



Birch Hall Care Centre, Darwen, BB3 0JB

Enter and View Report

Tuesday 24<sup>th</sup> October 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:

Jane Makey (Manager)

Staff met during our visit:

Jane Makey

Date and time of our visit:

Tuesday 24<sup>th</sup> October 2023 10.30am

Healthwatch Blackburn with Darwen  
Representatives

Michele Chapman (Lead HW staff)  
Katie Merry (HW staff)  
Liz Butterworth (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](http://www.healthwatchblackburnwithdarwen.co.uk)

## Acknowledgements

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

## General Information

Birch Hall Care Centre is privately owned by Grange Healthcare with places for 80 residents. There were 4 vacancies at the time of our visit. The person in charge is Jane Makey.

Information obtained from carehome.co.uk states that the home provides care for people from the ages of 1+ with registered categories of dementia/Alzheimer's, old age/elderly care and physical disability.

## Methodology

The Enter and View representatives made an announced visit on Tuesday 24<sup>th</sup> October 2023.

We spoke to 19 residents, 8, staff and 2 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:

The home accommodates 80 residents and to ensure a fair representation 4 representatives attended, focusing on the residential area and younger person's areas where more people were gathered or able to give opinions.

We experienced the environment and staff as welcoming and observed the relationships between staff and residents as positive with resident feedback which reflected that. *"The care is excellent"* and *"we are all spoiled."*

Similarly, when we spoke to staff about their experiences of the home they told us that relationships with management were good and they felt supported, *"My line manager is very supportive and I have flexibility in my role, I have lots of training."*

Likewise, the responses we received from residents about their living environment were broadly positive *"I love my room, I have a lot of space"* and *"I like my room I have a TV and a fridge"*

The responses we collected from residents about food were more mixed but there were marked differences in the opinions collected from the younger persons unit than from the residential unit (despite them having the same menu). Responses ranged from *"excellent"* to *"I don't like the food here I don't eat red meat and a lot of the options are red meat. I order a lot of food in and it costs me a lot of money, I pay a lot to live here and also paying for my food."*

The manager told us that wellbeing coordinators (activity coordinators) were employed to cover 80+ hours a week. However, when we asked residents about activities, responses were unenthusiastic, with this again being more notable in the younger persons unit. A number of residents throughout the home described missing the minibus. *"We don't go on any trips anymore, they got rid of the minibus, it was good when we had the minibus so we could go out places"* and *"I would like it if we had a minibus, I would like to go to the cinema."*

Overall, the majority of ambivalent opinions were received from the younger persons unit. To this end, representatives would suggest that a review/consultation is undertaken of the residents in the younger persons unit including updates to care plans and person centred planning in order for provision to fully meet the needs and preferences of the client group.

Representatives noted that the environment was clean but in need of updates and improvements. We were pleased to hear that plans to achieve this were currently with the provider pending approval.

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

**Green Amber**

## Enter and View observations

### Pre-visit and location

Prior to the visit the website was reviewed in terms of information and engagement. We found the website easy to navigate, the imagery engaging and the provider contact details were clearly displayed. It was also nice to see a short introductory profile of the manager.

The facility is situated very close to local amenities on the main A666 Blackburn Rd there are at least 3 bus stops very close by and the road has fast food outlets, a post office and a GP surgery at points along the way. The home is clearly signposted from the direction of Birch Hall Avenue, however, parking within the grounds is very limited.

All of the representatives were obliged to park nearby on residential streets rather than on site.

Due to the carpark being fully occupied we could not see if there was a dedicated disabled parking space, but there was a large area of block paving which allowed accessibility to the reception area. This meant people could be dropped off directly at the front door if required.

## Green

### The external environment

Birch Hall is a large care home of 80 beds set over 3 floors. It appears to have been built during the latter half of the 20<sup>th</sup> century and the functional architecture reflects that. Although some of the upper floors may have had distant open views, the building is surrounded by earlier residential development on all sides

Despite the external areas being constrained, each area we saw was enhanced by colourful planters and outdoor seating, and a lawned area with trees in front of the conservatory was very well kept. The manager told us later that the maintenance person and the residents had planted up the flowers earlier in the year.

There were enough bench seats to accommodate the residents downstairs and we saw residents from both the younger persons unit and the residential unit walking around the outdoor area or using the smoking shelter.

