



Queens Lodge Nursing Home

[Enter and View Report](#)

23/05/2023

10.30am

healthwatch

Blackburn with Darwen

DISCLAIMER

This report relates 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:

Janine Davidson
Queens Lodge
Haslingden Rd
Lower Darwen
BB2 3HQ

Staff met during our visit:

Janine Davidson (Manager)

Date and time of our visit:

Tuesday 23rd May 2023 10.30am

Healthwatch Blackburn with Darwen
Representatives

Michele Chapman (Lead)
Danielle Rouane (Volunteer)
Michelle Livesey (Volunteer)



Introduction

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

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

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

Acknowledgements

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

General Information

Queens Lodge Nursing Home is privately owned by Constantia Healthcare with places for 36 residents. There was 1 vacancy at the time of our visit. The person in charge is Janine Davidson. Information obtained from carehome.co.uk states that the home provides care with nursing for the elderly and those with a physical disability from the age of 18 plus.

Methodology

The Enter and View representatives made an announced visit on Tuesday 3rd May 2023 at 10.30am.

We spoke to 14 residents, 6 staff and 1 relative, 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:

Queens Lodge was a pleasure to visit. The home was comfortable, clean and bright and both staff and residents were happy to engage with representatives.

The home is currently undergoing a programme of building works including an extension and part refurbishment to the existing building. Whilst building work disruption had been kept to a minimum, residents reported missing the conservatory which had been removed some months earlier. Representatives understood there were planning reasons for the delay in the replacement orangery but wondered whether a temporary gazebo to the rear of the property (during summer months) would provide an interim solution.

Staff were observed to be respectful and considerate of residents, prioritising person centred care and understanding individuality. Residents who responded told us *“I feel safe and it’s like home”* describing staff as *“hard working”* and *“excellent.”* However, several residents raised issues with the availability and portability of emergency buzzers which we passed on to the area manager.

All the feedback we received about the food was positive. People told us how much they enjoyed it and representatives observed the dining experience as providing good quality food and service in an impressive dining area. One representative reporting *“this was a pleasure to observe!”*

We observed residents engaged in activities and the activity coordinator seemed dedicated and knowledgeable. One resident told us that she was a *“lovely person.”* However, another resident said *“I probably would like to go out more.”*

All of the feedback from the staff we spoke to was positive. There appeared to be mutual respect between staff and the management with the manager being described as *“flexible”*, *“supportive”* and *“approachable.”* It was particularly good to hear of the levels of support offered to staff around training and work/life balance as these are things identified in retaining a happy and stable workforce.

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 the visit representatives took the opportunity to view the website. This was easily located and well presented with imagery of the environment and an engaging video featuring residents and staff members. We also looked at the Facebook page which had been updated with photographs of resident activities most recently the kings coronation celebrations.

The home is situated in an elevated position on the A6077 with lovely views of surrounding countryside to the rear. To the front is the site of the Royal Blackburn hospital, (which ensures that road and transport links to the area are good.)

We looked for amenities close by and we could see that a large Asda (and pharmacy) were a short drive away. There were nearer convenience stores but these would be difficult to walk to for those with mobility issues.

Although the home has a signpost, the land from the A6077 “falls away” to the care home so it is relatively secluded, and together with a high hedge, it makes it difficult to spot for those not from the locality.

Parking was restricted at the time of our visit, attributable to ongoing building works taking up some of the car park. However, maintenance staff were able to find all 3 representatives space to park and we noted that when we left in the afternoon there were ample parking spaces. We did not see a dedicated disabled parking bay, however, we saw visitors being able to alight from transport directly outside the main entrance to the home.

Green

The external environment

The external environment was extremely pleasant and well maintained with seating and a pond to the front, where we observed both residents and staff relaxing. We saw a member of the maintenance team mowing the grounds to the rear of the building, and these too had a pleasant paved seating area with tables and chairs.

The building itself is relatively modern and purpose built with extensive grounds. At the time of our visit building works were taking place to extend another residential wing to the existing building. Disruption had been kept to a minimum and the manager told us later that the projected end date for the works was August 2023.

However, several residents later mentioned that they missed the conservatory which had connected them to the outdoors. (The conservatory being removed more than 12 months earlier to make room for the footings of the new orangery.) When we spoke to the area manager later she told us that delays were due to a

planning issue whereby the total square footage of the extended areas had exceeded initial permission, and this had been resubmitted.

