



Thornccliffe Care Home, Darwen, BB3 2QB

[Enter and View Report](#)

15/08/2023

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:

Thorncliffe Residential Care Home
Astley Bank
Darwen
BB3 2QB

Staff met during our visit:

Roxanne Marshall (Manager)

Date and time of our visit:

Tuesday 15th August 2023 10.30am

Healthwatch Blackburn with Darwen
Representatives

Michele Chapman (lead)
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 Roxanne Marshall together with staff, residents, and visitors, for making us feel welcome and taking part in the visit.

General Information

Thornccliffe Residential Care Home is privately owned by Crown Care with places for 28 residents. There were no vacancies at the time of our visit and the home currently has a waiting list. The person in charge is Roxanne Marshall.

Information obtained from carehome.co.uk states that the home provides care for people from the age of 65 who are affected by old age and dementia rehabilitation provided.

Methodology

The Enter and View representatives made an announced visit on Tuesday 15th August 2023 at 10.30am.

We spoke to 5 residents, 6 staff and 3 relatives, 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:

Representatives enjoyed our visit to Thorncliffe the environment was warm and welcoming and all the respondents were happy to share their views with us.

The care team seemed to work together like clockwork and were professional and caring in both their appearance and delivery leading to one representative recording. *“I was particularly impressed at the carers’ approach to residents throughout the visit. They clearly knew them well. It was a really lovely friendly atmosphere. I was especially impressed with the interactions between staff and residents. I noted that there is always a staff member present in each area with the residents.”*

There was a stable staff team and they told us that they felt supported by the manager and their colleagues. They told us that there were clear lines of reporting *“I can go to seniors with any issues I have.”* One staff member told us *“it’s a great place to work and I enjoy it”*.

Certainly all of the staff who responded to us told us that they would recommend the care home to a close friend or relative.

There were similar positive responses from the residents who engaged with us, with all of the respondents confirming that they liked their room and some had chosen the décor scheme.

Food too was universally praised with every respondent telling us how much they liked the meals and describing them as *“excellent.”* Likewise, all the residents who responded reported positive relationships with the staff describing them as *“great”* and feeling *“well looked after.”*

Despite representatives observing some activities taking place, responses about activities were less positive with a couple of residents describing being *“fed up”* and with *“too much sitting around.”* (This may indicate that the provision and type of activities need some exploration at a residents meeting.)

Thorncliffe had a number of friends and relatives attending whilst we there and these too had very positive responses about the service in particular the manager. The Care App may have been instrumental in this involving families in real time updates about the wellbeing of their loved one. Similarly, the environment and the staff were very welcoming with staff chatting to relatives in an informal manner and involving them in daily activities such as the lunchtime.

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

Thorncliffe is part of the Crown Care Group and prior to our visit we were able to easily locate and navigate the group website which had a dedicated drop down tab for the home.

We found that the website was well presented, easy to understand and had clear and attractive pictorial representation.

The home is situated several hundred metres away from the main A666 and is well served by public transport, a café, hairdresser and the centre of Darwen is just a short distance away.

However, the position of Thorncliffe is up a steep and narrow private road would make walking very difficult for some visitors and residents and necessitate using a vehicle.

Representatives found the approach easy to locate when using “sat nav” but it is not well signposted which may cause confusion for visitors unfamiliar with the area. However, when we asked the manager about this later, she told us that the home was signposted from the bottom of the private road but was obstructed pending grounds maintenance by another party.

There is a large car park to the front and side of the home. It is not marked with dedicated spaces however the front door had an accessible sloping entrance and a grab rail and can be entered directly from the car park.

Green Amber

The external environment

Thorncliffe’s elevated position on a private road made for an exceptional open view of grounds around the building. A raised wooden viewing area with tables and seating was close to the car park. A further wooden decking area was situated outside via patio doors from one of the lounges. This too had seating and tables which were fringed with boxes of colourful bedding plants and hanging baskets with a decking awning for warmer days.

The grounds of the home were well established and well maintained with several areas for residents to sit out and the main entrance door was made equally welcoming with flowering hanging baskets.

The building itself is an impressive large double fronted Victorian building with later additions the original main windows overlooking the car park.

It was clear where visitors should report to and the recessed front door area displayed an Upcoming Events Calendar detailing a summer programme of events

and days out. We could see that trips had been arranged to both Barton Grange and Derwent Hall.

