



healthwatch

Blackburn with Darwen

Springfield Cottage

BB2 6PS

Tuesday 21st February 2023 10.30am



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:

Marina Greenhalgh
Springfield Cottage
Blackburn
BB2 6PS

Staff met during our visit:

Marina Greenhalgh (Manager)

Date and time of our visit:

Tuesday 21st February 2023 10.30am

Healthwatch Blackburn with Darwen
Representatives

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

General Information

Springfield Cottage is privately owned by DTM Partnership with places for 26 residents. There was 1 vacancy at the time of our visit. The person in charge is Marina Greenhalgh.

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

Methodology

The Enter and View representatives made an announced visit on Tuesday 21st February 2023 at 10.30am.

We spoke to 3 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. 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 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

Summary:

Springfield Cottage appears to be undergoing a period of positive change under the leadership of a new manager. Both the manager and staff demonstrated an open culture, and staff told us that they could raise issues with the confidence that they would be dealt with.

There had evidently been some staff changes and changes to the level of support needed by residents, which had improved the efficiency of the home. One resident reporting *“there has been a lot of new staff but they are nice and can tell if you are feeling down”*.

The manager told us that she had made steady progress and that the deputy manager was actively working on enriching care plans. An activity coordinator role was being discussed and staff said that training and development were on offer. Indeed, the staff we spoke to told us *“There have been a lot of changes here recently for the good and we feel like we are getting there”*.

Residents who talked to us spoke very positively of the staff, the food and their care describing them as *“very good and pleasant”* and *“nice and supportive.”*

It was clear that the provider had begun to make environmental improvements with some areas pending these improvements. However, there were some staff training issues around mealtime support.

Notwithstanding, the resident narrative at the end of this report clearly illustrates the value of the care and encouragement provided by the Springfield cottage team.

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 view the home's website and social media. Although the website was basic it was clear and informative with plenty of engaging images.

The home had a Facebook page which was equally engaging being updated with both in house and community events. We observed the celebration of residents' birthdays and Christmas visits by local schools. There were some resident activities highlighted including movie nights, baking, flower arranging and art work.

Situated on the main A667 Preston New Rd, the home is close to local amenities, including schools, churches, and local shops. Its position on the main road makes it easily accessible to those using public transport and it is a short drive into Blackburn town centre.

The facility is low level L shaped and appears that it may have been originally been separate buildings.

There is a small parking area to the left of the driveway however, this is very limited and we did not see a dedicated disabled car parking space.

Green

The external environment

Springfield Cottage is set in a sloping wooded area which whilst providing privacy makes pedestrian access to the site very difficult. The grounds area is reasonably maintained with mature planting however, the driveway is in need of some maintenance being uneven in places. Representatives considered that the driveway particularly in winter may be difficult for those less mobile, wheelchair users and prams to navigate.

One wheelchair user told us that he mitigates this by taking a taxi from outside the main door on his journey into Blackburn.

The grounds to the home, whilst not extensive are inviting, and it was nice to see spring bulbs planted in boxes at a lounge window. There was plenty of outdoor seating and a wooden pergola (which was also used as a smoking shelter) however this too was in need of maintenance.

The main reception door was easy to locate and the front door was answered in a timely manner by the manager. Although the front door was secured upon our arrival, representatives saw that on occasion the door was left open by staff accessing the outdoor pergola.

Whilst there were some builders' debris waiting removal, representatives acknowledge that this is to be expected during internal improvement works.

Amber

The internal environment/reception -first impressions

The manager was very welcoming and we were led into a newly refurbished and spacious reception area. The manager told us that the area had recently been refurbished and was part of an ongoing programme.

The changes were particularly impressive with sofa seating, table lamp lighting and a flame effect fireplace. A resident had chosen to sit in here and we could see why, as it was warm, homely, and quiet, yet close enough to see the comings and goings at the front door.

Representatives considered that this area would be very useful for visitors and residents to meet away from the main lounge areas.

The reception area also held general information, posters and copies of the Springfield Cottage care home Winter newsletter. Nearby we observed our Healthwatch Blackburn with Darwen poster prominently displayed as requested.

All the staff we met were welcoming and there appeared to be good staffing levels on the day. Staff and their roles were identifiable by uniform.

