



**healthwatch**

Blackburn with Darwen

**Birchfield Care Home  
(revisit)**

Tuesday 27<sup>th</sup> September 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:

Birchfield Care Home  
9A-11 Gorse Rd  
Blackburn  
BB2 6LY

Staff met during our visit:

Becky Jackson (Manager)

Date and time of our visit:

Tuesday 27th September 2022 10.30am

Healthwatch Blackburn with Darwen  
Representatives

Michele Chapman (Lead)  
Liz Butterworth (volunteer)  
Michelle Livesey (volunteer)



## Introduction

This was an announced Enter and View revisit 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 Becky Jackson together with staff, residents, and visitors, for making us feel welcome and taking part in the visit.

## General Information

Birchfield Care Home is privately owned M & K Taylor Ltd with places for 24 residents. There were 0 vacancies at the time of our visit. The person in charge is Becky Jackson

Information obtained from carehome.co.uk states that the home provides care for people from the ages of 50 +who are affected by old age.

## Methodology

The Enter and View representatives made an announced visit on Tuesday 27<sup>th</sup> September 2022 at 10.30am.

We spoke to 7 residents and 5 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:

This was an Enter and View revisit further to our original visit on Tuesday 17th August 2021.

There have been significant positive changes to the home since then, and the provider manager and staff are to be recognised for this.

Indeed, Birchfield appears very warm and homely there is background music, chatter, newspapers and laughter replicating a domestic environment. Residents telling us “*I love it here*” and “*I am well looked after and happy.*”

Each point we raised in our original report has either been identified and addressed, or scheduled, with the manager displaying clear leadership and planning.

Staff morale appears to be much improved with a mutually supportive network, training and team building activities. Informal wellbeing support from LSCFT had also been introduced. The whole environment of the home appeared “*lifted*” with one staff member telling us how “*proud*” she was to work there.

The introduction of an activity coordinator had improved residents’ opportunity for inclusion in the wider community and meaningful activity. A resident remarking “*there is always something going on*”. Meanwhile an engaging social media presence and a regular newsletter kept friends, relatives and neighbours updated. Likewise, a hairdresser and a “*clothes shop*” had been introduced alongside the regular fitness sessions. Residents seemed excited about the planned trip to Blackpool lights.

The mealtimes appeared a happy and sociable event with all residents being accommodated in the dining room (if they wished). The mealtimes were no longer task driven but an opportunity to relax, interact with others and enjoy the food. Staff were observed to be solicitous and supportive encouraging residents to eat when they were reluctant. Residents’ dignity had been considered with adaptive aids, and the tables were visually welcoming with attractively set table décor.

The opening of the new conservatory and landscaped rear garden had given residents a safe and secure connection with the outside environment, and we could see that there were gardening activities enjoyed over the summer months.

The majority of responses from residents were very positive. Residents were consulted about menus, and activities in a structured consultation process and there was a newly introduced suggestion box to accommodate individual comments.

However, there were 2 residents with ambivalent responses to our question about care.

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

**Green**

## Enter and View observations

### Pre-visit and location

Prior to our visit representatives took the opportunity to view the website and Facebook page and noted these to be clear, engaging and regularly updated. Particularly interesting was the “news and activities” tab which provided lots of pictorial information. Likewise, it was nice to see the journey of individual residents being celebrated in the newsfeed.

Representatives’ first impression from the website was that Birchfield was a happy and enjoyable place to live whilst developing connections with the local community. The website featured a poster inviting residents, friends and family to Coffee and Cake afternoon to celebrate the opening of the new conservatory by the mayor. We were impressed that residents (who were able) had been delivering the poster to their neighbours.

Birchfield is located in a leafy and mature area of similar older properties. It is close to the main A677 Preston New Rd and local transport links and shops. Blackburn town centre is a short distance away by bus.

Local places of worship are nearby as is the main entrance to Witton Park.

The home was clearly signposted, and it seemed some work had taken place in the front garden to enable this. However, there was some external maintenance taking place with scaffolding and work vehicles so was difficult for representatives to get a “full picture” of the front garden.

There is limited parking on the driveways, however, on road parking is available to the front of the building on Gorse Road. We did not observe a dedicated disabled parking space, however ramp access was provided.

The driveways to the home are both steep (with one of them having additional pedestrian steps). This may make it difficult for some people to negotiate. However, representatives could see that care had been taken to remove moss from the driveway which may have previously made the surface slippery.

Our original visit was rearranged to accommodate a virtual ward round day and our contacts with the manager were very positive and helpful.

