



healthwatch

**Blackburn with Darwen
St James House**

BB3 0EY

Tuesday 15th November 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:

Emma Hine
St James House
St James Crescent
Darwen
BB3 0EY

Staff met during our visit:

Emma Hine (Manager)

Date and time of our visit:

Tuesday 15th November 2022 10.30am

Healthwatch Blackburn with Darwen
Representatives

Michele Chapman (Lead)
Gervaise McCaughran (Healthwatch staff)
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 Emma Hine together with staff, residents, and visitors, for making us feel welcome and taking part in the visit.

General Information

St James House is privately owned by Devshi Odedra and Keshav Khistria with places for 30 residents. There were 5 vacancies at the time of our visit. The person in charge is Emma Hine

Information obtained from carehome.co.uk uk states that the home provides care for people from the ages of 40 + who are affected by dementia, learning disability, mental health conditions, old age, physical disability, and sensory impairment.

Methodology

The Enter and View representatives made an announced visit on Tuesday 15th November 2022.

We spoke to 5 residents, 4 staff and 1 visitor, 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:

Environmentally the home appeared to need a decorative refresh. However, it was a dark and rainy day when we visited, which may have contributed to this impression. Notwithstanding this, the home seemed clean, warm, and comfortable.

Residents describing the environment stated *“It’s absolutely great here. I can’t recommend it highly enough. I’m very happy here. I like my room and everything else.”* Similarly, *“It’s very nice here. Its clean and comfortable. I really like it here. I’d recommend it to anyone. The beds are comfortable, pillows are comfortable. The people are lovely here too”*.

In a similar vein the rear outdoor area would have been made more appealing with some winter maintenance. Perhaps the residents could have got involved in some tub and bulb planting as an activity.

Regardless, our impressions of St James were very positive, and this was almost entirely driven by the staff. The home had a good level of social cohesion which, given the diversity of the residents, was an achievement, with younger residents voluntarily helping both staff and older residents.

Contact was maintained with the community with regular visitors, and residents supported to access local shops. Staff were observed to include residents in their daily lives and ask about their families.

All the responses we received from residents about care were positive. Residents used superlatives such as *“great” “wonderful”* and *“lovely.”* Likewise, *“The staff are wonderful. They have helped me so much since I’ve been here. I can’t praise them enough.”*

The food too was praised *“The food is great. I love it.”* and *“You get plenty to eat and it’s good food. If you want more then they give it to you. I’m very happy”*.

However, representatives did not see any organised activities during our visit and all the responses we received about activities were unenthusiastic.

The home is registered to accept residents from the age of 40 and this demographic meant that a significant minority were independent. In terms of activities this represented an opportunity to link residents with community resources, such as clubs, charities, libraries, churches, day centres or leisure centres.

Representatives felt this may be achieved by a dedicated activity coordinator, social prescribing or community link worker. When we asked the manager about this she was not aware of an appropriate service. Perhaps this is something statutory services could address.

One resident told us that he had some requests which he had not told staff about because *“they are busy, and I don’t want to add to their work.”*

Representatives suggest that regular one to one sessions are scheduled with a key worker to identify these issues, and that care plans are updated to reflect this.

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 we took the opportunity to view the homes website. However, we found the information to be basic with few pictorial representations and we could not access the link to the sample menu.

The home is located on St James Crescent directly opposite St James infant school. The manager telling us later that the home was the original building for the school which was converted mid-century.

Public transport is a short walk away on Chapels Brow and supermarkets are a short drive away.

The building was easy to find and well signposted with a spacious and well-maintained car park to the front. Representatives noted ramp access to the main doorway however, we did not see specific parking bays or a dedicated disabled parking bay.

As we arrived at the home, we observed a carer accompanying a resident with sight difficulties to the local shop. This was evidently a regular occurrence as we overheard him arranging to go out the next day too.

Green

The external environment

Representatives felt that the building looked reasonably maintained, with the external environment to the front of the building consisting entirely of the car park.

The rear external environment consisting of a compact and secured lawned area, a hardstanding shaded by a pergola, and a small outbuilding. However, the team felt that the garden area would have benefitted from some grass cutting and more attractive planting. Limited outdoor seating and a table was situated underneath the pergola, with the manager telling us later that the furniture was due to be replaced shortly.

