



healthwatch

Blackburn with Darwen

Branch Court Care Home

BB2 4QR

Tuesday 14th March 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:

Louise Bagley
Branch Court Care Home
Livesey Branch Rd
BB2 4QR

Staff met during our visit:

Louise Bagley (Manager)

Date and time of our visit:

Tuesday 14th March 2023 at 10.30am.

Healthwatch Blackburn with Darwen
Representatives

Michele Chapman (Lead)
Liam Kershaw-Calvert (Healthwatch BwD
staff)
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 Louise, together with staff, residents, and visitors, for making us feel welcome and taking part in the visit.

General Information

Branch Court Care Home is privately owned by Krinvest care group with places for 30. There were 12 vacancies at the time of our visit. The person in charge is Louise Bagley.

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

Methodology

The Enter and View representatives made an announced visit on Tuesday 14th March 2023 commencing at 10.30am.

We spoke to 9 residents and 6 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:

Unfortunately, Branch Court has a building design which does not prioritise outdoor space and this is also reflected in the approach to the main door. Representatives felt that the entrance to the home at the bottom of a ramp hosting the bin store and smoking area was dark and unwelcoming.

The outdoor garden areas were similarly lacking, being unkempt and evidently not accessed for some time, with one resident lamenting *“I cannot even go outside”*.

With some maintenance, new outdoor seating and resident activities focused around planting tubs and baskets, this area could be an additional amenity. It may have also improved the aspect from the downstairs windows and help residents connect to the outdoors.

Notwithstanding, the majority of staff and resident feedback from Branch Court was good and we found an open culture where people felt able to raise issues and be supported.

The new manager has taken over recently but is very experienced in her field and this was reflected in the comments we received from staff who reported having confidence in her (and the seniors) and a lift in staff morale with *“any problems, the manager is good.”*

Staff worked well as a team and valued each other *“I love it here. The girls are great and we all support each other.”* Indeed, the lunch observation prompted one representative to compliment *“it was a very impressive approach to caring for residents through meal time.”*

Staff were observed to be calm, attentive and encouraging, with a resident remarking *“I call them all my angels.”*

However, representatives felt there were missed opportunities to enhance the dining experience with the presentation of the food being one of them. One resident reported liking chilli or curry and these “world foods” could have been part of a themed dining experience as we discussed later with the activity coordinator.

One resident reported that she was unhappy at the home *“My family and friends are not round here; I am not from here so they cannot visit. I would be better nearer to them.”* (Representatives assume that an independent advocate has been offered to this resident.)

To conclude, representatives acknowledge that Branch Court is experiencing a period of positive change and that this is steadily being achieved by a caring and supportive staff base.

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 the visit representatives searched the internet for information about the home. This proved difficult to locate as there did not appear to be a dedicated website. On direction to the group (Krinvest care group) website the home was described as “purpose built” and there was an image of the building with basic details. However, we could not find any information about the interior of the home, the activities, or a sample menu.

A Facebook page was periodically updated but this too had little news or information about resident activities.

The home is a modern building, well signposted and easily located on the A6062 Livesey Branch Rd. It has 3 floors, the ground floor being office and communal facilities with the top 2 floors being resident bedrooms.

The home is well served by a local bus service, and local maps indicate a pharmacy and convenience stores nearby.

However, the parking provided is limited and representatives had to park offsite. There were no dedicated parking bays nor dedicated disabled parking bay. Disabled access is facilitated by a suitable ramp to the ground floor reception.

Green Amber

The external environment

Unfortunately, the approach to the reception area is dictated by the design of the building on the plot. It entails visitors going to the bottom of a ramp which has little natural light and is used as bin storage and the staff smoking area.

Later on in our visit the lead representative observed the outdoor green space to be very restricted and in need of routine maintenance. There was no significant planting or seasonal bulbs. There was some bench seating and a table and chair but it did not seem that these had been used for some time. Representatives did not find the approach or the grounds to be particularly pleasant or attractive.

The reception area was identifiable as the door at the bottom of the ramp (however as this didn't colour contrast to its surroundings we didn't spot it immediately.) We were given a warm welcome by staff who attended to us immediately. The door was noted to be secure.

Amber

The internal environment/reception -first impressions

Once inside the home presented as warm, clean and light with contemporary décor in restful colours.

The manager gave her time to speak to us and explained that she had not been in post long but had a lot of experience in her field. The manager demonstrated an open professionalism focused on an ongoing improvement programme. She told us the improvement programme included limiting resident numbers in the interim.