We found the main reception easy to locate and the secure front door was answered in a timely manner by staff.

Green

The internal environment/reception -first impressions

The manager came to meet us and she was very helpful and welcoming, offering us drinks and lunch later on in the visit.

The reception area was clean, bright and light. We signed into a visitors book and gelled our hands. The spacious reception was occupied by a long countertop above which was an visual display on a TV screen. The visual display acted as a noticeboard for visitors with staff photographs, menus etc being displayed, staff being clearly identifiable by uniform.

The reception area was open plan and we could see through to a small dedicated library area with comfortable seating, a desk, coffee table and traditional décor. We could see that the library area was well stocked with books and a trolley indicating that books were taken around the building for residents to choose.

The Healthwatch Blackburn with Darwen poster was prominently displayed as requested.

Green

The observation of corridors public toilets and bathrooms

Corridors were observed to be wide, well-lit and easily navigable.

However, there was very little dementia specific signage or colour coding, which must be seen in the context of the home not being dementia specific.

Both the corridors and main rooms were decorated in a traditional style wallpaper, lighting and carpeting. Despite the décor seeming adequate, the manager told us that ongoing upgrades were planned to both soft furnishings and décor with the replacement of carpeting to modern wood effect laminate flooring.

Further upgrades were scheduled for residents' bathrooms, whilst all had a toilet and sink (and some had a bath) the provider intended to install a level access shower in each room. Likewise, the majority of the beds were nursing style beds with improved accessibility. The manager reported that any remaining divan beds were to be phased out.

Similarly, the home still had a small number of shared rooms to accommodate couples. These were to be replaced by single accommodation as and when they became available.

Given that each resident's room had ensuite facilities, we considered the provision of public facilities to be adequate with a block of 3 WCs directly from the communal areas and further bathrooms providing adapted bathing facilities.

All the bathroom facilities we saw were clean, furnished with appropriate adaptations and adequate supplies of handtowels, soap and toilet rolls. Indeed, cleanliness was a theme echoed throughout our visit with cleaners being observed in situ.

There were a number of notice boards in the corridors and representatives were drawn to the plans of the new wing of the building which had been displayed for the residents' information. The architectural plans were exhibited alongside samples of the proposed furniture and an impression of how a planned hydrotherapy pool may look.

Representatives also noted the display of an activities schedule, a daily menu and "You said we did" noticeboard.

Green

The lounges, dining area and other public areas

The public areas were largely open plan but very spacious and broken up by a small enclosed TV room at the centre of the space.

Each end of the TV room had a screen serviced with cosy seating (back to back) depending on which TV programme you wanted to watch. At the time of our visit 2 residents were each watching a different programme and we wondered if this was confusing/annoying. However, each resident seemed quite happy and when we spoke to one he told us, "*I can choose what I watch.*"

Both the residents appeared to enjoy watching TV "alone" with a representative remarking that they looked so comfortable "*it felt like I was seeing them in their own home.*"

An adjacent attractive and welcoming lounge area also had a large wall mounted TV but this was not turned on. The lounge area overlooked the rear of the facility and the number of windows made for a light and airy environment with pleasant views over the landscape.

Seating was grouped in 3 main circular areas with a variety of comfortable armchairs some of which were adjustable or had footrests suited to the resident's needs. The arrangement of the chairs interspersed with coffee tables encouraged social interaction and we observed residents chatting to each other, with one resident offering us his daily newspaper to read. The activity coordinator was also in this room, drawing as many people as possible into conversation. We could hear her asking people how they were, and she clearly knew them, their preferences and their background.

Likewise, we observed a care staff member in conversation with a resident when a room call bell was activated. The carer attended to the call right away but not before showing respect to the resident *“excuse me I just have to go upstairs”*

Despite some residents being unable to respond to us, through observation and interaction it could be seen that all were well dressed, comfortable and looked content.

One resident seemed relaxed in a recliner chair and in a quieter area of the lounge. However, she became agitated by our presence and fearful of being approached. Staff spotted this immediately and went to her side to reassure her in an unobtrusive manner promising *“I will take you outside after dinner.”*

The extensive dining area led from the lounge areas and was very impressive equalling the environment you would expect in a commercial hotel.