Representatives observed that there was direct access to the rear garden from the lounge serviced by an accessibility ramp.

We found the main entrance easy to locate and the secured main door was answered in a timely manner by the manager.

Green Amber

The internal environment/reception -first impressions

The manager made us very welcome, and we recorded our visit in the signing in book. Representatives followed the requested Covid protocols of mask wearing and gelled our hands (hand gel supplies being noted throughout the home.)

The reception area was also homely and spacious. We noted that it was large enough to be used as a private meeting area with floor lamps, artwork, several easy chairs and occasional tables. The floors were observed to be tiled and the décor although serviceable may have benefitted from a refresh.

However, there was a slight malodour in the area between the reception and the entrance to the corridor which was not apparent elsewhere in the home.

We observed that noticeboards were located throughout the home and the Blackburn with Darwen Healthwatch poster was displayed as requested. Statutory notices were also displayed as required.

The manager introduced both herself and the deputy manager and they were very open and engaging. They told us that they were both long serving members of staff, holding various roles, and that they knew the local area well.

The staff all wore a uniform which was easily recognisable, and we found that they too were happy to chat with us.

Green

The observation of corridors, public toilets and bathrooms

Representatives observed the home to be clean with the cleaner in attendance at the time of our visit. Whilst decor in the corridors may have benefited from a refresh, they were well lit, painted in light colours, and finished with wipe clean wood effect vinyl floors. Corridors were noted to be clutter free and easily navigable, with radiators throughout the home observed to be fitted with protective covers.

There was good representation of dementia friendly signage throughout the home the orientation being written, colour coded, and pictorial. Likewise, we observed that bedroom doors were highlighted by a coloured architrave unique to the resident, a door number, and the resident's name. The corridor also displayed residents' artwork and we observed that handrails were in situ although these were not colour coded. Clocks sited throughout the home had large displays correctly orientated to the time.

Whilst we were in the corridors, we saw staff knocking on the door of bedrooms to offer drinks to the residents who were there.

Some of the bedrooms at the home have an ensuite w/c facility and regarding this we considered there were enough public bathrooms to service the number of residents. All the bathrooms we observed were clean and well stocked with soap,

hand towels, and toilet paper. (One of the bathrooms had a minor chip to the tiling). Appropriate aids were noted in most of the bathrooms, but these were not colour coded.

A lift was available to the first floor.

Green

The lounges, dining area and other public areas

There was a through lounge to the ground floor and this was spacious and clean with vinyl flooring and armchairs around the sides of the room (some with risers). The lounge had plenty of space to accommodate wheelchairs and walking frames and we saw residents able to navigate independently supported by walking aids. There were some homely touches such as coffee tables, books and newspapers and each zone of the lounge had a wall mounted TV. The TVs showed different channels, but the size of the lounge meant they were relatively unobtrusive.

An Alexa sat underneath one of the TVs and it was good to see that the home supplemented activities with technology. For instance, instructions were given for Alexa to play quizzes, give a daily news flash briefing, play songs, relaxation and sleep aids and play audible books.

Other activities were listed as Movie Night, and 2 fitness sessions a week from a local fitness professional “James”. A volunteer came in to deliver art sessions each Monday and we could see that a hairdressing service was advertised. One of the tables close to the noticeboard hosted a small sound system and a microphone.

An armchair sat next to a coffee table was filled with dolls and soft toys. A resident with dementia was tending to them, and the deputy manager introduced her as her Mum.

There were several noticeboards in the lounge area (which may have made it confusing for residents). One of the noticeboards was directed at friends and family and invited them to update their contributions to care plans. A local news sheet “Reporting Back” was featured, and we saw a “snack list” indicating that crisps, chocolate, and sandwiches were available throughout the day. The noticeboards were decorated with handicrafts by the residents and Union Jack flags to celebrate the upcoming world cup.

Indeed, whilst we were there a male member of staff began pinning England bunting from the ceiling and he was immediately assisted in this by a younger male resident.

There was a very convivial atmosphere to the living areas and as the tea trolley came by, we recognised the value of the deputy manager sitting down with her knitting to engage with nearby residents. The conversation was very natural, and we observed that the deputy manager knew the residents and their families well.