On approaching the building, it was clear where visitors should report to and a small vestibule area with comfortable seating was available to use whilst waiting for the main door to open. We were greeted by the manager at the secured front door in a timely manner.

## Green

## The internal environment/reception -first impressions

The reception was spacious, bright and welcoming. We were guided to fill in the visitors book and immediately recognised the staff by uniform and the majority wore a name badge.

All the representatives who attended felt that the home had an open and friendly feel and this was reflected in the confidence that both staff and residents appeared to have speaking to us later.

The manager kindly gave her time to guide us through the separate units of the home - Residential, Younger Persons, Nursing and Dementia. Each unit was accessed via an internal keypad code, which we were given to access the 4 public areas freely.

First impressions were that the decorative environment was in need of an imminent refresh and update with some of the furnishings needing replacement.

The manager told us that there were plans for updates which were currently with the directors. The updates being scheduled from the week following our visit for a period of 18 months to 2 years. The manager told us that residents had been consulted about the updates and the redecoration.

The home appeared clean and we saw cleaners in situ as we went round.

## Green Amber

### The observation of corridors public toilets and bathrooms

All the corridors we saw were wide, well-lit and clutter free. Whilst a central staircase served as a “spine” to the building, 2 lifts were also available from the corridor.

The handrails we saw were colour contrasting to their surroundings and in the dementia unit the handrails were brightly coloured. Dementia friendly provision was generally good with signage in pictorial, written and colour coded form. We saw that some residents had a memory box outside their door with their name and images of what was important to them. The dementia unit being typified by lots of bold art work and other items of interest such as a” twiddle board”.

Corridors throughout the home had been made similarly interesting with notices, artwork, and other décor.

Each bedroom at Birch Hall has an ensuite and the number of public bathrooms was enough to supplement these. All of the bathrooms we saw were relatively clean and perfectly serviceable however one toilet in the ground floor was malodorous.

All the bathrooms we observed were adequately signposted and supplied with soap, hand towels and toilet rolls. We saw a large and well equipped adapted

bathing area with an appropriate hoisted bathing seat to service the bath. Other adaptations observed included raised toilet seats and grab rails.

## Green

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

#### DEMENTIA AND NURSING

Due to the size of the home, representatives focused on the areas likely to gather most responses, and these were the residential areas and the younger person's unit (both on the ground floor).

However 2 representatives walked through both the nursing unit (where we had one response) and the dementia unit.

Both units were noted to be clean, warm, bright and comfortable. The dementia unit lounge was small and homely. The manager showed us the dementia unit menu which reflected that of the rest of the home. None of the residents seemed agitated by our visit, some were asleep and others sat quite content in armchairs.

The unit was very well staffed at the time of our visit with the manager telling us that many residents had one to one care as part of their provision.

#### YOUNGER PERSONS UNIT

All representatives walked through the Younger Persons Unit with one representative remaining to gather responses.

Environmentally, the unit seemed quite bare, being described by the representative as "*sparse*" and "*not homely*". The lounge area similarly described as "*small and dark with lots of equipment taking up space.*" The TV was on in here but only one resident had chosen to sit here, with the remaining residents either at the table in the dining area or accessing the dedicated garden area and smoking shelter.

A few residents preferred to sit at the long table in the dining area. A radio was on low and a newspaper was on the table. The dining area had windows on both sides and looked over the reception so you could see the comings and goings. A door to the opposite side led to an outdoor area. However the wooden table and wipe clean wood effect flooring did not present a homely environment and the blinds at the windows needed the cords securing to the window frames.

Residents in this were area socialising but bemoaned lack of meaningful activity

*"It would be nice if they did a cinema night, they do it in the residential unit but not in here"*. They told us that they liked to spend time in their rooms with some rooms having Sky TV and a fridge.

The comments recorded from this group were the least positive of the home. It was unclear whether these comments were issues to be resolved via Deprivation of

Liberty Safeguards reviews or the opportunity to engage with an independent advocate.

When we spoke to the manager later we mentioned this and she told us that advocacy was available in the home and that some residents accessed it. She also told us that Deprivation of Liberty Safeguard reviews were subject to significant delays outside the control of the provider.

However, we considered it may be helpful to initiate a programme of one to ones with residents in this unit, and a review of care plans to update people's preferences.

