



Linden House, Blackburn, BB1 2BE

[Enter and View Report](#)

20/06/2023

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:

Linden House  
Delph Lane  
Shadsworth Rd  
Blackburn  
BB1 2BE

Staff met during our visit:

Sarah Murchie (Manager)

Date and time of our visit:

Tuesday 20<sup>th</sup> June 2023 10.30am

Healthwatch Blackburn with Darwen  
Representatives

Michele Chapman (Lead)  
Liz Butterworth (Volunteer)  
Michelle Livesey (Volunteer)  
Katie Merry (HBwD staff)



## 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](http://www.healthwatchblackburnwithdarwen.co.uk)

## Acknowledgements

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

## General Information

Linden House is privately owned by Linden House Residential Home Ltd with places for 63 residents. There were 5 vacancies at the time of our visit. The person in charge is Sarah Murchie.

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

## Methodology

The Enter and View representatives made an announced visit on Tuesday 20<sup>th</sup> June 2023 at 10.30am.

We spoke to 14 residents, 5 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:

Linden House presents as satisfying all the environmental conditions expected of a care home. It was spacious, light, clean, seemed sufficiently staffed and comfortably furnished. In respect of the environmental assessment the home would be evaluated as a **Green**.

However, our reports are collated as a combination of feedback from residents, staff and visitors and the observations of representatives recorded on the day.

In respect of these observations 4 representatives attended Linden House to ensure that as a larger care home the maximum of responses could be gathered. Likewise, the number of representatives in attendance allows for a variety of opinions and an opportunity to crosscheck information and observation. 14 residents responded to us.

The information collected from observation and responses was at variance with the environmental assessment.

We saw more than one occasion whereby the resident's dignity was not observed. We saw personal caregiving without consent being requested and residents refusing consent, and this being ignored. We considered this to be done in a manner which infantilised the resident. We saw a resident being spoken to unkindly in a manner which one representative described as "*aggressive*".

Some of our observations also appeared to highlight a lack of systemic accountability in the discharge process between hospital care to social care (for example a lack of clothing on discharge from hospital). Regardless, a resident was observed to be inadequately dressed.

Similarly, it was unclear whether a person exhibiting poor practice taking blood samples at the dinner table was an external or internal member of staff.

The hairdresser is acknowledged as external however her visits are subject to the endorsement of the provider, as are all the professionals who attend the care home.

Feedback from respondents was also varied but some of this was concerning in respect of missing items and the insecurity of residents' bedrooms.

One resident spoke of not being able to have her hair done or buy clothing because her granddaughter managed her money. She told us that, and she was unable to contact her granddaughter due to her mobile phone going missing from her room 2 weeks previously. This person said she had no access to funds for clothing or personal items. This compromised her dignity.

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

**Amber Red**

## Enter and View observations

### Pre-visit and location

Prior to our visit representatives took the opportunity to view the home's website. We found this easy to locate with information and photographs about all aspects of the home (albeit basic). We also found a Facebook page which had photographs of the daily activity and achievements of staff and residents at the home however, this was last updated in February 2023.

The home is situated on Shadsworth Road and easily navigable from the main Blackburn hospital. Whilst there are coffee shops, grocery stores and a pharmacy nearby these would be difficult to reach by residents on foot however there are 2 bus routes on the main road with stops close by.

The home is set back off Shadsworth Road on Delph Lane and a gateway leads through to the carpark which was well maintained with ample designated spaces including a dedicated disabled space.

## Green

### The external environment

Linden House is situated in a pleasant area next to school playing fields and is not overlooked. The home is a low-level building with bedrooms on the "wings" and seems reasonably maintained.

The external social areas are within the curtilage of the building as a large courtyard accessible from the living areas.

It was raining on the day of our visit and there were no residents in the garden area, but we could see wooden garden furniture, outdoor lighting and raised beds in the paved area. It seemed like there was a central water feature, but it was not turned on. There were further smaller covered outdoor areas for smoking. A covered outdoor area for the dementia unit had artificial grass and was decorated with umbrellas, the manager describing it as a "chill out zone." Due to the weather, the outdoor areas were not occupied with the exception of the smoking area used by both residents and staff.