To the right as we entered was a large breakfast bar populated by clear containers dispensing various cereals. Fresh fruit and juices provided a buffet style experience for those who preferred it. The manager explained that this had recently been introduced to enhance choice and promote independence, mobility and appetite.

A wall mounted main menu was also displayed.

The remainder of the dining room was set with a number of round tables seating four on each. There was ample room between the tables to accommodate walking aids and wheelchairs. The tables were invitingly set with blue table linen and napkins, cutlery (non-adapted), drinking glasses and condiments. In the centre of most of tables was a seven day menu *“Bold Venture Menu”* detailing the meals on offer. The manager told us that all the meals were made in-house and alternatives were available to the menu if requested.

The menu was expansive and appeared appetising borne out by resident comments *“I like the food. There is always plenty. The breakfast is excellent, but we have so much I don’t always need a lunch”* and *“the cook makes a beautiful sponge.”*

On the day of our visit the lunch was a starter of tomato soup followed by cheese and onion pie and vegetables or sandwiches. Dessert was sultana sponge cake with tea and coffee freely available. Each daily menu seemed equally tasty, on the day before our visit (Monday) the menu had been carrot and coriander soup followed by Lancashire hotpot and vegetables or sandwiches and cherry cheesecake.

The manager guided the lead representative to the upper floor (which had lift access). She was able to show us a second smaller lounge area which again had comfortable seating and appeared very homely. The manager told us that this more private lounge was often used for small gatherings like birthdays. The representative agreed that this was an ideal place for residents to host their family and visitors.

Close by was a dedicated hairdressing salon complete with two washbasins and a comfortable waiting area. The room décor replicated the experience of a commercial hairdresser.

Green

Observations of resident and staff interactions

The environment at Queen's Lodge was calm and informal yet professional, leaving representatives with the impression that staff had confidence in the leadership. A staff member told us *"I get regular supervision and I would feel comfortable raising concerns if I needed to"*. One representative reported *"I was especially impressed how well the care staff worked together as a team. There was lots of evidence that carers knew residents well and there was lots of evidence of attention to individual's needs and preferences."*

A representative was able to speak to the activity coordinator at length about her role at the home. The staff member emphasised the individuality of the residents.

She explained how one resident was comforted if she has a toilet roll to hold. Although the resident could not engage in actual physical activity, she liked watching the coordinator making bead jewelry which she then enjoyed wearing.

Likewise, a married couple liked to spend time together and enjoy a ride out in the country. (The activity coordinator is insured to drive residents and takes those that can be transported in her car.)

The coordinator explained how she focused on person centered practice. *"Spending time with residents is my priority"* She also spoke very knowledgably about worthwhile and meaningful engagement, *"activities need to be real."*

We observed the activity coordinator interact with a resident who seemed to have little response. However, with a little encouragement the lady became absorbed in painting a stone for the new garden, and began to reminisce. The staff member telling us *"having life experience helps in my role."*

In further conversation the coordinator explained how much a farm activity day had been appreciated with *"All the residents and staff involved and family and friends were invited"*.

Other social events are organized and when professional entertainers are engaged *"I sit with residents to encourage involvement and then serve snacks and sometimes drinks like wine or sherry."*

She told us that plans were afoot for a "Blackpool day" and garden centre days (using Travel Assist).

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.

Residents were encouraged to the dining area by staff in an unhurried manner however it was unclear if they had been offered handwashing/handwipes prior to being seated.

Lunch was a very relaxed and convivial experience with service commencing at about 12.30pm and some residents remaining at the table for more than an hour or so.

Representatives were impressed by the social enrichment during the mealtime with residents beckoning their friends to join them. One representative recorded *“engagement across the room, between tables and between individual residents.”*

Indeed, the activities coordinator continued to be present during the lunch period walking between tables and encouraging singing and conversation.

The lunch service was provided by 6 staff. Staff were noted to be wearing appropriate PPE and residents who required protection for clothing were provided with Velcro napkins. Further support was offered in the form of plate guards and specialized drinking cups. Representatives noted that water was available at each table with tea and coffee being available from a drinks trolley.

The lunchtime was observed to be very well organised, staff being aware which residents needed support with eating, these residents had their food cut up quickly and discreetly.

Representatives noted that 2 residents required support with pureed food. Both staff attending them were heard explaining and pointing out what each pureed item was. The staff members were heard to gain consent to support the resident whilst also encouraging independence, where possible. Representatives observed good practice, such as encouraging the resident to taste the puree and attempt to hold the cutlery together with staff. The staff did not rush the residents, they were supported based upon the speed at which they chose to eat.