## **RESIDENTIAL UNIT /DINING**

The residential unit was the largest public area comprising an open plan lounge/diner, the majority of respondents were sat here. Representatives observed the environment as homely and warm and there was a lot of chat and banter between residents and staff. There was a variety of seating with armchairs, adapted chairs, 2 seaters, and chairs with risers. We saw that small coffee tables had been placed between seating and that some chairs had been personalised with knee blankets and tissues.

There was a very relaxed atmosphere. Throughout the visit staff were always visible and available to meet residents' needs. We observed 2 agency care assistants working that morning along with several regular staff members. In all, the area was very well staffed with 5 care assistants and 2 wellbeing assistants (activity coordinators). The majority of the staff knew residents' names and when we asked one resident how she found the care at the home, she replied that it was very good "*in fact they are all top of the tree!*" Several residents close by agreed, causing some hilarity with the staff who clearly appreciated this.

When we arrived, residents had just been delivered their morning drinks and a Harry Potter film was on the TV. Despite 7 residents sitting in a semicircle facing the TV none appeared to be watching this and when they were asked none of the residents were aware of what the film was about. We also spoke to a further 6 residents who were sat along the wall. However, representatives considered this was "corridor like" and could have been arranged in a way which encouraged more social interaction.

Newspapers were dotted about and a resident seemed to be reading the TV schedules. Elsewhere we observed a wellbeing coordinator giving a hand massage to a resident watched by an appreciative audience. Likewise, we saw evidence of books and a music centre.

Representatives also noted a small side lounge to the side of the main lounge which was a quieter area and a TV was on low. However, it appeared that most residents preferred the more social areas.

When we spoke to the manager later about proposed updates to the environment she told us that central to this was the creation of a social hub in the existing large



lounge/diner intending to provide separate dining facilities, activity area, a café area and to bring down the hairdressing salon from upstairs, so as to create a space replicating the high street. Similar updates were planned for the YPU.

The open plan dining area adjacent to the residential lounge room was L shaped with the open hatched kitchen off from it. A representative who observed from this position later felt that the tables nearest to the kitchen serving hatch were subject to a great deal of noise and foot traffic and that this may have impacted negatively on some residents ability to focus on eating.

Generally however, the dining room was pleasant and bright with contemporary décor of blue and gold colours. There were wooden wipe clean tables and wooden chairs with wipe clean seats and backs. There were two styles of chairs.

Table settings comprised of a vase of colour coordinated silk flowers, clear plastic glasses with colour coordinated cloth serviettes, ordinary steel cutlery and a paper napkin. Some place settings had a cloth adult bib next to them. There were no condiments visible. There were menus on several tables and sufficient space around the tables to accommodate wheelchairs and walking frames.

There were 8 round tables set and 1 over bed table.

#### CONSERVATORY AREA

Adjacent to the large lounge /diner was a spacious conservatory overlooking the garden area to the rear. As we arrived, 2 visitors came in here with a resident. The conservatory area was very pleasant and private with a 2 seater sofa and several armchairs around a coffee table. There was some small flowering plants in here but the environment was enhanced further by a number of large specimen houseplants. It was clear that a great deal of time and trouble had been taken to care for these.

A cleaner told us later how much she enjoyed gardening and that she had tended the plants and polished the leaves herself. She also described how much she enjoyed working at the home in particular helping at events such as the summer fayre.

#### HAIRDRESSER

Upstairs was a dedicated hairdressing salon with one station. The room was clean but quite small and with little decor. Regardless, the hairdresser was happy to engage with us and her client looked pleased with her hair.

#### JOLLY JUGS

Also upstairs was a social room/bar called “Jolly Jugs.” This had small circular tables, and a bar area and was used for birthdays and other social events. One of the wellbeing assistants told us that drinks were served in here which people bought with tokens the intention being to supplement funds for future activities.

## Green Amber

## Observations of resident and staff interactions

All of the staff we observed were well meaning and the majority had good interaction with residents. Where staff did not interact with the same confidence it was assumed they were new to the role or agency staff. Indeed staffing levels during our visit were good and we saw more experienced staff guiding others.

However, during the lunchtime period representatives observed a nurse call bell ringing for approximately 25 minutes before it was answered.

Lunch service at times was a little functional but again this may have been down to more inexperienced staff members. For example, we observed a lady in a wheelchair being taken to the dining table quite rapidly. Her face showed her alarm with the speed of transit, but the carer couldn't see this of course as she was facing away from them.