The building was clearly identifiable with the home's name, and reception was easy to find. We noted the doors to be secured, and we were admitted immediately by the staff.

## Green

## The internal environment/reception - first impressions

The manager came to greet us, and she was very welcoming. Representatives identified themselves to her and signed in the visitors' book. We noted that the Healthwatch Blackburn with Darwen poster was prominently displayed as requested. The manager later gave her time to show the lead representative around the building.

The majority of the home's staff were identifiable by uniform aside from one lady whose job it was to bathe and shower residents. When we spoke to this staff member, she told us how much she enjoyed her job and how the bathing time was an opportunity for one-to-one interaction, learning about the residents' lives.

Our first impressions of the reception area were very positive, it being spacious and well-lit, with comfortable seating and coffee tables around the perimeter. We could see a notice board "Staff on Duty Today" this indicated there were 7 care staff on duty, supported by the manager, housekeeper and office staff. A further noticeboard displayed a "You said We Did" survey from February 2023 with the provider's responses. It was evident from the survey that residents had asked for more structured activities and the provider had indicated that an activity coordinator would be employed from the "next rota".

Unfortunately, an activity coordinator wasn't in attendance at the time of our visit. A schedule indicated that, pamper sessions, tea and chat sessions, music and card games were available. It did not appear that the schedule had been updated for some time, as it referred to events at Easter. We noted that the activity scheduled for the day of our visit was a hairdressing service. The hairdresser duly arrived shortly after we did at 10.45am.

## Green

### The observation of corridors public toilets and bathrooms

Corridors had been subject to recent redecoration and were light and bright with wipe clean nonslip flooring. Likewise, nostalgic prints and photographs were complemented by dementia friendly "twiddle boards" and other items of interest. Overall, the home was well provided with dementia friendly signage and adaptations, and we saw colour contrasting handrails and ceiling tiles lit to resemble the outdoor sky. Doors to residents' bedrooms were identifiable by number, signage, colour coding and name. Some residents' doors had memory boxes and photographs.

The manager took the lead into an empty bedroom, and it was noted to be spacious and clean. The manager showed the lead an illustrated "one page profile" situated in each bedroom. This gave a brief outline of the resident's likes and dislikes and helped staff familiarise themselves with the resident.

Representatives considered there were sufficient public bathrooms to service the number of residents, with ensuite facilities and wet rooms being available in many of the bedrooms.

All the bathrooms we saw were observed to be clean and well stocked with towels, toilet rolls and soap. Some of the bathrooms had adapted bathing facilities and raised toilet seats and grab rails. Some toilets had colour contrasting toilet seats.

## Green

### The lounges, dining area and other public areas

The social areas looked spacious and comfortable. There was a dedicated dementia lounge and dining room, but residents could mix if they preferred.

The lounges appeared homely. We saw adjustable tables, soft furnishings, and wall décor, including dementia friendly wall clocks. Similarly, they were furnished with a variety of armchair seating, some chairs were adjustable, others were fitted with risers. There were coffee tables scattered about the rooms and TVs were mounted in each area. The dining areas were open plan to the lounges and there was access to the internal courtyard area.

There were 2 areas for dining with most of the dementia residents confined to the smaller. Both areas were similarly equipped with square brown tables and wipe clean padded chairs. Some of the tables in the residential dining area had condiments and a floral table decoration. Tables were set with non-adapted cutlery, we did not see evidence of a menu on the table and a wall mounted menu board was blank. A menu board in the dementia dining room was written up but it did not reflect the meal we saw. (Residents told us later that their meal was chosen in the morning as the staff came round with a list.)

A corner of one room had been allocated as an activities area with a whiteboard sign "Welcome to the activity corner. Please help yourself." We could see boxes of equipment stacked on the shelves and a small snooker table. However, there was no evidence of residents taking part in activities at the time of our visit.

