



healthwatch

Blackburn with Darwen

Sandybrook House

BB3 OPU

Tuesday 18th October 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:

Sandy Lane
Lower Darwen
Blackburn
BB3 0PU

Staff met during our visit:

Jennifer Swimby (Manager)

Date and time of our visit:

Tuesday 18th October 2022

Healthwatch Blackburn with Darwen
Representatives

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



Introduction

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

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

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

Acknowledgements

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

General Information

Sandybrook House is privately owned by Prime Life with places for 25 residents. There was 1 vacancy at the time of our visit. The person in charge is Jennifer Swimby.

Information obtained from carehome.co.uk states that the home provides care for people from the ages of 18 plus who are affected by mental health, dementia and old age.

Methodology

The Enter and View representatives made an announced visit on Tuesday 18th October 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:

Representatives initially found it difficult to navigate to the car park and approached the home on foot. However, Sandybrook House has a large car park and a clearly identifiable public entrance. The building appearing appropriately maintained.

Unfortunately, the outdoor social space was restricted and did not appear to have been used recently.

Internally the environment was clean, bright, and spacious. It was evident that some redecoration had taken place and the manager had instituted a robust cleaning schedule.

The staff who spoke to us were open, cheerful, and hardworking and they told us that they felt “*respected*” by the manager. They were clearly considerate of the residents and supportive of each other. Staff told us how much they enjoyed the training on offer.

However, there were some issues around the mealtime experience, and regular in-house activity; both being impacted by residents with dementia requiring extra support.

Mealtime was a particular “pinch point” when the available staff contended with service to residents in their rooms and supporting the residents in the dining room. The scarcity of staff at this point led to some antipathy between residents that was also apparent elsewhere.

Several residents indicated irritation and annoyance to others with dementia “*I stay in my own room, and I lock my door, so they don’t steal my things*” .and” *I don’t go in the lounge much as some of the residents are shouting and they take things from you.*”

Likewise, when we spoke to residents about the food one complained that “*We never have snacks or anything between meals.*” Indeed, responses about food in general were indifferent however, representatives observed the food as inviting and saw residents asking for seconds. When residents asked for alternatives, these were accommodated.

It was clear that the home offered external trips to the pub, theatre and zoo and that these were much appreciated however, it was unclear how much daily in house activity was on offer. One resident commenting “*I am fed up with here, it is so boring and nothing to do.*”

The majority of responses we received about residents’ environment were positive “*I have a nice room and it’s clean and tidy. Its lovely and warm*”.

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

Green Amber

Enter and View observations

Pre-visit and location

Prior to our visit we took the opportunity to access the home's website/brochure. Both are available via the provider (Prime Life) website. A link led to the home's brochure which detailed the environment and facilities. However, the brochure needed updating to illustrate the redecoration that had taken place and it did not reflect either a sample menu or the activities available at the home. Social media posts were made from the group, but we did not see any recent posts specifically about Sandybrook House.

Sandybrook House is a converted late Victorian schoolhouse located in the semi-rural Lower Darwen. Set amongst similar older properties there are pleasant outlooks to Sandy Lane.

The facility is located nearby to public transport links on Branch Road. Local shops are close by (a local shop being approximately 50 metres away). A small park is adjacent the home, and a church is also close by.

The home has a large car park to the front aspect and the building is clearly signposted however it is not possible to access the car park from Sandy Lane (which is the postal address). Due to a one way system the car park to the home is only accessible from Branch Road. Visitors following "satnav" or new to the area may not be aware of this.

Representatives suggest the website and signposting might be updated to advise visitors how to access the car park.

We did not see a designated disabled parking bay, however there was disabled access to the front entrance.

Green Amber

The external environment

Representatives approached the home from Sandy Lane. The grounds from this approach were limited and would benefit from litter picking and some minor grounds maintenance.

The hardstanding rear grounds were also limited, a visiting pod restricting these further. There was some wooden bench seating here and we observed the grounds to be safe and secure.

It was apparent (from photographs) that the grounds been used during the summer months. When we asked the manager about this later, she told us that the rear grounds hadn't been used recently due to leaves making them unsafe.

The approach to the front of the home was very pleasant with attractive planting and a spacious and well-maintained car park. It was clear where visitors should report to, and the secured front door was answered promptly.

Green Amber

The internal environment/reception -first impressions

The manager greeted us at the front door, and she was very welcoming. We were asked to sign into a visitors' book and gel our hands. Representatives donned masks in line with the home's Covid-19 protocols.