The secured front door was answered in a timely manner by both the deputy manager and the manager.

Green

The internal environment/reception -first impressions

The reception area was large and comfortable with high ceilings and mouldings and cornicing which were common throughout. The area was similarly decorated in neutral tones with easy chairs, soft furnishings and a juice station offering orange or apple and blackcurrant. We observed shelves of books for residents wanting a quiet read and noted that an Alexa was playing 70s and 80s music in the background.

Indeed it was nice to see a resident preferring to sit here listening to her choice of music whilst eating breakfast.

Entry to the home is made secure with an digital sign in and out system and we could see a photographic display board of “Today’s Team” and their role.

Likewise each staff member had contributed to a Meet the Team booklet which had photographs and a short one page profile to introduce care staff and make it easy to “put a face to a name”.

All the care staff were identifiable, and looked professional in a smart blue uniform.

When we asked the manager about the vacancies at the home she told us that the home was full and had a waiting list of prospective residents.

Green

The observation of corridors public toilets and bathrooms

Directly accessible from reception is a lift to access the upper floors. An additional lift was situated in a nearby corridor to ensure that residents could navigate the building quickly and safely.

The majority of corridors throughout the home were observed as wipe clean wood effect vinyl. The decoration was observed to be light and bright and the areas were uncluttered. However, the manager told us that the home was subject to continuous update and improvement and we observed to upper corridors to be newly decorated in soothing sugar almond colours.

One of the stairwells were very imposing with a beautiful stained glass windows providing a landmark navigation point.

The signage in corridors was clear and dementia friendly being pictorial, written and colour coded. We noted that residents' bedroom doors had a mounted nameplate and a number on them with an image selected by the resident.

We noted other dementia appropriate provision with the digital clocks which displayed the time and the day and time of the day i.e. afternoon.

All of the bedrooms at Thorncliffe have ensuite facilities and representatives considered the provision of additional public bathrooms to be more than ample. The manager showed us around the public bathrooms and these were a variety of bathing and showering facilities.

We were advised that these too were subject to continuous upgrade however all the bathrooms we saw were clean and well stocked with toilet rolls, soap and hand towels and perfectly serviceable.

Green

The lounges, dining area and other public areas

The home had 3 separate lounges each having its own dining area. This made the building more homely and gave groups of residents a choice of whom they sat with and where they chose to eat. Likewise, the smaller groups made social interaction and being heard far easier than in a larger space. Representatives observed that each lounge was covered on an allocated basis by staff meaning that staff were in constant attendance. When we spoke to staff later they confirmed that they were allocated specific/areas/residents/responsibilities when they came on duty.

However, residents were not impacted by this moving freely between areas and choosing where they sat.

Each lounge was spacious and very comfortable having a view over the front of the building or the side. The side lounge having patio doors which led to a raised decking area. In keeping with the rest of the building rooms were light and airy with high ceiling and beautiful cornicing and moulding. The windows to the lounges overlooking the front of the building were similarly large allowing lovely views over the gardens.

The rooms were made comfortable with curtains, knee blankets and soft furnishings. We noted a variety of wipe clean seating some comfortable armchairs alongside small sofas with small coffee tables nearby for drinks, glasses and books. We saw that some seating had been individualised with the addition of raised seating, footstools and overbed tables.

Soft lighting, artwork and a prominently mounted TV further complemented each room. However the TV did not dominate the environment in any of the lounges. We also noted that Alexas were dotted about the building for music and news and when lunch was served the TVs were turned off.

The flooring in the lounge diners was a mix of carpeting and wood effect vinyl. A carpet in one lounge area was stained and worn however the manager confirmed it was on the replacement schedule.

The dining areas of each lounge were uniformly furnished with square or round tables for 4 in a light wood effect. Each table place was set with a placemat and a cloth napkin. A plastic jug and tumblers served water whilst cutlery was added later.

A basket at the centre of the table contained condiments and a daily menu. The daily menu was also displayed on a noticeboard. The laminated table menu had the breakfast option the on one side with lunch and tea on the other.

The breakfast menu was a choice of fruit and porridge, cereal or toast and jam. A cooked breakfast sandwich was also available with a variety of egg and toast options i.e. fried or poached.

A snack menu underneath offered all day availability of fruit, crisps and biscuits with soup sandwiches and desserts.

Representatives were impressed that snacks and meals were available all day residents confirming the quality of the food. *“The food is excellent”* and *“I eat all my meals, they are good”*.