The manager showed us a very well equipped and attractive hairdressing area with a nearby professional backwash. The hairdresser was in attendance during our visit however, we found her interactions with residents to be concerning.

The visiting hairdresser did not appear to have an appointment system rather attending the lounges actively soliciting clients, unfortunately some of these approaches were made during the lunchtime when residents were in public and eating. When approached, one male resident clearly told the hairdresser that he did not want his hair cut.

Hairdresser : *"Come on you need a haircut"*.

Resident : *"No I am ok."*

Hairdresser : *"Come on it needs doing it's long, your eyebrows need doing too"*

Carer : “Go on get your hair cut”

The resident then followed the hairdresser for his haircut. This compromised the resident’s dignity, and his choice to refuse consent.

We saw further instances of the hairdresser referring to residents as “*this one*” and talking loudly across the room about whether they had the money to pay for service “*Is it about the money?*”

The hairdresser was seen approaching another resident while the resident was eating asking if she would like her hair done. The resident said no she didn’t. The hairdresser was quite encouraging but left the lady, soon returning and was heard asking the resident if she had any money. The hairdresser called over to a carer enquiring what the situation was regarding this resident paying.

The resident appeared embarrassed.

Representatives considered that this compromised the residents’ dignity, choice to refuse consent and confidentiality in respect of her monetary situation.

## Amber

### Observations of resident and staff interactions

Staff were clearly very busy and hardworking. However, when we observed the interactions between carers and residents there was a lack of consistency. Some carers were seen as offering person centred care “*would you like a blanket.*” One carer who was responsible for the bathing and showering explained how valuable the bathing times were for person centred interaction.

Residents told us how staff had gone on errands for residents in their own time and one staff member was observed to be very solicitous when supporting a lady in a wheelchair to eat.

Likewise, we saw instances of staff and residents engaging in humorous banter and the manager was observed to attend to an agitated resident in a calm and empathetic manner. Indeed, one resident told us “*Staff are kind. Every now and then they will give you a hug. I need a hug and I don’t have anyone else.*”

Indeed, the responses we received from residents about staff were largely complimentary.

However, we also saw instances of task focused and unresponsive behaviour. We overheard an inappropriate conversation between a resident and a staff member with one representative interpreting the exchange as “*aggressive*”.

The representative observed that a staff member was on the phone and becoming increasingly frustrated and impatient with a resident who was interrupting her. The staff member was heard to exclaim.

*“I am on the phone! That is really rude, roll on Thursday at 8pm when I can get out of here.”*



Unfortunately, this may not have been an isolated incident with another staff member telling us later *“some staff don’t speak nicely to residents.”*

Moreover, representatives assume that staff calls can be taken at staff breaks or in the office so as to not compromise the care of residents.

In another incident a lady with dementia was crying out loudly that her bottom hurt. A staff member attended her and gave her paracetamol, but we didn’t see any further interventions whilst we were there.

A further incident at the dinner table gave representatives cause for concern in relation to residents’ dignity and scant regard for infection control.

A professional (in a dark blue uniform) approached 4 residents at the table whilst they were eating lunch. Notes were put on the table, and she brought blood glucose monitoring equipment and proceeded to take blood glucose levels of 2 residents. The other 2 residents at the table were eating. We did not see the person identify themselves or ask permission to take the samples from the residents, so it was unclear whether this was internal staff or a visitor. The person did not wear protective gloves, nor did she cleanse her hands between the 2 residents. The same person was observed to leave an insulin pen on the top of a cabinet in the dementia lounge. The pen remained on the cabinet during the length of our visit.

Similarly, a resident was observed to spill his liquid medication from the measuring cup onto the floor. Whilst we saw the carer wipe the liquid from the floor we did not see her replace the medication.