Staff worked well as a team and we observed that residents' decisions were respected (when a carer tried to move a residents leg to a more comfortable position and the resident refused).

Likewise, a representative sat in the lounge area became a focus of conversation for several residents who responded to her greeting of "*good morning, how are you*" with accounts of discomfort. A resident was wearing protective boots (as advised by the district nurse). However, her feet were elevated on a footstool with the contact point being her heels. The representative suggested moving the contact point with the stool to behind her knees with a cushion as further support.

Another resident reported feeling poorly with a "*bad chest*" and yet another having a "*very sore throat*". The representative passed this information on to the carer who then advised a senior carer.

Another resident seemed quite agitated and the carer explained that this lady suffered from pain from arthritis and was waiting for the GP to arrive. The carer was very kind and conscientious and evidently knew the resident well, she told us that the lady was usually alert and mobile.

When we asked the carer what time the GP was expected she told us that she would remind senior staff by 2.00pm if the GP had not arrived. However, representatives reflected on where this information was recorded as staff did not appear to write it down. The resident fell asleep shortly afterwards holding the representative's hand, suggesting she may have felt more comfortable in bed.

Representatives observed that staff were constantly visible in the public areas and available to residents when requested. There was also a level of friendly conversation between staff and residents which suggested familiarity and trust. Indeed one resident who was immobile and required a hoist for transfers told us "*staff know what they are doing, and I feel safe.*"

This feedback was consistent with all the positive comments we received about the staff.

*“The staff are wonderful.” and “The staff look after me well.”*

## Green Amber

### The Lunchtime Experience

On this occasion, representatives chose to focus on the experience of residents during the lunchtime. We evaluated the lunchtime as a social experience, the quantity and quality of the food, the interaction between staff and residents, and the dignity afforded residents during this period. 2 representatives observed the residential unit dining area and 1 representative observed the younger persons unit dining area.

#### YOUNGER PERSONS UNIT DINING

There were 19 residents in the younger persons unit.

We observed 6 members of staff servicing the lunch in this unit with service beginning at 12.29pm. All the staff wore appropriate PPE (gloves and aprons) but we did not see residents being offered hand washing or hand wipes prior to the meal.

Some residents were wearing adult bibs and we later observed that plate guards were used on some meals.

One staff member read from a list of pre-selected meals. There appeared to be a variety of meals served but none of these were reflected in the menu on the table.

When the food arrived, the plates were each covered with a plastic cloche, however these didn't appear to fit properly so it was unclear how effective they were.

There was some confusion in respect of the food sent from the kitchen with a carer returning to the kitchen to ask for 6 more yoghurts *“They have only sent us 4 and we need 10”*. One resident claimed that they had not ordered the meal presented.

Resident *“I didn't order this”*

Staff *“That's what it says here”*

Resident *“I didn't order it”*

Staff *“ I will have to see if I have anything different left over when I have served everything up”*

Resident *“I will just eat that”*

Where support was needed we observed that this was provided with food being cut up and mashed for those who required it. We also observed one staff member sat with a resident supporting him to eat.

Despite there being plentiful staff, the meal service was slow and not particularly efficient. At one point kitchen staff entered the unit and asked if there were any clean plates (and took away some dirty plates).

Semolina was served as an option for desert with one resident proclaiming *“Ugh, It’s like wallpaper paste”*

At the end of service at 1.00pm 3 meals were left over with one resident being absent in hospital and 2 residents refusing the food.

The atmosphere around the lunchtime experience was rather subdued with little conversation and interaction between residents and staff. A radio was playing quietly in the background.

However, it was difficult to tell whether our presence had influenced the lunchtime participation negatively or otherwise.

During this period we observed that a medication round was undertaken.

### **RESIDENTIAL UNIT DINING**

The residential unit dining experience seemed a little livelier, although here too some light background music may have enhanced the experience.

Prior to food service in the dining area, food was prepared to be distributed to other areas of the building. Two temperature monitored heated food trolleys were loaded and once these trolleys had left the kitchen the residential dining room service commenced.

Representatives took the opportunity to look at the menu. According to the menu on the tables, week 1 menu for that day should have been liver and onions or chicken chasseur with croquette potatoes, carrots and green beans with a dessert of strawberry trifle.

There was a week 2 menu on the side cupboard and on checking if this was the correct menu for the day it became clear that this was not. Week 2 for Tuesday lunch was showing ham and mushroom pasta bake or vegetable curry and rice with a dessert of rice pudding.