## Green Amber

### The external environment

The building is a former Victorian gentleman’s residence which was originally two and reconfigured to one in the 1980s.

In contrast to our first visit, the main entrance and delivery entrance were clearly and separately definable. The grounds are large and imposing with recent improvements to the rear.

The entrance porch had been made very appealing with an amusing display of trousers and wellies topped by planting and “sat on” wrought iron chairs with teacups. The door seemed to have been repainted and a Union Jack was also displayed alongside a welcome sign.

Representatives were able to observe the rear garden from behind the porch and we could see the area had been transformed with artificial grass, planters and seating. The manager told us later that conservatory extension had been the catalyst for this, and residents could now walk out directly from the conservatory doors via a ramp to a safe and secure outdoor space.

An outdoor area termed “the courtyard” had also been subject to improvements with some of the male residents pictured painting stones and large tyres as planters whilst other residents had made mobiles. These were later planted up by the residents’ gardening club.

We were greeted at the secured front door by the manager who was very welcoming. The manager had taken the time to provide us with copies of the home’s last 2 newsletters and a copy of her action plan to further improve the experience of the home. She told us that the home had no vacancies and currently had a waiting list.

Significant external maintenance work was in evidence at the time of our visit. A staff member told us later that the home also had a new maintenance man on site and that he had been invaluable.

## Green

### The internal environment/reception -first impressions

Representatives had a very positive impression when walking into the reception, the home feeling bright, warm and uncluttered. There was no discernible odour, and we could hear some pleasant and relaxing background music. We could also hear a general hum of conversation between residents and staff.

The main reception is very spacious and homely with a traditional fireplace and a small but comfortable seating area. The building throughout having high ceilings and decorative mouldings representative of its age and history. It seemed that residents appreciated this area, as morning drinks had evidently been served there.

A main noticeboard was a feature of the reception, and we could see that alongside statutory notices there were regular updates of activities and signposting to essential services such as opticians and a dentist. Also displayed were the results of a recent activity survey “You said we did.”

A suggestion box was also prominently sited here.

Several copies of the Healthwatch poster were displayed as requested throughout the home.

A large whiteboard “Welcome to Birchfield” indicated upcoming activities and we could see that this had been painstakingly decorated with leaves and cut outs of residents hands and butterflies.

Staff were easily identifiable by uniform and those that we spoke to were warm and welcoming. The activity coordinator being definable by a pink uniform.

The staff and manager appeared to have a comfortable relationship and the manager seemed to promote an open culture whilst being “hands on.”

Representatives signed into the visitors book as directed and adhered to the homes Covid protocol (masks preferred). Hand gel was readily available throughout the building.

## Green

### The observation of corridors public toilets and bathrooms

Corridors were bright well-lit and uncluttered. However, representatives identified a need of minor decorative maintenance in some areas. (The manager told us later that maintenance was subject to a rolling programme of improvement.) Much of the flooring was wipe clean wood effect vinyl with other areas being carpeted. Representatives observed orientation was assisted by clear signage being written, pictorial, and colour coded but we did not see colour coded handrails.

Corridors throughout the home were populated by artwork, books and display cabinets giving a homely feel with representatives observing redecoration to some areas. Clocks placed throughout the home were orientated to the correct time.

There were sufficient public toilets to accommodate the number of residents, and these were a mix of adapted bathing and wet rooms. All the bathrooms we observed were clean and adequately supplied with soap hand towels and toilet paper. We observed raised seats and grab rails in the bathrooms, but these were not colour coded. We noted that the cleaner was in attendance and the manager told us that bathrooms were subject to a regular cleaning schedule and checked by staff periodically.

The manager told us that there were further updates planned to both upstairs and downstairs bathroom facilities.

Stair lifts were sited at stairwells.

## Green

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

Birchfield is a spacious property with two main lounge areas and a smaller lounge overlooking a small seating area. The larger of the two lounges hosted most of the residents who were sat around the perimeter in a variety of comfortable armchairs (some with risers and seat pads) and side tables. We could see that many residents



enjoyed reading the daily papers magazines and books. Likewise, we saw that hydration was offered (a refrigerated water station being available) as was a bowl of fresh fruit. Wall mounted TVs were on in both lounges, but these were unobtrusive and also had subtitles on.

At the time of our visit the second lounge housed two residents, they told us that they preferred the quieter lounge, and we noted that a call bell, TV guide and remote were all within reach. The smaller third lounge hosted at least two residents who seemed to prefer chatting, reading and listening to the radio (as this area had no TV).

All the lounges were attractively decorated and furnished with views over the grounds whilst appearing warm and homely. Likewise, each lounge was monitored by staff who checked residents were “ok.”