The majority of staff were identifiable by uniform however, one carer in a dark blue “seniors” uniform told us that she was new (8 weeks) and it was the only uniform that fitted her rather than indicating her position in the team.

Staff directed us to the visitors book and we observed the Healthwatch Blackburn with Darwen poster prominently displayed as requested.

Green

The observation of corridors public toilets and bathrooms

Corridors were bright, clean and clutter free. They were uniform but easily navigable with notices being dementia friendly in a written, colour coded and pictorial manner. Bathrooms and other public spaces were clearly identified and a handrail was noted in the corridors. Some prints and artwork were evident throughout the home. Likewise, flooring was generally wipe clean wood effect, or a plain carpet.

The ground floor had a lift which had the capacity to carry a carer and wheelchair, it was modern and easy to access. The 2 stair flights to floors 1 and 2 were similarly serviced by modern stairlifts.

Each bedroom at Branch Court has an ensuite facility of a toilet and sink. Each floor had 2 additional communal wet rooms or bathrooms complete with appropriate adapted bathing facilities. There were also communal toilets close to the lounge/dining area.

Representatives considered that the provision was suitable for the number of residents in situ. Similarly, bathrooms were noted to be clean and have raised seats and grab rails, but these were not colour coded. Handwash, toilet paper and toilet roll was noted to be in plentiful supply.

However, a bathroom on floor 1 was closed pending repairs to a shower thermostat and a bathroom on floor 2 was pending repairs to loose tiles and a refresh. This did not pose undue inconvenience to the residents, as the home was under capacity at the time of our visit.

One of the upstairs corridor fire doors had a pane of broken glass at hand level. This was safely covered by a temporary hardboard sheet but it gave the impression

(alongside other maintenance issues) that minor faults had not been dealt with in a timely manner.

Green Amber

The lounges, dining area and other public areas

There was a spacious and warm combined lounge/dining area to the ground floor. This was well decorated in contemporary style of light and relaxing colours with a bright and airy feel. Despite the atmosphere being calm and pleasant the team did not experience the area as “homely.”

Windows throughout the home were quite small (no doubt attributable to energy efficiency). As a result there was very little to connect residents to their outdoor environment, as the limited view was over unmaintained grounds and beyond that was a wall.

Internally a large clock and some signage orientated residents to the correct time day and date. However, there was an absence of a domestic feel with no plants or flowers, table lamps or person centred wall displays.

Much of the daily resident information was confined to a pillar in the lounge area. This was a difficult place to access as it had a table in front of it where 2 residents and staff were sat (making stick-on mosaic pictures in a book). Some of the information here was hand written and hand illustrated and referred to activities (although it was placed on the “Menu” blackboard) There was more confusion as the activity schedule did not correspond with the activity observed nor a weekly planner displayed elsewhere. When we asked a resident about the mosaic activity she told us *“I am not so keen on all this, I like bingo with Abigail, we play in the afternoon.”*

Representatives did not see a menu displayed; however, we noted staff asking residents of their preference prior to lunch. We also noted that hydration of juice was available throughout our visit.

In the lounge area approximately 20 armchairs were arranged around the sides of the room, there were no seat groupings or coffee tables to encourage social interaction. Nonetheless, armchairs looked comfortable and clean, and some were fitted with risers, air cushions and footrests. Residents had the option to use a mobile hospital table. Not all the armchairs had a view of the TV and although this was not an inconvenience at the time of our visit, it may have been if the home was at full capacity of 30 residents.

A TV was centrally mounted but unobtrusive and the activity coordinator told us that the TV had internet connection and could be used for YouTube.

Another TV (turned off) was situated adjacent to the lounge area in a smaller area which was occupied by a table which displayed some of the residents’ art activity. Representatives felt this area would be ideal as a relatively quiet spot perhaps to see visitors.

Initially 5 residents occupied the communal area and were observed being freely able to walk around using Zimmer frames. There was plenty of space and staff were around observing and ensuring safety. However, a large Connect 4 game had been left out on the floor and representatives felt that this may have been an unnecessary trip hazard, particularly as residents did not seem to be aware of its function.