The reception was light, bright and clean complemented by a wall mounted TV screen, armchairs and a coffee table. There was a jug of flowers on the coffee table and a rustic notice "Welcome to our home." Botanical artwork decorated the walls, and a large dementia friendly wall clock was orientated to the correct time.

There was no discernible odour, and we observed a cleaner on duty mopping out the floor surfaces (floor surfaces throughout being wipe clean wood effect). When we spoke to the manager later, she told us that cleaning had been prioritised with 2 cleaners covering a total of 10 hours attendance per day.

The Healthwatch Blackburn with Darwen Enter and View poster was displayed as requested.

Green

The observation of corridors public toilets and bathrooms

The corridors had recently been redecorated with light grey brick effect wallpaper, we observed them to be clean, well-lit and clutter free. A lift was available to upper floors, and we noted that this was clearly identified with a colour contrasting door and dementia friendly signage being similarly colour coded, pictorial, and written. Stairwells in the corridors were secured by a small wooden gate at the bottom.

We observed that the doors to residents' bedrooms were personalised to aid navigation, with a bright colour, an apartment number, and a photograph of the occupant alongside their name. Similar colour coded, pictorial and written signage aided navigation to public rooms.

Most ground floor corridors had handrails which were the same colour as the walls with some being a light grey colour.

As the bedrooms at Sandybrook have ensuite facilities the public bathrooms we observed were sufficient in provision and provided appropriate adapted bathing facilities. Likewise, the bathrooms were observed to be clean and spacious with raised toilet seats, frames and grab rails but these were not colour coded. However, a wall behind one of the toilets had been painted bright red in order to

contrast with the toilet. We noted that public bathrooms were well stocked with soap, hand towels and toilet rolls.

Green

The lounges, dining area and other public areas

A spacious lounge, central to the building housed most of the residents. The lounge had a double height ceiling and large windows in keeping with the building's former use as a schoolhouse. This ensured that the room was light and airy however it may also have appeared a little bare due to its volume. Representatives noticed that the lounge had been recently decorated with attractive dark panel effect wallpaper. The feature wall displayed artwork, books and wall lighting and we noted houseplants and side tables replicating a domestic environment.

Armchairs were placed around the perimeter of the room and a coffee table was also placed at the centre of the room with a piano standing in a corner. The vinyl armchairs all looked very comfortable, and the TV (with subtitles) could easily be seen. A tea trolley was also wheeled in.

Due to the level of dementia at the home, representatives employed observation techniques during the visit, one representative concluding *"there was a pleasant atmosphere in the lounge with all residents appearing comfortable."*

Three residents were sleeping in specialised seating / wheelchairs One of these residents had food down the front of his clothing, presumably from breakfast. One lady quietly nursed a baby doll in her arms, we saw that a Moses basket was available to place the doll in.

Two staff members monitored the lounge whilst writing their notes, responding when necessary, and staff were observed bringing a cup of tea specifically for one resident.

Representatives appreciated a noticeboard situated in the lounge displaying a "whistle blowing" notice for both residents and staff. The notice indicated that if residents felt *"worried"* or *"sad"* they could get help from a from staff at the care home or from a dedicated outside Helpline.

Further notices around the home advertised trips the pantomime (Cinderella) an upcoming Halloween party at the home and a visit by an outside entertainer for a sing-a-long.

Adjacent to the main lounge was a small room filled with reminiscence and sensory items. The manager called this a *"chill out room."* We saw newspaper headlines from the past *"Man Walks on the Moon"* alongside everyday items such as a red post box. The lighting in here was dimmed but supplemented by fairy lights and an LED bubble tube. The seating was more intimate and included a sofa, a coffee table, and armchairs. Photo albums displayed some of the activities that had taken place and we saw images of residents enjoying the outside space during the

summer. Meanwhile a nearby activity cupboard contained colouring pens, skittles, games, and toys.

Unfortunately, the chill out room had open access to and from the lounge and so was subject to the noise of the TV and a lack of privacy. A pictorial and written activity schedule was displayed on the wall here. However, representatives did not see any activities taking place.

The dining area was adjacent the kitchen and named “The Cotton Mill Café”. Representatives observed it to be spacious and clean with the tables appearing inviting. An attractive pictorial, and written menu was placed on each table and displayed on a whiteboard on the walls. A choice of two main courses was displayed being fish pie with mash and vegetables, or mince beef and dumplings with mash and vegetables. The dessert offered was chocolate pudding and mint sauce, or fresh fruit.