Representatives completed the signing in book as requested and gelled our hands.

Green

The observation of corridors, public toilets and bathrooms

The manager kindly gave her time to direct the lead representative around the home.

We found the corridors to be very clean and decorated in neutral tones with some areas being carpeted and others having wipe clean wood effect vinyl flooring. There were handrails in some places but these were not colour coded. The corridors were well lit and uncluttered and notice boards were well organised.

A resident notice board displayed items of interest including an activity schedule indicating that cards, a book club, knit and natter, singing and pampering were available. A local fitness instructor also visited fortnightly. Although we did not see any activities taking place during our visit, a flower arranging session had been arranged for the afternoon.

Doors were clearly marked with their function being pictorial, written and colour coded. Residents' doors replicated an external domestic environment with mouldings and door numbers. Some residents had their names pinned to the door in a plastic pocket.

Orientation around the home was assisted by wall clocks showing the correct time. However, we did not see orientation in respect of season, day, or date.

11 of the rooms at the home have an ensuite facility and we considered that this together with the public bathrooms was sufficient for the number of residents. One of the wet rooms was undergoing improvement whilst the public bathrooms we observed had appropriate bathing and lifting facilities.

All of the bathrooms we saw were clean and well stocked with handwash, paper towels and toilet rolls, some had colour coded raised seats, however not all had grab rails.

The vinyl flooring outside 2 toilets and leading to the dining area was damaged and in need of replacement.

A clearly signposted lift serviced the upper floor.

Green

The lounges, dining area and other public areas

During her introduction the manager was able to show us a dedicated hair salon off a ground floor corridor (Hairdressing by Nicola) available each Wednesday. The area was spacious and professionally equipped with washing and styling stations, stand dryers, full length mirrors and even magazines to enhance the experience.

The home was also able to provide 2 lounge areas, one adjacent to the dining room and another individual room which was much quieter and had the treatment room leading off from it.

This lounge had only 2 occupants when we arrived, staff told us that one of the ladies was deaf. The staff member displayed a person centred approach when interacting with her annunciating their words clearly but not loudly. They told us that the resident would be happy to speak to us and could use speech ramp cards to support her communication although she was competent at lip reading.

The lounge was very comfortable, warm and homely with serviceable carpeting, a TV and a flame effect fire. Furnishings were neutral and welcoming with a variety of seating around the perimeter to the room. Similarly, the TV volume was at a reasonable level and subtitles were selected.

Small decorative tables, lamps and fresh flowers made the area more attractive. Whilst window boxes outside the window hosted a display of spring bulbs.

The second lounge and the adjacent dining room were situated in another part of the home and were more heavily populated. The majority of residents were sat in this area which was overlooked by the manager's office (with internal glazed windows).

Both the lounge and the dining area appeared to be in need of a decorative refresh. The manager explained that during the Covid restrictions part of the lounge had been partitioned off for the purpose of isolating visitors. The removal of this partition had left decorative repairs.

The lounge area was spacious and furnished with a variety of seating including a 2 seater sofa (however we noted that one of the seat cushions was wet). A variety of armchairs were provided, some of which were adapted, small coffee tables were situated at the side of seating (one of the side tables was a bit wobbly).

A reading area close by the lounge windows contained plenty of books with one resident preferring to sit here. The TV was central to the room and wall mounted, the programme being selected with subtitles. Unfortunately the sound from the TV was quite loud and competed with the radio playing in the dining area. Representatives felt that the TV may have been turned off at this point as residents moving to the dining room were no longer watching.

The dining area was adjacent and open plan to the second lounge. The dining area seemed pleasant, airy and spacious and a chalked menu advised residents of the day's menu. Lunch was chicken and leek pie with new potatoes and peas or cheese and onion quiche with new potatoes and salad, alongside jam sponge and custard with/or fruit to follow. Tea was jacket potato with choice of filling or soup and a sandwich. A dessert of pancakes or fruit was also offered. Alternatives were available on request.

Several residents told us how much they appreciated the cook *"There is the option for 3 hot meals a day plus supper. Cook leaves sandwiches and food out when they leave so people can pick."*

"There's curries, salads, omelettes, anything you want they will make. You can get food on demand, at night, staff will make things for you".