The lunch menu choices were beef stew with dumplings with West Country cheddar mash, minted summer vegetables and cauliflower or cheese and onion pie with oven chips and beans. Dessert was Bakewell tart with custard or semolina pudding.

The evening meal was mushroom soup and a sandwich or corned beef hash with bread and butter and red cabbage. Dessert was a jam doughnut or egg custard tart.

Representatives took the opportunity to speak to the chef during our visit and congratulate her on the quality and choice of the meals.

Green

Observations of resident and staff interactions

The manager told us that the majority of staff were longstanding and that agency staff were rarely used. She told us that she preferred working *“on the floor”* herself in preference to agency.

Staff evidently knew each other and worked well together as a team. When conversations were initiated with residents staff knew their name and took time to sit down facing residents to reassure them when needed.

The mid-morning drinks trolley and snacks was used as an opportunity to ask how residents were and involve them in the daily routine, staff were heard reminding residents *“lunch is at”*

Staff were respectful, we saw a staff member dispensing medicines (in a red tabard) and observed her turn down the music to speak to a resident who seemed hard of hearing. Whilst the manager showed the lead around the home she was careful to introduce other members of staff and residents and knock on doors prior to entry.

The deputy manager was wearing a sash to celebrate her birthday and was talking to a group of residents, involving them in her plans for the evening. *“I am going there for my tea today I have heard the Sunday lunches are good too.”* We heard laughter between staff and residents and saw that staff were equally respectful and welcoming to relatives visiting the home. *“We all get to know residents. We speak to family as well and use the care plan.”*

A major feature of the open culture at the home seemed to be the use of an App whereby staff could identify residents’ needs, record care given and then update this with other staff and authorized friends and family.

Indeed, when we spoke to a relative visiting his mum he told us that despite regular visits in person he referred to the App on a daily basis describing his *“full confidence”* in the manager.

An activity schedule was displayed and we asked staff how that was delivered as the activities for the day “musical instruments” and “dancing” were not observed. Staff told us there was no dedicated activity coordinator and they shared the delivery of activities between them.

Notwithstanding, we did see a daily quiz taking place, a jigsaw being used and a lady having her nails painted. It was clear from what residents told us that day trips were organised. Some residents told us that they liked gardening and had helped make the summer containers outside the home. *“I spent all day in my garden at home. I like to help with the plants here. We planted the hanging baskets.”*

Residents were seen reading “The Daily Chat”, a newsletter with items of interest and a crossword puzzle. Staff were seen using this as a point of discussion and interaction with residents. One resident told us that they get the Daily Chat *“about 3 times a week”*. One resident showed us a crossword puzzle however none of the residents attempted this, and we felt this could would make a potential group activity.

Representatives noted that a chiropodist and hairdresser made regular visits to 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. Two representatives observed 2 of the 3 dining areas during our visit.

The residents who required hoisting and in wheelchairs were directed and supported to the dining areas first. (Hoisting was noted to be done in an appropriate manner which preserved the residents dignity).

Residents began to sit at the dining tables at approximately 11.55am and we observed staff asking them if they needed the bathroom prior to this, however we did not see handwipes being offered. Staff were observed to be wearing appropriate PPE (staff with long hair had it tied back) and made efforts to make the meal a social occasion with constant interaction “*lunch is coming, it is beef stew*” “*Come on lovely*”.

We also observed staff encouraging residents to drink and some residents were offered protective apron style napkin. One resident declined this however, the carer tried to encourage the resident saying, “*it’s in case you slop like I do.*” The resident declined again, and this was respected by the carer.

Food was prepared in house and the kitchen was situated off one of the lounge /diners overlooking the side of the building. The first meals despatched were those to people in their bedrooms and allocated carers did this. The initial service to each dining room was made within a 25 minute period.

A resident in one area grew distracted by the wait and wandered about the room. However staff were aware of her at all times and gently sat her down at a chair and a side table when the food arrived. The resident was offered a full size plate with the carer asking “*Are you ok with that plate I can swap that into a dish if you want?*” (Representatives went on to note that this resident ate very well including a dessert without further intervention).

Several other residents chose to eat in their seats, raised side tables and overbed tables appearing to accommodate this adequately.

The plated meals (white plates) were brought to those at the table and the food looked and smelled delicious. Representatives also noted that the meat was in small pieces and presented in such a way that it was easy to manoeuvre with cutlery. In the dining rooms which we observed we did not see the use of adapted cutlery however there appeared no need for it.