Likewise, staff were observed to offer a high level of attentiveness throughout the meal. One resident's cup of tea was cold by the time she finished her pudding. Staff quickly realised and brought a fresh one. Another resident dropped their napkin and was struggling to bend down so a staff member responded quickly.

When the first course arrived all the residents at each table were served at the same time with some residents receiving their starter (tomato soup) in a beaker. One resident remarked that she didn't usually like soup - but *“really enjoyed it.”* A staff member who was serving food noticed one resident was not eating their soup - they gently prompted and provided suggestions to alternative options such as sandwiches and dessert.

One resident declined the soup and then the main meal, stating she did not like cheese pie. Staff were very persuasive and offered her many alternatives. The lady was reassured by the staff and she did eventually have a pudding (which staff fed to her as she had an arm injury).

The main meal was served when all the soup dishes had been cleared. The main meal was as per the menu being cheese pie with mash, vegetables and gravy. Representatives observed the meal to be of sufficient quantity and appropriate temperature. A representative remarking the meal “*looked appetizing and nicely presented.*”

One resident was offered support to cut their pie as they were only eating the vegetables. The resident responded they were “*leaving the pie till last*” and staff respected this, reminding the resident to ask for help if they needed. At one point a resident eating pureed food began to cough however, staff remained calm and responded quickly and appropriately to this.

Moreover, staff were noted constantly assessing and observing and were quick to respond should anyone need support whilst ensuring residents were enjoying their food.

One resident requested his pudding before the rest of the diners as he had finished his main meal quickly. This was accommodated speedily and without fuss.

The remaining diners were offered pudding after the main course dishes had been cleared. The sponge pudding of the day (sultana sponge cake) was reported as “*excellent*” by the residents with one declining pudding, stating that he was “*putting on too much weight with all this food.*” Representatives could see that he was not alone in enjoying the food, with several residents requesting and receiving seconds.

As residents began to leave the dining room we could hear them voicing their appreciation to the staff, as staff guided them to the lounge, bedroom or bathroom.

Additional information

A resident discussed with us how they would like an alcoholic drink for their birthday but that they were “*not allowed*”. When we spoke to staff they clearly knew the resident and explained that the resident was supported to have a small drink, but discouraged from more due to their medications.

Feedback from residents

Resident feedback was generally very positive with one resident describing her room as “wonderful.” Another resident reported feeling “safe” with feedback about the food being overwhelmingly positive. Residents told us that they could get tea at any time whilst “everything made is beautiful.”

However, one resident reported a lack of staff in downstairs areas at handover time in the evenings. She felt that this and the lack of call buttons in the main area made her fearful when other residents attempted to manoeuvre themselves. She told us that she often had to call out to other residents to wait for the staff and this left her feeling “like a carer”.

Similarly, 4 residents remarked that although they had a portable buzzer in their room they found them too heavy to carry to other areas. “This is a problem if we are walking along corridors or in the library. We cannot ask for help if needed”.

Several residents reported being frustrated about the long wait for the new orangery to be built.

Environment

“I could do with a bit more room because I can’t walk very well and I can use the furniture to hold onto in the space I have now”.

“I would like to sit out, they pulled the conservatory down about 15 months ago and I have missed it.”

“The room’s nice and the bathroom. It’s really alright and nice down here (living room). I was in here before and it’s the same, it’s alright.”

“There is nothing I don’t like about it here, but I do want to go home when I can.”

“I have a nice room; it is very comfortable.”

“Yes, I have a room of my own. I have a television and my family can come to visit in my room.”

“I have my own room, it’s ok but not like home.”

“I haven’t been here long. My family chose the home for me. They showed me photographs which helped me to decide this was going to be ok for me. It was like heaven walking into my room. It was lovely and bright and airy. The curtains were open, and I thought..... wonderful.”

“The old one (conservatory) was taken down and we have waited more than a year and there is no sign of it being done.”

Activities

“My sight isn’t very good and I like talking books.”

“I probably would like to go out more.”

"I also like walking, and knitting and sewing jumpers and cardigans."

"We just would like to get outside."

"I like to be quiet and watch TV."

"There are activities. Barbara (activity coordinator) is a lovely person. I sometimes like to join in. We have choice which is important."