The dining area consisted of Formica tables with high back chairs (some of the tables were joined together to form longer tables and some of the chairs had wheels). Tables were set with green colour contrasting placemats, white paper napkins and cutlery. A small chalk menu card was in the centre of the table with condiments.

Green

Observations of resident and staff interactions

At the time of our visit, representatives observed that the staffing levels did not necessarily reflect the levels of interaction with residents.

During lunchtime some staff did not ask residents if they wanted their drinks replenishing rather they were filled without asking.

One resident who required support with eating was attended by a staff member, food in hand, who started to feed the resident. No consent was obtained and the resident was not informed of what the food was.

Some interaction whilst being well meaning could have been misinterpreted.

One resident seemingly did not want their food and so tried to push it away. The staff repeatedly pushed the food back to centre of placemat whilst prompting the

resident to eat. At one point 2 staff were encouraging the resident to eat, one on either side, one had a hand on the resident's shoulder. Representatives could see that the resident had begun to look distressed by their facial expression. The resident was then offered a spoon and then had the food cut up for them. Although offered alternatives the resident eventually accepted a choc ice.

Other interaction was good, with staff clearly knowing the residents' names. Hoisting was carried out appropriately, and a lady who chose to stay in the first lounge had her lunch and cutlery delivered to her covered in foil to keep it warm.

The manager was observed to knock and wait before entering bathrooms and take the time to introduce staff and the residents. At various points the deputy manager was observed to have "banter" with residents and other staff.

One resident was full of praise for the staff and how they had helped him. Another resident referred to the staff as "good and caring".

The manager was relatively new to post and very proactive introducing more training and revised shift patterns. Representatives spoke to both the manager and deputy at length and they showed great interest in the LGBTQ+ future provision debate.

Similarly, the manager was open in her discussions about appropriate support linked to the quality of information provided from the hospital discharge assessment. The manager described the case of a resident from hospital who had not settled successfully as she had wanted to move back to her own accommodation. The manager had then acted with probity facilitating the resident representation by an independent advocate.

When we spoke to the manager about the activity coordinator role she told us that this was something she wanted to develop to re-establish a full activity programme.

Representatives heard few call bells as most residents were in the lounge/dining area. One call bell was observed on the control panel and this was attended to in less than 3 minutes.

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.

The manager anticipated that lunchtime service would begin at 12.30pm however residents began to take their seats from 11.40am. There were 3 tables and these were arranged as 1x5 settings, 1x4 settings and a wheelchair space and 1x4 settings and two wheelchair spaces (16 residents).

By 11.45am approximately 9 residents were seated and by 12.00pm they were offered orange cordial, tea, coffee, water and milk. The hot drinks were served in a white China mug whilst the cold drinks were served in a beaker. Staff members were familiar with the residents' individual preferences regarding milk and sugar and there was good interaction between the staff and some residents. However, there was less conversation between residents and this may have been in part due to the noise of the radio and the television being broadcast at the same time.

At 12.10pm there were 3 staff members in the dining room and with more residents coming into the dining room. At one stage there were not enough place settings laid out for the number of residents who were in the room.

At 12.15pm a member of the community nursing team arrived in the dining room to treat a resident in a large wheelchair. Unfortunately, the resident was at the back of the room surrounded by other residents' tables and chairs. The staff were obliged to move residents in order to get the wheelchair out and the resident was then taken out of the room with the district nurse. This resident was brought back into the dining room 20 minutes later and seated at a space on another table.

Meals began to be distributed at around 12.20pm (when all the residents were seated). Staff were noted to be wearing blue plastic aprons. Unfortunately we did not see if residents had been directed to any hand washing/or hand wiping prior to this.

There were 3 residents who wore an adult bib and 2 residents had plastic collars fitted to their plates to assist with eating their meal. There was an absence of adapted cutlery and this could have been useful for 2 residents (one resident who was leaning back very low down in their wheel chair so eating was difficult and another resident was using their fingers to eat with).

Residents who had not already chosen were offered options from the menu and the deputy manager was solicitous in offering alternatives to residents who were reluctant to eat. However, one resident was struggling to communicate why she was not eating and a staff member "cut off" her response and offered her an alternative.

