resident replied they would have liked to have been in the dining room with the other residents, and where the food was. They reported feeling “*left out and isolated*”.

A representative approached a carer and explained the request and the resident was wheeled into the dining area. However, at this stage most residents had finished their meals and moved out of the dining room.

Representatives observed the senior carer administering medicines during the lunch period, we saw that the staff member sought consent from the resident prior to giving them medication.

Amber

Additional information

We heard 2 call bells ring during our visit. Each of these appeared to be answered in a timely manner.

One resident told me that she had “*fallen twice*” that week “*on the landing*”. She said that she didn’t need to go to hospital and showed me her left ankle. (This resident was observed walking unimpeded later on.)

Representatives observed one wheelchair bound resident to remain in the same wheelchair throughout our visit and throughout lunch. We did not observe the resident to have any postural changes or be moved to an armchair.

One resident expressed concern over one of their hands-the fingers had bent towards the palm and they were not able to open their hand. This reduced movement was causing the resident some distress and they had asked to see a GP. No one had been to see the resident and it was unclear what if any action had been taken.

Staff reported a good level of support from the community nursing teams.

Feedback from residents

Environment

Representatives observed residents who were able moving around the home with confidence and independence. Similarly, they were happy to engage with us to offer their opinions.

Responses were mixed with most of the respondents reporting enjoying their bedrooms and regarding them as “lovely” and “comfortable”. One lady was particularly happy about her en-suite facilities.

“it’s a lovely room, I’ve got my own en-suite.”

“It’s OK, it’s very comfortable here.”

“It’s OK.”

“I have a lovely room; I didn’t bring my own furniture; I didn’t want to. I don’t have a television; I don’t want one. “I have a mobile phone and my daughter rings me on it.”

“It’s all right, I have a bed and a TV.”

“It’s very nice I feel safe. I have a nice room.”

“It’s just about big enough for me.”

Activities

Comments about activities drew ambivalent responses. One lady reported enjoying a weekly exercise class whilst many others responded negatively. *“There is nothing to do here. I go back to my room after lunch as it’s boring. I watch a film in my room and stay there for the rest of the day, I don’t come down again and staff bring my tea to me. Nothing happens here.”*

“If there was a coach trip, I would go out.”

“I did a quiz that’s all. “There isn’t much to do. I listen to the TV; I don’t watch it.

“We exercise once a week, it’s ok.”

“There is an exercise class, I like reading and I listen to the radio so I can hear the news.”

“I don’t do any activities.”

“There is nothing, only one day a week exercises. There has been one quiz while I have been here. There is a board in the other room, but we don’t do anything on it, I don’t go out anywhere.”

Care

Most of the residents we spoke to told us they enjoyed a good relationship with staff and that they were caring and kind. However, one respondent told us that

“some of the staff are awkward but most are all right. They row with me. They are just not nice when they do that.”

“They do everything for me, they are kind.”

“There is not always enough staff on.”

“They look after you. They are lovely, they come when you call them.”

“They look after you alright. They get you things from the shop if you want.”

Food

The majority of respondents told us the at the food was “alright” with others saying that the food was good and portion size was generous. However, a resident told us that one of the chefs is “mean with seconds” and “only gives you one slice of toast and doesn’t bring you butter or jam for your toast.”

“It’s not too bad.”

“It’s alright there is plenty of choice, I can get food whenever I want.”

“I like the sausages and I get plenty to eat. We get juice at dinner time.”

“There is plenty of food, I like to eat everything, I am not fussy.”

“It’s ok.”

“It’s alright, we had a piece of salmon on Friday, and it was lovely. I get enough to eat, and you can ask for more.”

“It’s not like the food you have at home, and we get a lot of chicken. There are no condiments on the table or vinegar. You don’t get them even if you ask. We never get salt and I miss salt and pepper with my food. You do get sauce though.”

“We never get salt and I miss it.”

Staff views

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

Responses from staff were mixed, some staff pointing out that Covid-19 had been a difficult experience and had required flexibility around roles and responsibilities.

Respondents told us that agency staff and the management were available to cover when required. However, two staff members indicated that there were not always enough staff on duty.

“Most of the time but not always.”

“Yes, I share my job with another cleaner who does different days.”

“Yes, most of the time. In the daytime, it’s one senior carer and two carers. At night-time it’s one senior and one carer. We do get agency staff and the managers help out too.”

“I prefer kitchen duties, but I have been flexible during Covid-19.”

How does the organisation support you in your work?

Staff told us that there was “lots” of online training, however two members of staff stated they preferred face to face training.

In terms of the support offered by the provider the picture seemed more complex. Staff told us that there had been lots of changes, particularly in management, which had led to people “*being thrown in at the deep end.*” One staff member felt that a manager hadn’t been particularly supportive, and they had felt obliged to contact the provider. However, more than one staff member described the provider as “*approachable*” and “*positive*”.

It was clear that staff morale was very low and whilst it was difficult to clarify the issues, the negative experiences of Covid-19, changes in management, longer shifts, and a feeling of “not feeling appreciated and respected” prevailed.

One staff member was tearful when recounting the deaths of residents during the pandemic. The staff member recalled being abused by relatives of residents due to restricted visiting and shunned by her family for fear of infection. We asked her if she had been offered any support for these feelings and she said that there had been an outside offer of counselling, but it was unaffordable at £60.00 per hour.

Staff recalled a financial bonus at Christmas “*but nothing has happened since. No one has said well done or anything like that*”.

“Our training is online and has been for a while. I prefer training to be face to face.”

“We had some face to face training which was good, but now it’s online. All our training is online.”

“It’s a supportive environment and we get lots of training, but there have been a lot of changes”.

“I have been given the flexibility to change to domestic work and more flexible hours.”

The rotas have changed and instead of doing 9 hour shifts I am doing 12-hour shifts 8 till 8. The 12-hour shifts are too much, I was happy on 9-hour shifts.”

“We have a monthly staff meeting.”

“Everyone worked really hard over the pandemic covering a range of tasks we normally wouldn’t do like cooking for the residents. I didn’t mind this, but I now feel let down and taken for granted.”

“The staff support each other.”

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

Staff confirmed that they had Equality and Diversity training and 2 staff recalled supporting a resident of an ethnicity that required a particular diet. However, there seemed little awareness of training around other groups.

“We have had Equal Opportunities training, but other than that no training about the other groups.”

“We have not had any training for this. We had a resident from an ethnic minority, and I remember that we made different food for him.”

“We have had Equality and Diversity training and we would accommodate any religion.”

“I have had training and I am aware.”

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

All the staff who responded to this question confirmed they would refer to residents’ care notes and care plans.

“I have had training and I am aware. All our notes and plans are online, and we can check on the iPad.”

"I can check on the iPad, it's got everything there about the residents".

"Yes, we keep records of dietary requirements and allergies."

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

"Yes"

"Yes "

"Yes, I would."

"This is a good home, but I would be reluctant to use residential care for a loved one."

Response from provider

Healthwatch Blackburn with Darwen

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