A lighter teatime menu was also displayed indicating a choice of sausage “butties,” or cheese on toast, followed by fruit trifle or fresh fruit. Residents told us that they could choose their meals in advance.

Six round tables were set with a capacity for four residents each and there was space for more tables to be added if needed. The chairs seemed comfortable and wipe clean vinyl.

The tables were set with wipe clean tablecloths and contrasting placemats. Cutlery was wrapped in a napkin and there was a cruet set on most tables and sauce sachets were made available later. There was also a drinks station.

When asked by staff, four of the residents in the dining room said they wanted to watch TV during the lunchtime. However, the TV was quite loud and largely ignored. (The TV programme about depression and the menopause doing little to enhance the experience.)

Green

Observations of resident and staff interactions

The interactions we observed were inconsistent.

When we entered the building, a resident was wandering nearby plucking at her skirt and circling the manager as we spoke to her. The resident subsequently soiled herself (and the floor) and it became apparent that she had been asking for the toilet, but this had not been recognised.

However, the manager then dealt with this quickly and effectively leading the resident away and prioritising the resident’s dignity, and an appropriate clean up.

Throughout the visit the resident continued to wander, and a representative noted the resident to be rubbing her tummy and suggested a warm drink and resting. The manager also offered a drink, but it was declined, and the resident continued wandering. It was unclear if staff followed this up by a health/welfare check.

We later observed the manager spending a great deal of time comforting an anxious resident who was worried about the keys to his home, and his suit for a relative's funeral. The resident was offered clear and kind reassurance in a non-patronising manner.

There was more positive interaction in the lounge areas with residents being acknowledged and supported for in a good-natured way. We saw resident needs attended to and good eye contact between carers and residents. It was clear that residents knew staff and trusted them, looking to them for reassurance about our presence.

When a hoist was used, we noted it was used safely and effectively.

Sandybrook House is a registered dementia facility and the client group reflected this. Several of the residents chose to "wander" and staff did not impede them in this, whilst ensuring safety. We observed one resident playing happily and laughing with a variety of soft toys whilst wandering and attempting to communicate with residents, staff, and visitors.

Inevitably the more mobile residents attracted the attention of staff more often. However, we noted that some other residents were irritated by this. One resident was quite vocal with some aggressive tendencies towards those wandering around. A representative saw him make strangling gesture with his hands towards another resident. This stopped when a representative asked if he was ok. This seemed a little more than banter and possibly demonstrated the frustration of those affected by residents wandering. Meanwhile, another resident when approached by a "wanderer" exclaimed "*Oh god I can't even talk, they get on your nerves.*" The dining room experience was also less positive with representatives noting a sparsity of staff and little interaction. Indeed, a representative recorded a staff member supporting a resident in a wheelchair "*without any communication or encouragement.*"

In terms of in-house activities, the scheduled activity was "*Music*". When we asked the manager about this, she told us that the majority of residents had said they preferred to watch the TV. Other in-house activities were described as board games, quizzes, and active games. However, it was difficult to see how the number of staff could deliver these given that there was no dedicated activity coordinator. One resident commenting "*I am fed up with here, it is so boring and nothing to do. I can't stand to sit in that lounge with all that rubbish going on*".

Green Amber

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.

Meal service began at 12.30pm with residents gravitating to the dining room prior to this. Several residents were in wheelchairs and wore adult protective clothing, one of these residents came into the dining room at 12.00 noon and sat alone. Indeed, she and another resident were observed to sit alone throughout the lunchtime (however, this may have been by choice).

We noted that that the staff were appropriately dressed in gloves and plastic aprons and at 12.10pm a member of staff distributed handwipes to the ten residents in the dining room. It was unclear whether the two latecomers had used handwipes.

At the commencement of lunchtime, twelve residents ate in the dining room. There was some confusion when residents elected to sit in places that were unsuitable (doorways and tables already taken) but staff asked their permission to move them and guided them to a seat where they were happy.

Staff then worked efficiently to distribute tea, coffee, and juice to the residents in adapted blue beakers and plastic glasses.

Residents confirmed what they wanted from the menu and the food service started promptly at 12.30pm. The food was presented plated and brought to residents on blue plates with a large rim and slightly deep sides. A representative reported the food looked appetising and of a good-sized portion. The fish pie was in an individual dish on the plate with mixed veg and mashed potatoes. Staff were heard asking if residents wanted help, and duly cut food up for those needing it.