Representatives observed the food served to look and smell tasty. The food was well presented on a melamine plate and appeared to be a satisfying quantity, the vegetables served were green beans and sweetcorn rather than the peas on the menu.

One resident had been given the corner of the pie to eat and was struggling to eat it with cutlery, not wishing to miss the meal he picked it up and ate it with his hands instead.

Despite there being 4 staff in attendance at the lunch period one resident in the lounge adjacent to the dining room nearly missed his meal altogether. Staff had attended him earlier with cutlery and a drink. At 12.40pm he was seen trying to attract the attention of staff so a representative alerted them that his meal had been missed. A staff member then delivered his meal and apologised to the resident believing he had already been served by another member of staff.

When we spoke to the resident later he told us that the food was “hot” and “nice”.

At 12.50pm the mealtime concluded but not before residents were offered further hot and cold drinks.

Staff views

Staff were open and happy to talk to us. They reflected a picture of a home in the process of positive change “*it’s much better now.*”

Staff referred to the changes to support needs in the resident profile “*We previously had 7 residents hoisted, now it’s only 3.*”

The manager had evidently introduced a culture of measured improvement which staff appreciated and had begun to trust. Staff also felt confident in raising issues with the management.” *I raised with management at Christmas that staffing needs to be better and we can’t rely on agency, it is slowly getting better and they have done some work around that and making sure the skills mix is considered.*”

All the staff we spoke to reported training opportunities and there were opportunities for development.

Staff also spoke generally about the problems in social care being “*underfunded and understaffed.*”

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

“*Generally yes, but we might get behind if there is an accident or sickness.*”

“*Yes.*”

“ Yes, I work as a floating staff member and a senior HCA, and also maintenance. I originally started as maintenance and I also enjoyed spending time with and supporting people, so I also trained and become a care staff member. I am working my way to be a senior. I have been here for just over a year now.”

“ It depends on mix of staff on shift as to where there is enough staff to do 1:1. There is enough staff to get the job done but not usually enough to give good 1:1 support, only able to do the basics”.

How does the organisation support you in your work?

“Staff were consulted and said they preferred the 12 hour shift system. We have a WhatsApp group to change rotas with each other if needed.”

“We have flexibility around rotas.”

“We have lots of training which is easy to understand. I have also been offered training as part of Senior role, train the trainer to provide Fire Warden training. I have completed training for maintenance role such as PAT testing and Health and Safety. The teamwork is also much better now and it feels like it runs better compared to what it used to be as there was previously low morale amongst the staff, and a lot of bullying, but those staff have now left and it’s getting much better. I have previously raised concerns with the deputy manager about stand aids and I have been happy with the response and actions. I have not had to speak to the manager about anything yet as usually things have been resolved before it gets to the manager. I have had family problems in the past which meant that I needed a little flexible working and this was accommodated and support offered when needed. I won’t lie previously when it was bad I was going to leave, but I felt bad leaving the residents and decided to stay when the deputy returned.”

“I have had training such as manual handling, fire safety and safeguarding.”

“Yes we get training, and management have been flexible in the past when I needed some counselling. I am getting more confident in the management again (but I wasn’t in the beginning). Teamwork depends on the mix, it can be clicky. I do feel confident the management would act upon serious safeguarding as I have seen this but not had to raise anything personally”.

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

“We look at the care plan and we have lots of training. I am interested in this because I have a same sex partner myself and I haven’t thought of it before. We did have a resident who wrote a statement about himself to be included in his care plan. Although he didn’t particularly want to speak about his gay status it was important to him that staff knew. It worked out really well and we were able to support him as he wanted.”

“ We don’t treat anyone any differently, only as individuals I am gay and I have never felt any discrimination. However I think I would be interested in extra training around this”.

“There isn’t specific training for that, just equality & diversity. There is one resident who wears the rainbow flag badge on their collar, not sure if they are part of that community or just a supporter. I feel they I could benefit from this training.”

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

“We look at the care plan for this.”

“Yes I know the residents I have worked here for 4 years”.

“ Yes it’s all within their care plans and in getting to know residents. Previously care plans were very generic or blank in some areas but the deputy manager has been working on these and getting them up to scratch moving over from paper to computer. They are not perfect, but they are getting there.”