Although it was nice to see both a fish tank and a resident cat for interest and interaction with the residents, none was noted during our visit. One resident reporting that she preferred dogs *"You get more from a dog, they understand people better."*

The dining area was very pleasant and clean, and it offered more opportunity for social groupings. Round tables spaced comfortably apart were set with dark red tablecloths, a patterned place mat, and cutlery with a napkin and drink tumbler. Some residents were offered adapted cutlery and specialized beakers for drinking. However, we did not see either menus on the table or condiments.

One resident was clearly impressed remarking *"oh look at those tablecloths."*

Representatives felt that should additional tables be added to accommodate a full occupancy the dining area would have been less comfortable.

Green Amber

Observations of resident and staff interactions

There appeared to be staffing levels sufficient to offer residents periods of one-to-one support, with one representative reporting *"Throughout the visit all staff were friendly and kind. Interactions with residents was lovely to see. I felt the team worked really well together and were calm and well organized."*

Carers were able to anticipate residents' needs, a resident was observed with a carer by an automated keyboard. The carer told us how much the resident enjoyed music. The keyboard had illuminated keys related to the tune however, the resident found the music too speedy to follow which may have been frustrating. Later, when the carer moved to attend to others the resident was left listening to the tune on repeat. Initially she was enjoying this however it was quite loud and annoying to others.

The carer noticed this, and lighter music was played via the TV. The resident was seen really enjoying this, the song titles being displayed on the TV.

Residents were observed to be comfortable in their environment and confident in their interactions with staff. One resident asked where a certain member of staff was, and when they arrived in the room, the resident was clearly happy to see that staff member.

Another resident showed representatives her nails, they had a little polish on them, but it was rubbing off, they had been painted the week before and were

due to be repainted, however, the carer reassured her they'd be doing them again that day.

Representatives observed staff offering residents alternatives "*Where would you like to sit?*" and "*would you like to come to the table?*" and when residents required hoisting this was done efficiently and with dignity. Carers were observed to join residents at the table and engage in conversation with them, knowing their names and their background.

During the visit the lead representative enjoyed a long conversation with the newly appointed activity coordinator about how activities could be expanded into themes and presented as occasions for the families to join in. We gave an example of how a mealtime could be themed to a country (example Spain) with Spanish food and a small glass of wine (where appropriate), how music and imagery could be included, hats worn, and residents encouraged to share their experiences of Spain, maybe sharing photographs of holidays to encourage reminiscence. One resident professed a love of ABBA, and it seemed a song night (complete with feather boas) would have been an enjoyable experience for other residents, staff, and visitors too.

The lead suggested an activity notice board to advertise themes and display artwork whilst updating Facebook to establish family and community links. There were similar conversations around a visiting exercise professional, and the use of memory boxes on loan from local libraries to encourage group conversation and reminiscence.

Whilst talking about outdoor activities the activity coordinator led us to an outside exit through an office. However, the door seemed to be stuck fast and would not open.

It appeared that whilst there had been some activities, the role was not previously a dedicated one, with the current postholder working 30 hours a week. The manager told us later that the activity coordinator role had been introduced as an improvement to the overall experience of the home.

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. We observed 9 residents sat at the table and 4 tables in total. 4 staff serviced the lunchtime period. 2 Staff were sat with residents, 1 was walking around making drinks and helping where needed. 1 was administering medication, but once done she went and sat with a resident.

Staff told us that lunch would be served at 12.30pm and prior to that from noon onwards, residents were assisted to the table. Staff were solicitous and explained to residents that lunch was going to be served later at 12.30pm.

One resident asked to be taken to the bathroom and several others were taken as a matter of course. However, the remaining residents did not seem to be offered hand washing or hand wipes before eating.

Residents were offered a choice of where they preferred to sit. One resident asked if they could sit with their friend, and the staff member had already set them a chair next to that particular resident.

Representatives noted that staff wore appropriate PPE for lunch service (with a minor exception of one carer applying her apron after giving out a lunch). Some residents had a protective disposable serviette attached to their clothing.

Likewise, it was nice to see the TV being turned off and light music (Elvis) being played to make the lunch experience more of a social occasion. This was clearly appreciated by some residents who were seen rocking along and singing to the music.

9 residents dined in the dining area sat at tables for 4 however, only 3 residents occupied the spaces which left 1 space at each table for a staff member. This practice enabled excellent supervision and encouragement. One representative remarking *“This was a very impressive approach to caring for residents through meal time.”*

One resident was sat on her own table, however a carer sat with her as she needed help with her meal. Later we observed a staff member encouraging her to eat by feeding her and constantly reassuring her *“does it taste good?”*. The resident was very comfortable, even putting her hand over the staff member’s hand cupping the fork when taking a bite.