There was a small smoking area adjacent the third lounge. This appeared to have had some repairs from our first visit and the door was kept closed. Nonetheless a smell of smoking did escape occasionally but this may be explained by several residents choosing to use the space regularly.

The manager told us that the kitchen area had also been recently upgraded with replacement appliances and tableware, new flooring and a decorative refresh. As part of the upgrade, a new menu had been introduced (in consultation with residents).

The daily menu was on display on a blackboard, and we saw that lunch was a choice of roast chicken, mashed potatoes and broccoli with gravy, or fishcake with mash potatoes and broccoli. A good choice of desserts was offered with banana sponge and custard, fresh fruits with cream or yoghurts. One of the representatives tried the sponge and custard later and said it was delicious!

The conservatory which had been under construction during our first visit had been finished and it was extremely impressive being light, bright and furnished with several comfortable armchairs. A radio played Smooth FM in the background and a large aquarium enhanced relaxation. Blinds had been provided for shade and privacy and double doors led to newly landscaped garden. We could see that a variety of planting had taken place over the summer months.

The manager had introduced a weekly hairdressing service to the home, and this was situated in a bathroom which had been supplemented by professional equipment such as, a salon chair and mirror. The service seemed very popular, we saw two residents having their hair done and we later spoke to the hairdresser who said she enjoyed her time at the home. Indeed, as one resident left the hairdresser, we heard a carer telling her that she looked “*beautiful.*”

The dining area consists of two adjoining rooms which were spacious but unfortunately meant not all residents could dine together. However, both rooms provided a warm and sociable experience. The dining tables were attractive and inviting, being square tables set for three or four. Representatives observed that tray adaptations had been added to some tables to accommodate wheelchairs and



support with eating. A wipe clean tablecloth, cruet set, and silk flowers dressed the tables, napkins, cutlery and side plates added to the visual appeal. Plateware was white and was discernible against the darker tablecloth. Beakers and mugs accommodated residents' hydration.

When we chatted with the manager later, she told us how much she valued mealtimes for the residents' general wellbeing and social inclusivity.

## Green

### Observations of resident and staff interactions

Representatives considered there were enough staff to service the number of residents. Staff appeared to be kept busy but when a call bell was heard just before lunch, it was answered within 90 seconds.

Both staff and residents were comfortable with each other, and the staff and resident interactions observed were solicitous and respectful. Both staff and residents knew each other's names and there was a good deal of humour and banter between them.

Indeed, the atmosphere throughout the home appeared significantly "lifted" from that of our original visit.

Staff recognised residents' preferences and when one lady who liked to wander around with her frame had lost sight of it, this was quickly located by staff, and she was enabled to find it herself and carry on walking around. Similarly, a gentleman who was taking his medication was led to the water dispenser to get a drink.

One representative observed excellent person-centered awareness between a carer and resident. A resident reported "*Staff lock away my cigarettes so I cannot have them. I have to wait till it's time*".

The carer explained about the cigarette regime for this resident. Without this safe plan in place the resident would smoke all her cigarettes one after the other and pose a risk to herself and others if she had free access to them. As the resident had memory problems this was a good example of meeting individual needs with least risk.

The introduction of a part time activity coordinator seemed to have been a great success. One resident told us "*There is always something going on. We are encouraged to join in.*"

During our visit, we observed a birdfeeder activity taking place in the dining room. Seven residents took part in the activity and the representative reported it as "*lots of fun*" with all the participants seeming happy and proud of their work. One resident joked about the birds coming to say thank you. More importantly it was an opportunity for residents to share stories about their life. One resident declaring "*it's something different and I love to listen to the music while we are working.*"

Representatives observed a current activity schedule which included carpet bowls, a tuck shop, arts and crafts and a quiz night. Similarly, we were aware of a visit to Thwaites theatre, a proposed trip to Blackpool lights and the grand opening of the new conservatory. The home's social media documented a continuous theme of social events, shopping trips, an ice cream van, cinema days, gardening, a choir and flower arranging.

The regular weekly senior fitness sessions with James continued to be a highlight.

## 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.

The meal service began at 12.00pm and by 12.05pm residents eating in the dining room (or being assisted to the dining room) had taken their place. There was a radio playing low background music in one of the rooms and lots of chatter. Lunch was evidently a social and inclusive experience and representatives were kindly invited to partake.

Prior to the lunch, one resident left the table to go to the bathroom and on return another resident had sat in the seat she was in. The resident was very distressed at losing her seat. The staff member attending the second resident reassured her several times and assessed the needs of all advising the resident that she would be ok at the same table but a different chair. Likewise, we observed a member of staff helping a resident whose hearing aid was not working.