“I would expect to find information when needed from care plans, but they are quite generic still - but they are getting better. We can’t always access them easily as the internet goes down or the system. However, I know my residents well so have a good understanding.”

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

“I would yes, but I would prefer to care for a family member at home.”

“No, but I wouldn’t want to go and live in a care home myself.”

“ I have done, my brother in law’s father is in another home locally and they are not happy with their care, so have recommended them to here.”

“That it depends on staffing levels, but probably not right now.”

Feedback from residents

All the feedback we received from residents was positive. Residents told us that their independence was respected and they felt able to control their environment in the home. One resident preferred to sit outside whilst another preferred sitting next to the French doors in the lounge area telling us *“this is my part of the building its not perfect but it’s me”*. The same resident told us that he was visited by friends and that he liked motorbikes.

Environment

"In the bedroom my bed is in the middle of the room as they like to move around me and I like it like that".

"I like my room"

Care

"I am waiting for a knee operation and I can get usually get outside myself".

"A lot of staff have gone, I don't know the deputy manager too well as I haven't been here too long".

"Staff don't bug me, they leave me to it".

"What I have found since I have been here, I am happy with"

Activities

"I think someone comes in to help with the exercise."

"I am very comfortable. From what I observed the staff are good and caring but I prefer the older staff."

"I like motorbikes they are freedom, my friends take me out."

Food

"I prefer to eat on my own in the lounge. I enjoy the food and I can ask for something else. The lady who does the cooking is very good and very pleasant."

"It's alright and there's plenty of it."

"They know what I like, I like lamb."

"I have choices like fresh fruit and Weetabix and others if I want it."

A RESIDENT'S STORY

During our visit we were fortunate enough to speak to a resident at length about his care journey at Springfield Cottage. He was happy for us to record this in the report.

When we arrived we were surprised to see a male resident sat outside reading as it was a cold day. He seemed comfortable enough at a trestle table and bench and he told us that he was originally from a travelling background (his mum had been a traveller), and he had worked the fairgrounds.

He told that he preferred to be outside and enjoyed the grounds. He said that the grounds were "peaceful" and he had seen all sorts of wildlife, squirrels and even a deer on the lawn.

The resident had undergone a double lower leg amputation and although previously living independently was waiting for suitable adapted accommodation in the community.

He revealed to us that the home were having a new wet room installed to accommodate his needs and how staff had reallocated an electric bed to him. He told us that support with his hygiene was available when required and "*I am learning to ask for help when needed.*"

He had been able to decorate his room to his taste and he used the lift and his wheelchair to navigate the environment. He confirmed that he was encouraged to access the community by taxi and felt supported in his independence. However, his ambition was to return to independent living. He also mentioned "*there has been a lot of new staff but they are nice and can tell if you are feeling down.*"

The resident was very open about how the amputations had affected his mental health and he called himself "*very independent and stubborn*". Likewise, he told us that the managers and staff are "*nice and supportive*" and he knows there is help if needed. The resident laughingly described the staff as "*crazy, but that is how I like it, and I have a good relationship with them.*"

The respondent was very appreciative of the care he had been offered and confided that he had been underweight and depressed when he had first

arrived at the home .However he declared "the food is lovely here!" They make really nice cakes and there is homecooked food with lots of choice.

There are options for breakfast, I can have a cooked breakfast if I wanted and its fresh. I usually eat later than the others, and that's fine, they accommodate this. There is the option for 3 hot meals a day plus supper. Cook leaves sandwiches and food out when they leave so people can pick. There's curries, salads, omelettes, anything you want they will make. You can get food on demand at night, staff will make things for you".

The resident told us that his favourite foods were lamb and steak because it recalled happy memories of his mum's cooking.

Needless to say he reported improvements to his mental health and a healthy weight gain.

The resident said that there had been positive changes to the social mix at the home he described the current residents as "lovely" whereas some previous residents were "challenging".

He told us that he was aware of some of the social activities at the home such as senior exercise and flower arranging but he was looking forward to the manager reintroducing more activities such as movie night and "fake away" night.

He also informed us that he had begun to learn how to use a computer and that this was another positive step in his return to independent living.

Response from provider

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