Later we observed the food actually served was sausage roll or cheese flan, gravy croquette potatoes, carrots and cabbage, semolina pudding or ice cream. However, residents seemed aware of the meal served as it had been preselected.

According to the menu there was also a Lite Bite selection available for lunch and evening meal of jacket potatoes with various fillings, omelette with a choice of filling, selection of sandwiches with various fillings and a variety of soups.

One resident was observed being served ham sandwiches at the commencement of service which we assumed was from the Lite Bite menu.

Service was due to commence at 12.30pm and residents were duly guided or brought to the table at 12.35pm by staff wearing plastic aprons and disposable



gloves. However we did not see handwashing or hand wipes being offered prior to eating/drinking.

A drinks trolley was pushed round the room and residents were asked if they wanted orange, blackcurrant squash or water. Tea and coffee was also served at the same time (lidded drinking beakers being made available). We noted that some staff addressed residents by name whilst others did not and we assumed this was due to some staff being unfamiliar with all of the residents.

Eight residents were observed to be wearing adult bibs. Whilst we saw no evidence of adapted cutlery (and none appeared to be needed), a plate guard was used around one of the meals.

Shortly after the plates had been served, a member of staff went round the residents offering them salt.

Representatives observed staff providing appropriate levels of physical support but the levels of encouragement and interaction were described as “*functional*”. We saw that a couple of residents had their food cut up for them but there was not a great deal of interaction between staff and residents. The staff were attentive and busy but there was little excitement or encouragement being given to the residents during the meal experience. One representative felt that some residents who were not offered support may well have benefitted from it.

One resident who was not eating very much was told to chew it before swallowing as encouragement. Likewise, a resident who did not like their food was offered something else and had ham sandwiches brought to them. They were very happy with these and ate them all.

Another resident who was not eating a great deal was assisted with their food. The staff member fed the resident with the fork but there was no conversation at all just silence as the resident was fed.

Several residents were offered ice cream as an alternative to semolina pudding.

One resident who ate very little of their main course was offered semolina pudding, ice cream or yoghurt for dessert. The resident did not want anything and was told by a member of staff “*you need to eat something.*” However, it was unclear how this lack of appetite had been recorded or managed as we did not see this resident eat anything further.

There was one resident still eating their main course (semolina pudding was sat in a bowl next to them) as others were leaving the dining room. We did not see staff interacting with this resident encouraging them to eat.

We also observed a relative arrive during the lunchtime to assist a resident with her meal and it was evident that the relative felt comfortable and welcomed in the home.

## Additional information

Representatives were able to speak to the activity coordinator and the manager about the provision for activities in the home. The feedback we received from many residents was ambivalent particularly in the Younger Persons Unit.

However, the manager reported that 3 wellbeing assistants were employed for a total of 80+ hours a week and we saw 2 wellbeing assistants in situ during our visit. A wellbeing assistant confirmed there was a small monthly budget of £100 allocated for resident activities, the manager advising us later about an additional “comfort fund” available from head office

It was clear that whilst some activities had been and were provided, bingo, exercise, visits from animals, manicures, movie nights and gardening clubs, there did not seem to be a clear plan or schedule around these. The manager told us that some residents were taken on holiday to the Bond Hotel Blackpool and that staff gave up their weekends to take them to Sea Life, Madame Tussauds etc.

Therefore it may well be that the type of activities offered are not engaging all of the residents and to this end we recommended that the manager contact Lynette Banister at Blackburn with Darwen Adult Learning in respect of enriching the delivery of activities.

We have since explored the use of free digital platforms as a possible form of entertainment.

### . **Alexa**-can be used

- to set quizzes, about music. films, sport, politics. history or general knowledge.
- Tell jokes.
- Play the radio or news
- Play music by decade i.e. the 90s or genre i.e. house music.
- Read books.
- Make phone calls.
- Give sports results.
- Answer questions about anything.
- Give recipes.
- Listen to podcasts.
- Explore history.
- Play party games. Escape the Room, Guess the song. Guess who I am (all free to download)

Another free resource for entertainment is **You Tube** see the link below which suggests the best channels for Travel, Fitness, History Science, News, Music and Comedy. This platform can be used to livestream concerts and plays

**You Tube** can also be used for tutorials such as Crafts ,Artwork, Cooking, Fitness.

[150+ Best YouTube Channels in Every Category \(hubspot.com\)](https://www.hubspot.com/youtube-channels)

Similarly, the resident who was reported as using a whiteboard for communication may have been helped by voice activated software on either an iPad or phone. This resident may also have been supported to play bingo with a visual call indicator to the game. Contact <https://abilitynet.org.uk/> for further information.