In another example, a resident explained to a representative how poorly she felt. She had very swollen legs, she told us it was so painful that she couldn’t sleep. The resident hadn’t asked for a footstool because she didn’t want to be in other people’s way with it. However, a representative asked a carer if a footstool was available to elevate the resident’s legs. The staff member responded with a lack of concern *“Has she asked for one? They’re somewhere about yes.”*

We didn’t observe a footstool being provided.

The same resident was seeing a GP representative whilst lunch was being served at 12.10pm. The staff saw this and placed her uncovered food bowl on the drinks trolley. The drinks trolley was moved off at 12.28pm with the resident’s meal still on it. The resident then left her seat with 2 relatives. When we pointed out to staff that the resident had not eaten lunch, a staff member responded that the resident had refused it. This was not the case, as the food had never been offered. The staff member stated that it was back in the kitchen fridge with the date and time recorded.

At 12.55pm the meal was being taken into the resident’s room. It had been reheated, covered with a plastic cover, and placed on a tray.

## Amber Red

## 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.

There were 2 dining rooms, and 2 representatives observed the dementia dining area. 1 representative observed the residential dining area.

### RESIDENTIAL DINING ROOM

Lunch was scheduled for 12 noon; however, some residents were seen sat at dining tables as early as 10.45am (this may have been by choice). There were 12 residents sat at the 3 dining tables, while the remaining residents stayed in the lounge seating area. It was unclear if residents remained in the lounge area by choice or because the space at tables was limited.

At 11.30am residents were assisted to the table in preparation for lunch. Staff delivering lunch wore appropriate PPE, but we did not see any handwashing or handwipes offered to residents. Lunch was served firstly to residents in their rooms, followed by the dementia area and then the residential area. A basic knife and fork were on each table, we didn't see any napkins or protective bibs for residents.

Water and juice were served later on, when the tea and coffee were offered from the trolley. The catering assistant who served the drink was very pleasant interacting with the residents in a chatty way. This contrasted with several of the carers who were observed putting food in front of residents with no conversation. Indeed, the lunchtime was a subdued affair with little interaction between residents.

Some residents were not at the table, but their meal was put out at their normally allotted place. This caused some confusion when 2 residents came to the table and sat in different places, and one got the incorrect meal.

One resident was heard telling a carer *"I don't like this"* referring to her main meal. The carer replied *"ok, no problem"* no further action was taken, and the lady was not offered any alternative.

The meal choice was a vegetable stew with dumplings and a piece of bread and butter or gammon and sausage hotpot. Unfortunately, the representatives observing the mealtime did not consider the food to look appetizing.

A resident told a representative. *"I ordered the casserole but didn't get it. They gave me gammon and sausage which was ok. That happens, so you just have to make the best of it."*

Another resident agreed *"have we had fish and chips it would be lovely."*

2 staff asked residents if they wanted help with their meal and one lady was assisted by staff. However, the carer looked uncomfortable standing over her and leaning on the table rather than sitting beside her.

Some of the residents looked similarly uncomfortable. One of the residents who had remained in the lounge was eating from a plate directly on her knee. Another resident in a hospital gown was sat near the lounge doorway. He had his meal put on the very low coffee table to the side of him, so struggled to eat. Staff did not seem aware of his difficulty.

There was a delay before dessert. Eventually a tray of desserts, fruit cocktail with cream was brought out and each resident given one. The dessert was served in a very small ice cream type dish. Due to the size and shape these were difficult for some residents to handle.

The lunch finished at 12.20pm and the service was noted to be efficient given the number of residents.

#### DEMENTIA DINING ROOM

There were 17 residents in the dementia unit at lunchtime. The majority of residents appeared to have been asleep however, some had been at the table from the time of our arrival.

The dinner tables in the dementia unit were bare of condiments or beakers for juice/water, we did not see any adapted cutlery, nor did we see handwashing or handwipes offered prior to the meal.

The room was devoid of conversation other than general background noise, and a clock in the room, may have been confusing, because it did not show the correct time. The menu board in the room was equally confusing, as it did not reflect the meal served that day.