Adjacent to the lounge area was a small glass fronted office from which staff could observe residents if needed.

A separate dining room was sited close to the kitchen and although we did not see a lunchtime menu displayed, we noticed that the in-house chef came and sat with each resident to talk about their preference prior to lunch.

The dining room was spacious and serviceable with enough room to accommodate extra tables if required. The décor was light and well-lit with rustic style floor tiles and chunky farmhouse style tables which were served by comfortable wipe clean chairs.

There were 3 tables set for 3 residents and 3 tables set for 4 residents, with gaps left at tables for wheelchair users. The tables were laid with contrasting wipe clean place mats, white crockery cups and saucers, paper serviettes, and standard cutlery, salt, pepper and sauces.

A chalkboard on the wall announced the daily breakfast menu of bacon, eggs, sausage or toast and cereal.

Green

Observations of resident and staff interactions

Given the diversity of the residents there was a good amount of social cohesion at the home. The staff and resident base reflecting the community in terms of gender and ethnicity. Community links were valued and maintained with visitors welcomed for mealtimes.

We witnessed younger residents helping both staff and other residents and staff engendering a family feeling by engaging residents in conversation about their loved ones.

The manager and deputy were both long serving staff and had formed bonds with the residents. Indeed, the deputy manager told us that she had recently married and got ready at the care home so that the residents could see her wedding dress and be included in the day. She also told us that she comes in to visit residents on her days off and brings her children with her.

The manager, cleaner and the cook took part in the conversation, and they all knew the residents well, the cook explaining she familiarises herself with individual dietary preferences and needs and plans these into her menu. She also likes to bake cakes to the residents' choice.

The cleaner told us how much she loved her job and interacting with the residents likewise she felt well supported by colleagues and the management team.

In return the residents we spoke to were very appreciative of the staff with no negative comments received, *"The staff are wonderful. They have helped me so much since I've been here. I can't praise them enough. They really try to help you."*

“We are well looked after. The staff are great. I’ve no complaints. They get you what you want. They are lovely.”

Our observations concluding that residents looked clean, happy and well, and were treated with care and respect by staff.

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.

At 12 noon a bell was rung to indicate lunch was ready and residents started to make their own way into the dining room and sit down. Those in wheelchairs were positioned at tables by the staff. Walking frames were put at the side of the room by residents who were using them. A resident was assisted to the dining area (from her lounge chair) by a hoist, and we observed this to be done appropriately by two staff.

Staff servicing mealtime were observed to wearing plastic aprons and disposable gloves; however we did not see residents being offered handwipes prior to eating.

Representatives noted pleasant background radio music but it was barely audible and it didn’t sound like it had been tuned in properly. However, the mealtime experience was generally relaxed with residents given plenty of time to enjoy their meal.

At 12.05pm tea and coffee were taken round to residents but there were no beakers on the table for water/juice and none were offered.

At 12.10pm the plated meals service commenced. We noted staff addressing residents respectfully (by name) and asking permission to move a cup so that so that a meal could be placed on the table. Representatives identified that the residents in the dining room were able to eat independently.

Lunch was plate meat pie, mashed potato, mushy peas and gravy and this appeared to be appetising and of good size portion and temperature. One resident received a vegetarian option for their pie and whilst another resident received a beaker of water/juice alongside their meal.

Staff appeared task driven during the meal service, but they worked well together and were efficient. However, there was little social interaction between residents whilst they waited for their meal, or between the staff member giving out tea and coffee, and the residents as they received their drink.

This may have been driven by the need to provide meals elsewhere as staff walked through the dining room to deliver meals to those residents eating in their rooms

or the lounge. Nonetheless, there was an opportunity for passing encouragement and interaction with the residents which we did not observe.

3 residents stayed in the lounge during meal service, 2 of these eating from overbed tables and one resident was asleep. One of the residents using an overbed table was eating from a deeper sided plate to assist their mobility issues. However, the resident appeared to be eating with difficulty and may have benefitted from adapted cutlery.

As the main meal dishes were cleared away from the tables in the dining room, staff recorded each resident's consumption (in percentage terms) onto a sheet of paper.

The dessert was rice pudding and was brought into the dining room on a trolley. The pudding too seemed appetising and to be of sufficient portion and temperature. Several residents elected not to have dessert and left the dining room.