Care

"They are very helpful."

"Staff are about when needed, my daughter likes it here to come visit me."

"Oh, it's very good here."

"The staff are excellent."

"They work so hard you know."

"I feel safe and it's like home."

"The buzzers are an issue. I was once helped to use the commode, but the carer did not leave a buzzer where I could reach it. I was 45 minutes waiting for help. I now make sure I have the buzzer."

"The buzzer is too heavy for me to carry to the library."

"There is new management so it's not the same. Just a bit different"

Food

"They have alternatives like sandwiches."

"I like the food, - good choice". (Resident recalled a meal which brought back good memories as their mother used to make a similar meal and they not had it in a number of years.)

"We have good food, and we can choose"

"Excellent, everything made is beautiful. The cook makes a beautiful sponge."

"I like the food. There is always plenty. The breakfast is excellent, but we have so much I don't always need a lunch."

Relatives and friends' views

The lead representative had the opportunity to speak to a resident's daughter who had a comment to make about the Enter and View process which we have recorded in the interests of transparency.

The relative did not think that our poster in the reception was sufficient notice of our visit and would have preferred being contacted directly in advance. The lead explained that to ask for relatives' contact details would be a breach of confidentiality on the part of the provider, therefore we do not request this information. However, respondents are also able to contact our office by telephone or email (details on the poster) to ask for comments to be recorded retrospectively.

Staff views

Staff demonstrated a good awareness of person centred delivery. The activity coordinator explaining *"This is their home, and I will help them any way I can."*

She also described how receptive the manager was with requests to hold events and negotiate funding for these.

We observed staff to be respectful and thoughtful, seeking to empower residents where possible. We saw staff working well as a team, contributing to a very pleasant atmosphere at the home, *"We are a great team and work together."*

This extended to an appreciation of the support offered by the manager of the home from all the staff who responded to us. Staff told us that they had regular training and they felt comfortable raising concerns. One respondent describing the manager as *"flexible and supportive."*

There seemed to be a stable staff base at the home with all the staff who answered this question stating they would recommend the home to a close friend or family.

Although there was no specific knowledge around LGBTQ+, there was in depth knowledge of individuality and consulting friends and family in addition to the resident, with one staff member feeling sure that any relevant training would be offered.

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

"I am a keyworker and I am confident there is enough staff on should I need to spend more 1:1 time with my key resident."

“Staff sickness can cause issues. Seniors do try to get cover but it’s not always possible.”

“We are a great team and work together.”

How does the organisation support you in your work?(for example training, flexible working hours, team working, reporting safeguarding issues etc)

“We do our e-learning on Hippo now and receive face to face training where needed e.g. Moving and handling. I wasn’t very good on the computer in the beginning, but they allowed me protected time and supported building my skills on the computer.”

“I can speak to the manager and deputy if I need flexibility. I lived on my own during COVID and on my days off the manager called me to make sure I was ok and if I had enough food in, and checked in about my wellness”.

“I get regular supervision and feel comfortable raising concerns if I needed to. I haven’t felt the need to yet however.”

“We get chance to attend staff meetings on a bi-monthly basis.”

“We have regular training. Some is online and we have face to face in house training such as moving and handling.”

“The manager is very supportive.”

“The manager is approachable”.

“The manager is flexible and supportive. I was allowed to work reduced hours to meet my own personal needs.”

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

“We did used to have residents with these needs and were supported in person centred planning, however I am not currently aware of any residents with these needs and I would say I have a good understanding of all residents here. I know based on the past if we were to get a new resident with individual needs - we would receive training before they came in.”

“We do this by communication and observation. We may need to speak with family and friends to get more information about some residents.”

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

“From care plans, they are much more comprehensive than they used to be. We are now on electronic care notes so can easily access the information we need rather than flicking through files. It’s much quicker.”

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

“Yes absolutely very much so, I wouldn’t be working here if I didn’t.’

“Yes 100%”

“I recommended my sister come to work here and now she does.”

“I love coming to work.”

Response from provider (by email 10/07/2023)

Hi Michele

I would just like to keep you up to date with Queens Lodge. Since your visit we have now appointed a LGBT champion and we have held a Pride day. Residents, families, and staff had a great day. Thank you again for your report and suggestions and we look forward to seeing you in the future.

Kind Regards

Janine Davidson

Janine Davidson

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