The meal was sausage and gammon hotpot, boiled potatoes and a slice of bread and butter. The vegetarian option, which was eaten by 3 residents, was vegetable casserole and dumplings. As the menu did not reflect the meal it was difficult for vegetarian residents to establish if the dumplings were suet free. There did not appear to be any other choice of food for the other residents as everyone (apart from the vegetarians) were given the sausage and gammon hotpot.

Dessert was tinned fruit salad and a blob of whipped cream on top. There was no choice given. The fruit salad was a very small portion. ( Prior to this the catering assistant was overheard saying "*I think we are short.*")

The meal service commenced at 12 noon with the vegetarian option being brought out ready plated on white plates and given to the residents who required them. There was than a gap of time before the rest of the meals were brought out.

Whilst the residents were waiting for their meals, the drinks trolley was pushed around the room and the residents were given tea/coffee or juice. The member of staff did not appear to ask the residents which drink they wanted. (This may have

been because they knew what each resident liked.) Before leaving the room later, the staff member asked if anyone wanted another cup of tea before she took the drinks trolley away - but there was no response.

The rest of the food was brought into the other residents however, there was a lack of coordination as some were waiting for food and some were nearly finished. The meal was already plated up and some meals were in red bowls (the outer of the bowl was red and the inner surface was white) and some were on white plates. The food was put down in front of the residents, without comment, the staff did not tell the residents what they were having and when we asked a carer what the food was, she “*wasn't sure*” and had to ask another staff member.

The dementia unit was a secure area accessed by a key coded door. There were several staff members coming in and out of the room when bringing in the meals and the door was left open. At times, there were no staff supervising the room whilst the residents ate their food.

There were 3 staff at one point who were assisting residents to eat. There was very little encouragement to eat, and the experience seemed very “functional.”

Likewise, the mealtime was not a social occasion, there was little conversation, and the room was quiet apart from a radio playing faintly in the background on a talk channel.

One resident was in a wheelchair and hunched over their food. This was on their lap. They did not have a table or a tray. A member of staff sat with them and spoke to the resident whilst they tried to feed themselves. The resident was using basic cutlery and may have benefited from adapted cutlery as her physical disability meant her hands were bent outward. This resident didn't eat much and was offered a dessert, which they were fed just the whipped cream off the top. They were then offered yoghurt and ice cream. This resident became distressed later on in the mealtime and the carer who was assisting them swapped over with another carer and then eventually the manager came and sat with the resident and spoke to them in a kindly manner trying to assist the resident calm themselves.

During the meal, one resident was observed mixing their juice into their tea. A carer then spotted this and went to assist.

Another resident was observed sat facing away from the table. They were eating their food whilst struggling with the cutlery. Eventually the resident ate their food with their fingers by tipping the sausage and gammon hotpot onto the table and eating it off there. No assistance was offered by staff. A carer later came to wipe up the table, but the resident was not offered anything to wipe their hands with.

Despite 3 people wearing protective bibs, one resident was observed leaving the table with a great deal of food spillage down them. Some of which seemed to have been there some time.

## Additional information

- A 60-year-old resident told a representative that he had been put into Linden House (from hospital) 8 years ago and this had not been his choice as he came from Chorley and wanted to be in that locality. We established later that this residents funding was from LCC.

The lead raised this with the manager who told us that the resident had capacity and was subject to social worker visits (the last several months ago). His original social worker had advised him to start bidding for social housing however, it appears that the resident did not finalise this. Since then, he had delayed his search for social housing due to his financial commitments to a “coin collection.”

The lead recommended that the resident be offered an advocate in respect of his relationship with social services.

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- At the time of our visit on 20<sup>th</sup> June 2023 a resident was observed sat in the lounge alongside a walking frame (indicating limited mobility). He was in NHS hospital issue pyjamas wrapped in an NHS blue blanket with his belongings in an NHS issue patient property plastic carrier bag. It transpired that this resident had been discharged from hospital on Saturday 17<sup>th</sup> June 2023 with no clothing. Representatives who spoke to him said he was confused and angry and said he didn't want to be at Linden House.