The social environment in the areas observed was very positive, we heard residents chatting to each other and staff constantly “checking in” with them. “*Can you manage....name?*” “*Did you enjoy that?*”

When one resident coughed she was attended to immediately. And a carer told a resident who dropped food *“don’t worry I will clean it”*.

Staff were observed to employ excellent anticipatory skills. One lady was sitting on her own at a table with her back to the rest of the room. She was trying to engage in conversation with anyone she could hear behind her. The carers picked up on this immediately and went over to sit with her engaging her in conversation.

Likewise, staff were generally observed to be encouraging, smiling and friendly. We noted that each resident was engaged with on an individual basis.

“You have cheese pie with chips and beans.”

“Enjoy your lunch.”

“Do you need help to cut it up?”

“Eat what you can.”

“Have you finished?”

One dining area adjacent to the kitchen appeared to have the more vulnerable residents. We saw that one resident was extremely tired. She found eating her meal very difficult. The carer recognized this and reassured her she would be having a sleep on her bed in the afternoon. Whilst encouraging the resident to eat, the carer noticed that the resident was struggling to chew the meat and safely facilitated the resident being able to spit out the meat while maintaining her dignity.

This resident’s husband arrived later and was able to get his wife to have a drink and a biscuit.

Likewise, several relatives were noted to support lunchtimes and staff constantly checked with them that they were managing ok.

Yet another resident was very slow with her meal. She was encouraged by two carers both cutting up the food and guiding her to use her fork. A carer said, *“if we leave her 10 minutes or so she may eat it.”* While carers were not watching, the resident slowly ate her meal with her fingers and enjoyed it.

As desserts were served we heard staff asking residents if they had enjoyed the meal. This certainly seemed the case as some residents had requested seconds.

Additional information

- In a storage area were neatly stored things for numerous activities, board games, jigsaws, puzzles, knitting, decorations for events and occasions.
- Representatives felt that residents looked clean and nicely dressed. We noted that all of the resident had been encouraged to wear appropriate footwear (in terms of falls prevention).

Feedback from residents

Residents were happy to engage with us and open in their comments about the home. Those who responded to us recorded overwhelmingly positive statements.

All the residents we spoke to told us that they were happy and well looked after and they praised the staff as being “*great*” and “*very good.*”

All the respondents reported enjoying both the food and the environment. Likewise, several residents told us that their rooms had been decorated to individual taste. Whilst one resident described the food as “*excellent*”.

Despite representatives observing some activities taking place during our visit a number of residents were less positive about these reporting “*too much sitting around,*” and missing household activities like gardening, housework and shopping.

One resident described being in pain with her foot and told us that the district nurse attended her weekly to change her dressing. The resident was clearly uncomfortable continually moving her foot around.

A staff member was party to the discussion and explained that the resident was awaiting surgery and had a prescribed amount of pain relief. The carer was clearly aware of the situation and reminded the resident she only had to ask for help if she needed it.

Environment

“I like my room.”

“My room is nice; it has been redecorated. I could choose paint, colour and paper. I have pink walls and a lovely flower pattern.”

“My room is being decorated with white paint and a fancy pattern.”

“I don’t have a TV in my room because I don’t like TVs in bedrooms.”

“I have a selection of orchids on my windowsill in my room. I have one of every colour. I like to look after them.”

“We have a buzzer in our rooms” (residents confirmed staff respond if needed.)

“it’s not like home but it’s ok.”

Activities

“We do have outings. They go to Boundary Mill, but I have been a few times and I am fed up with it now. I cannot be bothered.”

“I am fed up with TV.”

“There is too much sitting around for me.”

“At home I loved to do my housework and keep busy, but I am not able to here.”

“I spent all day in my garden at home. I like to help with the plants here. We planted the hanging baskets.”

“I like to go into town shopping, but I can only go if my children take me.”

“My family don’t visit as they find it difficult to find and get to.”

“I like rock music; I listen to it in the hallway.”

Care

“I am very happy here.”

“I am well looked after.”

“Staff are very good.”

“Staff all know me and what I like.”

“Staff are great.”

“We are looked after very well.”

Food

“We do get to choose what we have.”

“The food is excellent.”

“I love the ham eggs and chips.”

“My favourite pudding is apple pie.”

“I eat all my meals, they are good”.

“That was very good. It’s good food here.”