A resident who was a little agitated and tended to wander was served first. She was observed and encouraged, but able to eat independently. She appeared to enjoy her food but was confused by the fish pie served in an individual portion pot. She pushed the pot off her plate to eat the rest of the meal. When collecting her plate staff realised that she had not eaten the fish pie and showed her what it was. She then proceeded to eat it.

A separate trolley was then taken from the kitchen to feed residents elsewhere. Unfortunately, this placed most staff outside of the dining room with staff members walking through the dining room to the kitchen and back out to residents in their rooms.

At one stage there was just one staff member in the dining room supporting a resident in a wheelchair to eat. The staff member was very respectful and patient, she intermittently gave the resident a drink from a straw and did not try and rush her. However, there was little or no verbal communication between the two throughout the meal.

There was a similar lack of social interaction between residents. Despite this they all seemed to enjoy their food, and some were heard later asking for seconds of pudding and tea.

We observed that some residents were eating by themselves (unsuccessfully) and this resulted in one resident using a knife to eat their food, balancing small pieces of food, which they kept dropping off the knife. One resident ate their fish pie and mashed potato with their fingers. Tiny pieces of food were eaten, and a lot of food was dropped on themselves and the floor. This resident picked up the dish of fish pie to drink it. At this stage no staff members were circulating. Later on, one staff member noticed that this resident was not using cutlery and gave them some to use. The resident used the fork for a very short while and then went back to eating with their fingers.

This caused some conflict with another resident who berated her *“You shouldn’t eat like that. We use a knife and fork. If you were in a restaurant, you would be told. It isn’t acceptable. And you are a grown woman”*

Unfortunately, staff were not present to defuse the situation.

Dessert was served later as residents finished their main meal and staff were heard enquiring if had eaten enough as they cleared the dishes away.

A couple of residents displayed poor appetite during the lunchtime period with one man apologising that he could not eat his meal. Alternatives were offered. He asked for tinned fruit and this was provided, however he could not eat it. He was asked if he wanted to go back to the lounge and as he did so, staff commented that he *“hadn’t been good yesterday either.”* It was unclear if this was followed up by a health/welfare check.

Yet another resident was offered toast as they hadn’t eaten much.

Additional information

- A hairdresser visited the home
- The manager told us that that she had a yearly decorating budget
- The manager told us that residents were consulted about the food on the menu.

Feedback from residents

Feedback from residents was taken in the form of “chats” to accommodate the residents’ dementia. For instance, one respondent did not know where he was living. When the representative told him it was Lower Darwen he was able to recall the tower, Sunnyhurst woods and the area in general.

Another respondent was on a short-term placement from hospital whilst an assessment of his needs was conducted. His family and social services were dealing with this but there were inevitable delays which upset him. As he chatted with the

representative, he acknowledged that he would struggle to live independently but professed a wish to go home.

He told us that his brother had died the day before and he was very anxious to have a suit and a haircut before the funeral. The manager reassured him by telling him his family would go to his house and bring a suit for him and a haircut would be arranged. A staff member had also promised to accompany him.

This resident clearly had experienced several recent life changes which had impacted on him settling into the home. He experienced difficulties living alongside those residents with dementia and he felt that his favourite foods were not available. He said he would do *“anything to get out for a bit. I will go anywhere”*.

Whilst in conversation a confused resident approached him which clearly irritated him. *“Oh god I can’t talk even, they get on your nerves”*.

A lady respondent asked to chat in her room, and she seemed to enjoy the experience. She told us that she preferred her room and loved to watch ITV, she was upset that there were reception problems in her room despite having two engineers out. Apparently, another resident had had a similar problem but moved to another bedroom where the reception was better.

Environment

“My room is OK”.

“It’s OK.”

“I love my room. I stay in my room mostly and I eat in my room. I don’t go in the lounge much as some of the residents are shouting and they take things from you.”

“I have problems with my TV (it was a new one) I like watching Emmerdale and I can’t get ITV. The picture breaks up - only on ITV All the other channels are fine and a good picture. But I really miss my programmes on ITV”.

“I have a nice room and it’s clean and tidy. Its lovely and warm. I have my own TV that my son bought me and some DVDs. I have watched them all, but I can watch some again.”

Activities

“There are trips out, some like Blackpool I go because I like to watch and photograph the trams”

“If we go out, four of us go in a car”

“I don’t know if we are going anywhere soon”

“I love trains, I always have”

"I am fed up with here, it is so boring and nothing to do. I can't stand it to sit in that lounge with all that rubbish going on"

"I go outside to smoke"

"We went on a trip to safari park on a coach. It was great."