Some residents were offered adapted cutlery and specialized drinking beakers. All of the residents were offered either orange or blackcurrant juice. Carers also served a choice of tea or coffee in quite large mugs however, some residents appeared to find these heavy to lift.

Lunch service commenced at 12.45pm with one resident requesting salt which was quickly accommodated. Another resident asked a carer *“what was for pudding?”* In the absence of a displayed menu the carer said she would find out.

Evidently the menu on the day was pork with mashed potatoes, cauliflower and gravy, or an alternative of baked potato with cheese and beans, with rice pudding or yoghurt to follow.

Plated meals were brought out by the carers on an individual basis, the food appeared to be of an appropriate temperature and quantity.

Unfortunately, representatives did not perceive the food to be visually appealing. Pale meat and potato and vegetable on a white plate meant the food

looked bland. Whilst coloured vegetables would have been a good visual and nutritional addition to encourage appetite.

Similarly, one resident who had Jacket potato, cheese and beans complained that she was “*fed up to the back teeth of beans*”. A carer said she would report this back to the kitchen. Although the resident ate only some of her lunch no alternative was offered.

However, other residents who left their food and said they weren’t hungry were encouraged to eat and offered alternatives.

Nonetheless, most of the residents seemed to enjoy the food.

The dessert of rice pudding and jam had a mixed response with some residents stating it was “*very nice*” and another resident was observed asking and receiving “seconds.”

One resident appeared to dislike the rice pudding, initially saying it was too hot for her. Another resident told her it wasn’t and that it was nice, and she should eat it. A carer asked if it was ok, and she said no she didn’t like it. The carer sat with the resident encouraging her and attempting to feed her the rice pudding.

Similarly, another resident was offered rice pudding. When she told the carer she did not like rice pudding an alternative of yoghurt or ice cream was offered. This too was declined. The resident said she felt sick and was reassured by staff that the doctor was going to see her about it.

Representatives felt that a non-dairy alternative to the rice pudding may have been better if offered, for example cake or fruit.

The meal service was calm and unhurried with help offered when necessary
“*would you like some help?*” “*Have you had enough?*”

Staff had a confident overview of the room and when one resident had a coughing episode, she was attended to immediately and continued to be monitored.

Likewise, when one resident left the table having finished his main meal and waiting for his pudding, a carer noticed and asked if he wanted pudding. He did, so with the carer offering to help him back to the table or to the lounge whichever he preferred, and she would bring his pudding.

We noted that this resident was the first to receive his main meal but last to receive dessert, at 1.25pm.

Feedback from residents

After some initial reticence residents seemed happy to chat to representatives about their experience of the home. The majority of respondents told us that they liked their room, it was warm and had a TV.

Respondents' opinions about the care they received were mixed as were opinions about activities, with most respondents reporting enjoying the food.

A resident seemed very anxious about her phone being lost for a period of time and anxious about her medication. Representatives raised this with the deputy manager who reassured us that the resident is given the medication that is prescribed.

Another resident said they had lived there for 12 months and didn't want to come at first, but her mind was soon changed when she arrived. *"Staff are all lovely"*. Her room is *"lovely"*, but they did have a problem with a resident walking into rooms and had to lock her door. One long standing resident told us that she had been at the home almost 9 years and was very happy there.

One resident (who struggles with vision and hearing) reported how they used to enjoy doing Arts and Crafts and listening to ABBA. They said that they used to go out on trips and go to Bingo in town. Similarly, the home had singers come to perform, *"but they don't do them anymore because of Covid"*. The resident said they would like to go out again with the home more, but their son takes them out for meals. Their son was visiting that afternoon. When family visit, they go up to their room.

Environment

"It is warm and comfortable."

"I walk with a frame. I do feel safe with it."

"I am not sure where I am or where I live but I have a nice room and I quite like it here."

"I have a TV in my room, It's nice."

"My bed is very comfortable".

"Laundry is frequent, every week."

"It's very comfortable".

"I'm happy here."

"I have my own room, it's very nice."

Activities

“My family and friends are not round here; I am not from here so they cannot visit. I would be better nearer to them.”

“I like a nice film”. (When asked if they get to choose programs or films) “not really.”

“I like Bingo with Abigail. We play in the afternoon.”

“I would rather be quiet; I don’t want to do anything. I deserve a rest.”