During service each resident was addressed by name and offered the pudding with an option of jam. One resident in the lounge was also offered the rice pudding and accepted.

At 12.25pm the house phone rang and was answered by one of the staff in the dining room, who switched the radio off to take the call. Unfortunately, it was not turned back on again.

As we left the dining area, we saw that the resident who had been asleep in the lounge had made his way to the dining room. Staff noticed this and brought him a meal which they had warmed up. We noted that a staff member asked him if he was tired and if he needed medication. Staff were similarly responsive when a resident started coughing during the meal and they were offered water immediately.

At the end of the meal, one resident needed help getting her walking frame but there was no carer present to help her. She was struggling to get to her frame when a younger resident spotted this and came to her aid.

Residents were heard to thank staff for their meal and staff were heard politely reciprocating.

Feedback from residents

Feedback from residents was generally positive and we were able to engage in long conversations with them. Residents told us about missing their families in other parts of the country and how well supported they were by staff. The caring function was owned by all the staff including the cook and cleaner who were also praised by residents. Indeed, we observed the cook engaging with residents about their likes and dislikes and offering old favourites like bubble and squeak (which

caused great excitement). Staff were noted to promote independence supporting residents to decorate their room and contribute to menu choices. Similarly, staff were observed accommodating smokers choices by lighting their cigarettes and guiding them to the outdoor smoking shelter. However, one resident reported “I don’t really like to tell carers or ask for help as they are busy, and I don’t want to add to their work.

On the face of it, some of this resident’s requests were quite simple and regular one to one chats with a key worker would have identified some of these issues.

Environment

“I have lived here since 2006, following a house fire. It’s home now. I didn’t like it at first and I would complain to my sister, but she made me see that I am being well cared for and supported. Carers have asked me how I would like my room decorated and I asked for something with a bit of purple. I like my little room and all my little ornaments. I have lived in this area all my life. I like to watch the little brats going to school from my window.”

“It’s very nice here. Its clean and comfortable. I really like it here. I’d recommend it to anyone. The beds are comfortable, pillows are comfortable. The people are lovely here too”.

“I like it here. I’ve no complaints. I have a nice room with my things in it”.

“It’s absolutely great here. I can’t recommend it highly enough. I’m very happy here. I like my room and everything else.”

“It’s really clean and comfortable here. They have helped me so much here. It’s warm and lovely. I like it very much. I’d tell people how good it is here if they were looking for somewhere to stay.”

“It’s not far from where I have lived and worked all my life. I like going out to the local shops and being independent. Carers are good and the meals are good.”

“I like my window to be left open but often carers come into my room and close the window because they think it is too cold. I’m not cold, I’m used to being outside.”

“The resident next door disturbs me. She switches her light on and off during the night and the light shines in my room because there is a shared window high up over my bathroom sink. Switching the light on and off sets the fan off and it is noisy, and it disrupts my sleep.”

Activities

“I don’t really like activities. I’m idle. I do like to go into town either on my own or with Barbara the cleaner. I am on old biddy that likes to sit on the benches.”

“Sometimes I cannot get a TV reception in my room, if the weather is bad. I then go downstairs to watch TV with another resident. We grew up together. We called

ourselves the estate kids and she knew my mum. Now I watch Eastenders with her and we have a laugh.”

“I should take it up again (knitting) but my family don’t really like or use the jumpers I make. I have no one to knit for.”

“I like current affairs, and history programmes. I am watching a programme about the Tudors at the moment. I watch in my room but I can go downstairs if I want company”.

“I just watch T.V really. I’d read if I knew where my glasses were. I play my guitar in my room. I used to play in a band.”

“There are not many things to do here. I watch T.V but sometimes I can’t see it or hear it from my chair. I’m a bit deaf which doesn’t help. I don’t have a T.V in my room so I come into the lounge”.

“There’s not much to do here. There’s the T.V. and Mondays and Thursdays someone comes to do exercises with us. Some people don’t join in, but I do. I think they used to go on trips out. They went to the illuminations at Blackpool a while ago. It would be good to go out somewhere say once a month. I go in the garden in the summer”.

“There’s not a lot to do apart from watching T.V”.