Relatives and friends’ views

The home had established very positive relationships with visiting friends and family and we were able to observe how the staff included them in the daily life of the home e.g. lunchtime. We saw how relatives were welcomed and how the addition of the App had kept them updated in “real time”.

All of the relatives we spoke to were satisfied with the care at Thorncliffe. However 2 of the respondents mentioned previous issues (a pressure sore and a hip fracture) that had been resolved.

However, representatives noted the district nursing team were in attendance during our visit. There were also obvious measures in place regarding falls prevention including safe footwear, supervision of residents with 20-minute checks and allocation of staff to keep all residents in different lounges as safe as possible.

How do you feel generally about the service?

"I am very satisfied with the service."

"I am happy with the care, it's as good as you will get anywhere else."

"We had a bad start as she had a fall soon after she arrived and broke her hip." She has not been long out of hospital. It's hard because she walked when she came in and now, she can't."

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

"We visit twice a week and we use the App"

"The staff keep me informed of how my wife is doing. They telephone me if there are any changes."

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

"I have never needed to complain. I would speak to the manager I am very confident in her."

"I would feel ok speaking to staff about any concerns I have, and I know my daughters would too."

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

"Yes there are open days and we are encouraged to join in at Xmas"

"My wife has some pressure damage to her skin so she cannot sit out of bed for too long."

"Other family members like to visit, including the children in the family."

"When there are events going on we usually try to attend."

"I am going to sit with her and go through some family photographs, I will see what she can remember."

Would you recommend this service to others?

"I would."

"We know the home has belonged in the same family so felt ok about that."

"We chose this home because a relative was here a long time ago. We know the manager has been here a while and that says a lot."

Staff views

During the visit the manager took the lead to the staff welfare room which was situated at the top of the building and doubled as a training room. We saw that staff were provided with their own kitchen and a couple of easy chairs. It seemed a quiet place to take a break.

A wall had been dedicated to staff wellbeing “Your Wellbeing Matters” we saw a whiteboard encouraging positive thoughts and appreciation one of the statements was “I love my job” amongst others were “I learnt a new skill this week”. “I spent 30 minutes with a resident who likes to remain in their bedroom”.

The manager told us that she had been at Thorncliffe for 16 years and had previously been a carer. Many of the staff at Thorncliffe were similarly long standing and it was clear they were a well organised team. This extended to the provider who she described as “receptive” and “frequently in attendance”. (We noted the provider was at the home during our visit and he was introduced to us).

The manager told us that she enjoyed working for the company and this was reflected in the comments we gathered from staff who responded to us.

Staff reported feeling supported by management and having access to ample training. Similarly, representatives observed the calm and professional working environment with lots of smiling and interaction between residents and staff.

All of the staff we spoke to would recommend the care home to a close friend or relative.

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

“Yes, we have a good routine, we work as a team because we know how each other works” (8 years’ experience)

“We are busy but we always have enough time for the residents”.

“Sometimes we have agency staff but not often.”

“It’s a good team, we all help each other and get on.”

How does the organisation support you in your work?

“We have a dedicated training room and additional training is optional. We also have monthly in house training. When I was at University I was supported with shift changes by the manager and my colleagues”.

“The management are very supportive in terms of shifts. I can ask for additional training if I need it.”

“The manager is very supportive.”

“When I came back from mat leave some residents were new, so they let me work as a carer before resuming to my senior carer role.”

“I can go to seniors with any issues I have.”

“We have regular staff meetings.”

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

“We do Equality and Diversity Training and we can ask for any other training we want.”

“We would look at care plans and speak to the family”.

“We all get to know residents. We speak to family as well and use the care plan.”

“We have lots of training, we also use a care control app.”

“We have just had Equality and Diversity Training.”

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

“ I know the residents I have been here for 12 months.”

“I would look at the care plan, plus I know most of the residents from experience and I would ask them in conversation.”

“We record everyone’s “Waterlow” and “Must” and we check the residents’ weight.”

“We do well being checks on residents every 20 minutes.”

“We have a handover at the beginning of the shift and it’s good because we know what we are doing then.”

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

“Definitely, I wouldn’t be here if I couldn’t.”

“Yes, it’s a great place to work and I enjoy it”.

“Yes”

“Yes”

“Yes”

Response from provider (by email 18/09/2023)

Hi Michele,

I am absolutely delighted with the report.

Kind regards

Roxie

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