“I like hill walking but there is nothing for me here. I used to like baking too. They are trying to introduce things like games and things. I don’t like that idea.”

“I cannot even go outside.”

“I am not bothered about the cat. It’s no bother though.”

“I am not bothered about activities. I like TV especially Coronation Street.”

Care

Staff are very friendly. I don’t know all their names, but I call them all my angels.”

“The staff are good they just need a good manager.”

“I cannot get the medication I should have. I have terrible nerve pain. Staff do not understand because I look ok. The don’t understand my worries. I need the medication.”

“I am comfortable like this but I might be showing my knickers.”(resident wanting a nap and putting her feet on the table.)

“My mobile phone needed charging, so a carer took it away. I didn’t get it back for 5 days as they couldn’t find it. They said it’s not the worst issue.”

“They’re so good, I don’t have any problems.”

“Couldn’t have it any better.”

“If things aren’t right, you can always tell Louise.”

“I’m quite happy here.”

“I wouldn’t change anything.”

Food

“Food is good”

“it’s a bit too fussy with stuff added. I like plain food.”

“I like meat pie from Marks and Spencer.”

“Food is really good. I don’t know what my favourite is.”

“Food is really good. I don’t know if it’s all homemade but it’s good. I like the rice pudding.”

“The food is alright You get a choice of two meals, and you can ask for a drink whenever.”

“I like pie I get to have my favourites.”

“The food is okay it’s brought to my room as I prefer to eat alone.”

“I would like chilli or curry.”

“The menu is shown the day before and you make your choices then, but you can change it on the day. I didn’t fancy the soup one day, so I got a sandwich instead.”

Staff views

The staff we spoke to had worked at the home from a matter of weeks to 11 years, with all the staff reporting enjoying their work at the home. *“it’s much better than the previous home I worked at because the day team and night team work together rather than against each other.”*

Staff were open in discussing a recent period of difficulty at the home with one staff member confiding that the previous management had *“not been good”* and they had thought about leaving and looking for another job. However, they praised the new manager for supporting with everything including work and personal life, and this had made them want to stay.

Another staff member told us *“There is a big difference now than before Christmas.”*

Staff were well informed and objective about the home reopening fully to 30 beds, commenting on staff ratio to residents and believing that staffing should be based on residents’ dependency level rather than numbers.

Representatives felt that the staff presented as a happy team with good morale whilst moving out of a period of difficulties. One staff member remarking *“residents now receive the care they need.”*

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

“I am the activity coordinator and I work 30 hours a week. I started in January, and I am still finding my way.”

“We are ok at the moment while we have not so many residents.”

“There are some days when we are short staffed. If we cannot manage then seniors try to get extra staff in.”

“Yeah, we have enough staff.”

“Sometimes it’s difficult when staff call in sick and it’s not covered.”

“Yeah, though it can be hard sometimes.”

“Yep, with the right management.”

How does the organisation support you in your work?

“My manager is very flexible and she is going to try and arrange some Activity Coordinator training with BwD council.”

“Seniors are very approachable.”

“I am bank, I can choose the shifts I work which fits in with my family. The manager is flexible with my start time as I have to take children to school.”

“Training is still being done online. I think they are organizing some moving and handling face to face training soon.”

“We have regular staff meetings. We have already had 3 since I started 8 weeks ago.”

“I am aware of the Safeguarding procedure and who to report to”.

“I love it here. The girls are great, and we all support each other.”

“Any problems, the manager is good.”

“There’s always training available.”

“Training is all online - if you fail, you do it again.”

“Updated training every year.”

“There’s enough training and I feel supported throughout.”

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

“I haven’t had any training yet, but I am personally very comfortable dealing with these issues.”

“We treat all our residents the same.”

“People’s differences doesn’t change anything.” (When asked about LGBTQ.)

“We would have to regularly check on them”

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

"I would look at someone's personal file because that would tell me if some activities would be unsuitable."

"We get to know all our residents."

"I know how they all like certain things e.g. 6 tissues for bedtime, how a resident likes the curtain partly closed."

"Yeah, you get to know and understand what the residents want and need."

"I paint their nails for them."

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

"Yes, they are friendly loving staff."

"Yes, I would."

"I would now, but not previously."

"Sure, I wouldn't before with the problems they had, but possibly would now."

"Yes, I would" (mentioned about her Nan possibly moving there).

"Yep." (said her Grandad might be coming there).

Response from provider

Healthwatch Blackburn with Darwen

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