This was raised with the manager at the end of the visit. She confirmed that the resident had been discharged on Saturday 17<sup>th</sup> June 2023 without clothing and the discharge information did not include a relative's contact details.

The manager was asked if the resident had been washed since his arrival and she said yes.

The manager claimed that up to 40% of residents discharged directly from hospital did not arrive with clothes. Due to costs, Linden House provided them with clothes from donations. The donations were in black bin bags and were waiting laundering.

This appeared to highlight a lack of systemic accountability in the discharge process between hospital care to social care.

Notwithstanding, it was concerning to see that a resident had been left without clothing for so long. Representatives considered this compromised his dignity.

- A representative sat in reception observed a resident approach the office and ask for a bag of crisps (which were given to her immediately). However, this raised question about how snacks were requested and dispensed rather than being freely available.
- One resident told us that he had been in Linden House for 7 months, he didn't understand why he was there and he wanted to go home because *"it's lonely"*. Representatives spoke to the manager about the resident who

despite requesting them from staff, had no batteries for his TV remote. The manager told us that batteries were always available from the office.

## Feedback from Residents

The feedback from residents was mixed with a number of respondents reporting positive comments about food and care. Comments about activities being less so. Several residents instigated longer conversations with the representative.

A representative was beckoned over by a group of 3 male residents who were clearly supportive of each other (some of the residents being on a temporary rehabilitation.) One of the residents reported feelings of being “*very down*” and “*not himself*”. The representative suggested he speak to the staff about this. Other residents sat with him acknowledged he was feeling low. One said, “*It takes time for some people to settle here. There is no place like home.*”

When asked to talk about their experience of the home they responded, “*Someone comes in and throws a ball around.*” This prompted mirth within the group and eventually they explained “*someone comes in and it’s like an exercise class.*”

Commenting on food “*The menu comes round in the morning, and we choose what we want.*” When asked what would happen if you changed your mind, they responded “*you can’t*”.

The representative was invited to engage with another resident who was upset because she could not access her money “*I had a mobile phone, I left it on charge in my room, but it went missing. I cannot contact anyone now. That was 2 weeks ago. I have told staff, but nothing has been done. I cannot get my hair done as my granddaughter has access to my money and I cannot contact her. I would like some new clothes and some slippers, but I cannot contact anyone to do this for me.*”

The representative observed that the resident was wearing ordinary socks. The representative made her aware of risk of slips and falls and the resident said she understood this.

### Environment

*“It’s ok I have a TV in my room where I watch soaps.”*

*My room is OK but small. I’m happy enough. My television in my room isn’t working. It’s been like that for a while.*

*There’s nothing wrong with my room. It’s fine.*

*My room is OK.*

*It’s OK*

*“You can’t have a proper conversation with the other residents in here so I lock myself away in my room. It’s lonely. My TV remote isn’t working so I can’t watch my TV. I’ve asked one of the carers as I need new batteries for it but that was a while ago and I don’t know when they will come. I don’t know if I’ve asked the right person. Perhaps I need to ask someone else.”*

*“I have a nice room.”*

*“I would sooner be at home.”*

*“it’s OK.”*

*“I like it here, it’s great and food is fantastic.”*

*“I expected better than it is.”*

*“I am going home after my 28 days no matter what. I am going backwards here and I don’t feel good. I am depressed.”*

*“I am very settled here and very happy. I have a nice room with my own TV and have an hour or so in my room but need to be with people.”*

*“I have a nice room, but it’s not like my daughter’s. I am only here for 2 weeks while my family are away. They worry about me, but the time will pass and they need their holiday.*

*“Other people can get into my room as I can’t lock my door. It’s because of the fire rules that it can’t lock. But people get in my room.”*

### Activities

*“There isn’t any”*

*“I don’t do anything it’s just sitting and watching all the time that’s all I do.”*