However, we did not observe handwipes being offered to residents or handwashing (but this may have happened prior to entry into the dining room).

The residents appeared to have their own places on tables and each room had three tables with three residents seated at each table. Two of the residents seated at the tables used overbed tables (with edge guards) to eat their meals off. This helped reduce the height for them, particularly with one resident who was seated low down in a wheelchair. Walking frames were left to hand.

Representatives noted that one resident in a larger specialist wheelchair was also seated in the dining room, and they were able to eat their meal with the other residents - again being given an overbed table (with edge guards) to make the meal experience more personal for them. This resident was provided with a large wipeable adult bib (as were two other residents).

One resident chose to eat their meal in a small lounge area, whilst another resident ate in his room and staff were heard arranging for his food to be presented.

When the meals were brought out from the kitchen they were individually plated and appeared to look appetizing and be of an appropriate temperature and size.

Representatives observed staff being continually attentive to residents and one staff member helped a resident by cutting up their food. One representative recording *“There was a cheerful atmosphere in the dining room, with staff encouraging residents and offering help.”*

Adaptations to eating were utilised, and we observed one resident with reduced mobility using a plate guard to assist with eating their meal and another resident used a shallow bowl to assist with eating their meal. However, we did not see the use of adapted cutlery. Several residents were drinking from feeding beakers and tea, coffee and orange juice was offered to residents throughout the meal.

Individual preferences were accommodated, and three residents were given chicken sandwiches to eat and one resident was offered yoghurt as they didn't want sponge and custard.

Another resident was given sliced banana in a small bowl for dessert and encouraged to eat by staff. After one staff member had tried to encourage the reluctant eating of a banana, they offered sponge and custard as an alternative and supported the resident to eat it. There was good interaction with the resident who was clearly struggling to eat.

Towards the end of the meal, the chef came out to speak to the residents and ask if everything was alright, whether they liked their meals and whether anyone wanted any more of anything. As residents left the dining room, one resident thanked the chef for their *“lovely meal”* and the chef thanked the resident for the compliment.

Indeed, almost all the residents we spoke to said that the food is *“good”* and that they were able to choose their meal in the morning prior to lunch.

However, when one resident was taken back to the lounge in a wheelchair after finishing their meal, it was observed that they had an amount of food that had dropped onto their lap whilst eating. This resident was wearing an adult bib for the meal, but food debris were not removed from her lap before taking her back to the lounge. There was also a large amount of food dropped onto the floor by this resident whilst eating, (the resident appearing to suffer from trembling limbs/body and finding it difficult to remain still).

The blackboard displaying the daily menu is situated across from the kitchen, representatives felt that the menu could also be displayed elsewhere.

## Additional information

- The manager had a comprehensive action plan for further improvements to the home
- The manager had introduced a visiting in-house clothes shop sale.
- A tuck shop trolley had been introduced
- The manager had plans to reintroduce work experience students from Blackburn college.
- Enhanced wi-fi with boosters was planned throughout the home.
- The children from the IMO charity (Inspire Motivate and Overcome) had agreed to become friends of Birchfield.
- The manager had introduced a regularly updated and illustrated newsletter which was very engaging. She had included a “one page profile” of both herself and the deputy manager.
- The manager had worked hard to address issues around staff morale, planning a Christmas meal and a trip to “Scare Kingdom” at Halloween.
- A confidential staff drop in /coffee afternoon had been arranged to address staff wellbeing (hosted by LSCFT).
- The activity coordinator had produced a detailed Activity Report 2022.

## Feedback from residents

The majority of residents who responded to us told us that they were very happy with the food and that they had plenty to eat, and there was choice. *“Today it is chicken dinner, but I prefer to have a sandwich, so that’s what I am having.”*

Residents clearly enjoyed the activities on offer and were having a lot of fun. They had a good relationship with the activity coordinator and lots of banter was observed. The environment was also viewed positively one resident told us *“My room is just as it should be.”*

Representatives observed caring interactions between staff and residents and the majority of residents reported being happy.

However, there were ambivalent responses from two residents in respect of care.