Care

"They look after you well here".

"I stay in my own room, and I lock my door, so they don't steal my things"

Food

"The food is not too good. I like old fashioned cooking. We had roast potatoes with herbs on - I didn't like them. I don't have tea or coffee I have milk or water. I like it. For breakfast I had cornflakes with warm milk and brown bread and jam. I don't like toast."

"The food is OK."

"Food is Ok, and I get more if I want."

"The food is alright"

"It's dreadful" (the resident requested chips and beans) "I still don't get them, only when I went to the pub meal"

"I like a pudding, but it is cold, so I won't eat it"

"The food is poor"

"Sometimes they bring me jam on toast. That's ok"

"We never have snacks or anything between meals"

"I always take my juice from dinner time to my room, so I have a drink in my room"

Staff views

Staff were observed to be always professional and well-presented wearing identifiable uniforms. They were happy to talk to representatives and demonstrated a very positive attitude to their work at the home. Staff told us that used a group chat to work cooperatively and that they were "*respected*" by the manager and "*given compliments.*" Staff also told us that they had sufficient training with one staff member having an in depth understanding of Equality and Diversity issues. Staff were similarly knowledgeable about the Safeguarding process.

Staff reported that there was no dedicated activity coordinator however they attempted to deliver activities in the afternoon when they were "*not too busy*". Staff told us that they liked to dance and sing with the residents and paint their

nails. One carer declaring *“It’s great working here. You work as part of a team I would recommend working here. I love it here”*.

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

“Yes, and we cover for each other when someone is off. We work 8-8 shifts Mon Tues Sat Sun and then Wed Thur Fri. There are bank staff too, but we usually cover between us.”

“We do, we have four carers each shift”

“We have a group chat where we can request staff for extra shifts” or if a resident needs additional support including 1:1 care

“We organise our work around their(residents’) needs”

“Sometimes we can get behind if we are really busy”

How does the organisation support you in your work?

“If you need to go to an appointment then they help out and shuffle the rota and swap around with the other girls cover. Its fine if you need to go to the doctors.”

“A member of staff is on maternity leave, and she will be supported on her return with adjusted hours”

“We are respected, and we get compliments on our work”

“We have an open-door policy”

“We have training and have to keep up to date. We use Relias training”

“We mainly carry out training online. We’ve done lots of courses like food hygiene and mental health awareness”. We did a course called positive behavioural support. It was excellent and really opened my thinking into why some residents behave as they do. I got so much out of the course, and it change the way I approached some resident’s behaviour. It was excellent and I’m really looking forward to the next part”.

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

“Everyone is different”

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

“We are made aware of individuals requests, like and dislikes. You get to know the residents.”

“We get to know about their wishes and choices”

“We have to look for signs and clues”

“One resident likes trains”

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

“It’s great working here. You work as part of a team I would recommend working here. I love it here”.

“Yes”

“Yes, I would.”

Response from provider

Final response received via email J Swimby 03/12/2022

In the observation of corridors, public toilets and bathrooms paragraph 4 it states sandycroft instead of sandybrook.

Thank you for pointing this out the name has been amended.

Observations of resident and staff interactions. The resident in question has a long-term condition of Crohn's disease. She chooses to remove continence products that she is prescribed for protection, such as incidents of which happened, were she experiences stomach cramps and a sudden urge to open her bowels.

Thank you for this contextual information.

Lunch time experience "wore adult bibs", please can this be changed to a more dignified terminology such as protective clothing worn at meal times ?

Thank you for this comment. "Adult bib" is recognised terminology however, this will be changed to reflect your request.

Activities - the service users had decided they did not want the activities that we are the table for the morning and chose to watch TV instead, on occasions such as these one to one activities take place, this was taking place as I witnessed one service user having a hand massage.

Thank you for this additional information.

Gentleman who displayed poor appetite received appropriate medications as he had a sore in his mouth.

Thank you for this additional information

Letter to provider has the wrong address on it, it states St James house.

Thank you for this additional information I apologise for the error. As the accompanying letter does not form part of the report I am unable to amend the address retrospectively.

In a previous email response 01/12/2022(R Bullock) the provider indicated that the difficulties navigating the home due to the one way system would be addressed by amendments to the homes website.

Healthwatch Blackburn with Darwen

Unit 19, Eanam Wharf, Blackburn BB1 5BL

Telephone 07538 540237 or 01254 480002

Website: Healthwatchblackburnwithdarwen.co.uk