*“Just watch TV. I don’t know of any other activities that go on here.”*

*“I think there are activities if you want”.*

*“I don’t know of any activities that you can do.”*

*“I’d like more music here. I love music.”*

*“I prefer to watch TV in my room then I can watch what I want.*

*“I have a DVD player with films I like.”*

*“We cannot choose what’s on TV down here.”*

*“I go out with the man from the office when he needs help with shopping at Asda. I push the trolley.”*

*“I like to help with weeding outside.”*

*“The TV is turned on in the morning either BBC1 or ITV. It is an insult to people’s intelligence. There is nothing to do I just want to get out.”*

*“I like knitting but there isn’t any.”*

*“I am not bothered about TV depends what’s on. We don’t have a choice. It’s just one.”*

*“I don’t go out anymore.”*

*“There are no activities, but I am not too interested. I like to chat. I know lots of other residents and like to help them if I can. The hairdresser comes, and I have my hair done every 2 weeks and we have ice lollies when it’s hot.”*

*“I don’t know of anything going on but I have brought my book. I have had a look around and cannot see any jigsaws, that would be nice to pass some time.”*  
(resident thanked representative for chat) *“it was nice having someone just to talk to.”*

*“There is no one to socialise with. There is no common ground. I get up every morning, read the paper, do the crossword then have the meal, snooze then next meal, snooze then bed. I brought in my chess set but that has gone missing. Approximately £250 worth of clothing has gone missing after being sent to the laundry and I am fed up with it now.”*

## Care

*“I don’t get care, I wash and get ready myself.”*(dementia resident)

*“I’m not very well. I’m getting worse since I came out of hospital. I have pains in my legs and now at night pain in my hip. I can’t sleep with it. My legs are so painful and my ankles are so swollen.”*

*“I don’t get any.”*

*“The carers are very good.”*

*“The carers are fine.”*

*“The staff are fine.”*

*“The staff are busy I don’t like to bother them.”*

*“I don’t like it here. I don’t like being on my own. I just want to go home. I’d change nothing apart from wanting to go home.”*

*“Physio has been out but only once. I don’t know if they are coming again. I don’t have a rehab plan.” I feel like I am getting worse, I was walking better when I arrived.”*

*“it’s alright.”*

*“I know one or two staff by name.”*

*“It’s tricky to know names when there are lots of different staff.”*

*“Staff are always busy.”*



*“Staff are friendly, and we are well looked after*

*“I have been here 3 or 4 weeks and its very nice.”*

*“I love it.”*

*“Some people here are very noisy “(a distressed resident could be heard calling out from another area.)*

*“If I ring for help when I am in my room you sometimes have to wait a long time it depends where they are”*

*“Staff all know my name. I know some of theirs. I cannot be on my own.” “I feel safe.”*

*“I like it here and want to stay. The social worker checks on me so I hope they do let me stay. The staff are getting to know me now and are so kind and understanding. We sometimes have to wait a long time for medication, and I need mine on time. They are done in alphabetical order, so I am one of the last. Staff are always very busy, so I try not to bother them. I always try to respect them and ask them politely using their name.”*

*“It is sometimes a long time when they answer the bell It’s not so bad in here(lounge) they know when we need them, and we can see they are busy.”*

*“Staff are kind. Every now and then they will give you a hug. I need a hug and don’t have anyone else. They help me with anything I need. I wanted some sweets last week, but the carer was busy. The next day she went shopping for me in her own time and brought me what I wanted.”*

*“I prefer to get up early but understand how busy they are. I had to wait a long time for 2 girls to come and help me get up, but the staff seem nice.”*

*“I cannot complain about the care and the food is good, but I do not want to spend the rest of my life like this.”*

## **Food**

*“The food is good. My favourite is steak pudding chips and peas. For breakfast you can have cereal, porridge, toast and at weekends there’s a fried breakfast.”*

*“The food is OK. They give me smaller portions which I like better. It’s what I want”.*