“I don’t really like doing activities, but I enjoy reading my magazine and carers help me to order that. I have worked driving HGV’s and on farms and so I have always worked outside. Being stuck in a care home is a big change. I miss my dogs. I used to have a dog called Rosie. I called her nosy Rosie. She was a Springer Spaniel, and she would come to work with me.”

“I don’t really like watching TV much. I wish I could have a mobility scooter to go out independently, but I can’t have one in the home as carers say it’s a fire hazard.”

“I enjoy a little drink of brandy in the evening, and I am still able to do that. I serve myself from a bottle I keep in my wardrobe.”

“The activities in the home are not really for me. I like my own company and I enjoy being outdoors.”

“It would be nice to have the company of a dog. I have always had dogs.”

Care

“Carers are good, they have bought a Christmas Cactus and I like the pink flowers. They help me to make my room homely.”

“Sometimes I feel nobody is listening to me. It’s when I’m having a bad day. Sometimes carers are too busy to talk to me and this can be a bit isolating. I don’t mind being on my own, but it would be nice if carers had more time to chat with me.

“We are well looked after. The staff are great. I’ve no complaints. They get you what you want. They are lovely.”

“The staff are lovely and look after us really well. The people here are lovely”.

“The staff look after me really well. They are really nice. They do anything for you. If you need them in the night, you press your buzzer and they come quite quickly. I’ve no problem with the staff they are lovely and kind”.

“The staff are wonderful. They have helped me so much since I’ve been here. I can’t praise them enough. They really try to help you.”

“Sometimes residents’ behaviour to carers is upsetting. I think they need more help, and they should have more male carers to help handle that.”

“I don’t really like to tell carers or ask for help as they are busy, and I don’t want to add to their work. I’m also independent and I don’t really like asking for things. I need a cable to charge my torch and mobile phone.”

Food

“The food is great. I love it. Breakfast can be cereal, egg on toast, toast and marmalade whatever you want. I’m happy with it all. I get enough to eat myself but if you want seconds then you can have them no problem”.

“I like the food. You get plenty to eat and it’s good food. If you want more then they give it to you. I’m very happy.”

It’s really good and you get plenty. I like it all. The cooks are lovely. Breakfast you can have cereal, egg bacon toast whatever you want and if you want something different then they will cook it for you - just for you. I’m happy”.

“The food is wonderful. I’ve no complaints whatsoever. I love the food. The chef is great. You get plenty and I like all of it.”

“If I ask for an omelette, they make it. If I want chilli, I might not have it on that day, but the cook will make it later in the week.”

“I like the food here. I enjoy traditional meals like Cottage Pie with lots of vegetables and there is a good choice. The cook will make things I enjoy. My family bring in bananas and I ask the cook to bake them into a banana cake for me from time to time. My family bring food in for me, but I share this with the carers and other residents.”

Relatives and friends’ views

A representative spoke to Richard a frequent visitor to the home, he told us that he was 89 and that he had formerly visited the home as the barber /hairdresser.

After his retirement Richard continued to visit the home as both his wife and a friend became residents. After their passing the deputy manager had continued to

invite Richard to the home and eventually he was invited to have lunch there each day alongside the residents.

Richard was full of praise for the home and the staff, he described that during the Covid lockdown the home still made his lunch each day and delivered it to his house.

Representatives were impressed with his story and felt that it demonstrated the importance of social ties between the home and the community.

Staff views

A representative spoke to a male carer, and he told us how much he enjoyed his job even though his mates had said *“how can you do that job!”* The carer had previously worked as a metal polisher and came into care at the recommendation of another carer. It was evident that his presence was welcomed by the male residents who were helping him put England football bunting up when we arrived.

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

“Yes, I feel we do have enough staff”.

How does the organisation support you in your work?

“We are encouraged to teamwork, and we have an app called Homebase which is a communication tool to plan shifts and swap them. I think we have enough training and we have just done manual handling again which was delivered face to face.”

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

“We have a mix of residents here and we make halal and vegetarian food”.

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

“I look at the care plans and we exchange information at shift handover.”

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

“Yes”

Response from provider

Healthwatch Blackburn with Darwen

Unit 19, Eanam Wharf, Blackburn BB1 5BL

Telephone 07538 540237 or 01254 480002

Website: Healthwatchblackburnwithdarwen.co.uk