### Environment

*“I love it here. My room is just as it should be. It’s lovely. I really like it here. I’m nice and warm and I’m never cold. I have no complaints.”*

*“I’m very happy here.”*

*“It’s OK here. I like it.”*

*“It’s OK but not like home.”*

*“I like my room”.*



*"I haven't lived here very long but I like it."*

*"I have made some good friends and we try to sit together"*

*"I don't want to end my days here."*

### Activities

*"I'm going to Blackpool on the trip. This afternoon I'm making cards".*

*"There are things to do here if I want".*

*"It's boring here".*

*"I keep busy doing things".*

*"There is always something going on. We are encouraged to join in, but I prefer to be in here especially if I don't feel good. I don't go out, but I am not bothered. I can smoke in the smoking room, so I am ok"*

*"It's something different and I love to listen to the music while we are working"*

*"Because I can walk around, I like to help other residents, so I am kept quite busy"*

### Care

*"They look after me very well. They are very good and come when I need them."*

*"They sort out a doctor if I need one."*

*"I'm happy with the staff."*

*"Most of the staff are OK but one or two that's not - they aren't very nice particularly one on nights."*

*"Some are OK with you some aren't."*

*"I have no worries here. I feel safe"*

*"Staff are good. They are busy though. They come when they can"*

*"I am well looked after and happy."*

### Food

*"It's good and there's plenty. I have toast for breakfast but that's all I want. I enjoy the food."*

*"I'm happy with the food."*

*"The food's OK. You get enough and you can have seconds if you want. One chef is better than the other. The one today is really good".*

*"The food's not like I would cook. For lunch one day we had spaghetti on toast and another day lunch was a hot dog. It's not what I would normally have for lunch, and I didn't think these were right to give us for lunch".*

*“We always have a pudding”*

*“People sit in their own seats otherwise it doesn’t work, and some people get upset”*

*“The food is good. We do have a choice of two things. I like the puddings best”*

## **Staff views**

Staff were observed to be friendly and professional in both appearance and approach to work. Teamwork was prioritised, with one staff member telling us *“We work well as a team. We make sure residents are safe. We support each other. We adjust our work to keep an eye on those we need to watch, for example we might sit with residents while writing our notes”*.

Staff told us that morale had improved and that the managers were always on hand to support staff if needed. There was a good awareness of person-centred care and staff told us they valued the regular training they received. A staff member with 10 years’ service told us how much she enjoyed working at the home.

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

*“We could always do with more staff, we are busy, but we work together.”*

*“Yes usually.”*

*“Most of the time.”*

*“Yes, we have enough staff.”*

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

*“I get lots of support from my team. I feel that my colleagues care about me, the residents and the home. They know when someone is down.”*

*“We have lots of training.”*

*“Seniors and the manager are always there for us, even at the end of the phone if needed”*

*“The team is really supportive of one another”*

*“The manager and team have supported me on return from maternity leave”*

*“Morale is so much better after Covid. We have teambuilding activities planned, go out for meals and are having a staff do at Christmas.”*

*“We are supported with our training. We have a task each month. E.g., moving and handling. We know where we are up to and can help each other”*

*“Our training is online and inhouse. My working hours suit me.”*

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

*“We all respect individuals’ choices and beliefs we believe that this is the residents home.”*

*“We have had training in equality and diversity. I’m aware of cultural and religious differences when we work with the residents. We had a Muslim gentleman once and I was conscious of not using gelatine in any of the activities we did and also when we had the music on, I would make sure it wasn’t like Elvis or similar as he would not want that.”*

*“It’s about respecting individuals”*

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

*“We have an electronic care plan, and we communicate as staff.”*

*“I refer to the care plans and by talking to the residents.”*

*“We have to be aware that the care plan could change frequently and gave the example of food preferences that change “That’s why it’s important we speak to residents and offer choices”*

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

*“Yes I would, this is a good home. We have a good staff team and management.”*

*“Yes I would. It’s a happy environment here.”*

*“I would definitely recommend the home to her family”.*

*“I am proud to work here the residents are well cared for. Personally, I would prefer to care for any of my relatives at home”.*

## Response from provider

# healthwatch Blackburn with Darwen

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

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

Organisation Address	Premises –if different
Birchfield Care Home. 9A-13 Gorse Road Blackburn BB2 6Lb.	
Contact Name	Telephone Number and/or email
BECKY JACKSON	01254 266020 becky@birchfieldcarehome.co.uk
Name of Healthwatch Enter & View Authorised Representatives	Michele Chapman-Project Officer
Date & Time of Enter & View	27/9/22 10:30am.
Were you happy with the Enter & View Arrangements prior to the visit?	
Comments-	yes, notification was given and flexibility for when convenient.
Please outline any Positive aspects of the Enter & View visit.	Comments-
All really friendly, Very positive towards improvements. Made everyone feel comfortable.	
Please outline any Negative aspects of the Enter & View visit.	Comments-
NONE.	

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**healthwatch**  
Blackburn with Darwen



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