*“I like the food my favourite is steak pudding.”*

*“I like the food.”*

*“Fantastic. Everything is good” “I don’t have a favourite.”*

*“Food is really good.”*

*“We have a choice.”*

*"I am so fed up I am not bothered about food. If I have some breakfast, I will be ok."*

*"I had porridge for breakfast, it was ok but the cup of tea was cold because I was up late. I like chips. We can have chips if we order pizza. I am not keen on pizza but will have it to have the chips."*

*"I really couldn't eat one lunch; I don't know what it was. There was no alternative."*

*"I'd give it 7/10. It keeps you alive. I can't remember the breakfast but I like toast. I don't really have a favourite food."*

## **Relatives and friends' views**

How do you feel generally about the service?

*"It's good but my Mum has only just come here."*

Do you think that you are kept informed about your relative e.g. Health and future care plans?

*"Any problems we are kept involved."*

Do you know how to make a complaint if you need to?

*"I don't know."*

Are you aware of the social activities at the service and do you feel welcomed to join in?

*"I don't think Mum has been here long enough."*

Would you recommend this service to others?

*"Yes"*

## **Staff views**

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

*"We have an extra member of staff on now -so it is not as busy."*

*"Yes."*

*"Yes, in my role as catering assistant"*

“Yes”

“Yes, we do now” the managers assess the dependency levels of residents

“We have one resident who needs 1:1 care at the moment. Agency staff are brought in with social service funding to support this.”

**How does the organisation support you in your work?**

“I think it’s very well I only started a few weeks ago. The manager and staff are supportive.”

“I find the manager flexible and I welcome training. I think out teamwork could be a bit better sometimes. I think that some staff need to update their training around hygiene and washing residents.”

“I love it. I have had lots of training, health and safety, caring, hygiene, moving and handling and I shadowed another carer for my first week. This really helped me. I am getting to know the residents well now.”

“Managers don’t always support us when we are very busy.”

“Managers will try to be flexible regarding shifts if we have a problem.”

“We all know about safeguarding and would report any concerns to the manager.”

“We had a problem with a staff member, but managers dealt with it, and she was finished”

We have staff meetings but most don’t bother with them” “It’s the same thing over and over and nothing ever gets sorted”

“ The team get on quite well”

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

“I have had diversity training and I treat the residents as I would my grandparents.”

N/A

“The kitchen does Halal food. One resident is Hindu and doesn’t eat meat. The managers make sure we all know then we don’t give him meat.”

“Some residents don’t speak English but some staff speak other languages”

“I am not sure what languages they speak” (residents and staff)

“We just manage as best we can.”

“I am very aware of LGBTQ+, as I have members of my family who are gay.”

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

*"We need to respect individual choices."*

*"I always ask them what they would like."*

*"We have care plans and a profile in their room".*

*"I get to know their names."*

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

*"Probably, if there was extra training in hygiene."*

*"Yes, definitely, I worked somewhere else that was shut down."*

*"Yes."*

*"I don't really want to answer that or think about it. I guess it would be no. You don't like to think of your own family in this situation."*

*"No I would not, some staff don't speak nicely to residents"*

## **Response from provider by email 11/08/2023**

Hi Michelle,

Thank you for taking the time to visit Linden House on 20.06.23.

I can confirm we have received your report back and have liaised with Blackburn with Darwen Quality Assurance team to address concerns noted in your draft report.

I am a little concerned that items detailed in this report did not reach myself for any queries to be answered prior.

Regards

Sarah Murchie

Registered Manager

Linden House residential and Dementia Care Home

Delph Lane

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01254 690669

## **Healthwatch Blackburn with Darwen by email 14/08/2023**

Morning Sarah

Thank you for your reply.

As you will be aware there were 4 representatives at our visit and each of those were taking notes which had to be read and crosschecked.

Unfortunately, due to the volume of notes it, wasn't possible to do this with any accuracy whilst in situ.

However, we did raise the more pressing observations with you on the day.

The draft report is shared with you for your input prior to publication.

Michele

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