Many residents reported missing the home's minibus as they liked to go out on visits. A representative suggested that the activity coordinator contact Community Transport to help with this. <https://communitytransportblackburn.co.uk/>

Where residents in the Younger Persons Unit preferred a more varied food experience, we would suggest as an example a £2 a week "take away club" so that those that wanted to take part could have a different takeaway night every so often. These nights could be themed with films, music, and travel videos from the type of food chosen e.g. Chinese.

Similarly, a "cook and eat" activity may be appreciated by this group.

## Feedback from residents

All of the residents who responded to us reported positive relationships with the care team, whilst the comments collected about food were broadly mixed. Residents also told us how much they enjoyed their rooms *"I love my room, I have a lot of space."*

However responses about activities were largely unenthusiastic with a number of residents telling us how much they missed the home's minibus. When we asked about this a wellbeing coordinator told us that the home had sold the minibus as it was *"too expensive to run"*.

Similarly, when there were negative comments about the experience of the home, many of these emanated from the younger persons unit, suggesting that the menu and activities were not as well received by this client group.

### Environment

*"My room is big enough and I have my own TV I didn't bring any of my own furniture."*

*"Its s\*\*t, s\*\*t, s\*\*t"*

*"I am 62 I am too young to be in here, I can't go out they won't let me out"*

*"I like my room I have a TV and a fridge"*

*"I love my room, I have a lot of space"*

*"I like it here. I can get up when I want and go to bed when I want. I have my routines and they are ok with them."*

*"I like it here."*

*"Its fine here. I like it."*

*"I'm OK here I like it".*

*"I prefer to spend time in my room, but staff and residents just wander in. I don't like that. Staff come in during the night and disturb me. They walk in without knocking, look at me and walk out. They don't even speak to me. Some residents just wander in. I have to ring for staff to come and get them out."*

*"I have a lovely big room."*

*"I have a tv in my room."*

*"I don't live here, when I do come its very nice. I prefer to come here with all my friends."*

*"My room is too hot and if I open the window, it is too cold."*

*"They have given me as special mattress and I hate it. It's an air bed and I get stuck and cannot move. I then have to ask for help to turn over. It is not at all comfortable. I cannot sleep well with it."*

*"I like to watch what I want to so watch tv in my own room. I can choose then."*

## **Activities**

*"We do exercises and we get our nails done and the hairdresser comes in."*

*"I have been here for 5 and a half years, it's boring. There isn't any activities"*

*"We do games occasionally, we play Bingo once a week and that's the highlight of the week! You can win chocolate"*

*"I am diabetic so I win shower gel"*

*"We don't go on any trips anymore, they got rid of the mini bus, it was good when we had the mini bus so we could go out places"*

*"I don't do any of the activities, I stay in my room mostly and make figures"*

*" I would like it if we had a minibus, I would like to go to the cinema"*

*" It would be nice if they did a cinema night, they do it in the residential unit but not in here"*

*"We used to have a mini bus to go on trips with. It was really good but now we don't have it. Theres no garage to store it in so it had to go. It's sad that we don't have it now. I went on the bus 2 weeks ago. I went to the pub and I had fish pie. I like going out. I have my television in my room that I watch and I have a key board in there too. I like playing my keyboard. I do jigsaws and we play bingo".*

*"I don't do much."*

*"I can't think of any activities we do."*



*"I am really bored here. There's nothing I can do. I'm deaf and can't see well either. I can't see the T.V. in the lounge from my chair and if I play bingo here a member of staff has to sit with me. But I'm so bored. I have a wipe clean board that people can write on so I can talk to them. My granddaughter got it for me. I had one before and kept it in my foot stool. One day I came to get it out and it had gone along with the pens so she had to buy me another one. I wouldn't be able to talk to people without it".*

*"I don't like bingo."*

*"I am not bothered really but join in."*

*"I think we have a prize, chocolate or something like that."*

*"We have singing and dancing"*

*"I like all the soaps and the news."*

*"It's great because my family come every day to visit."*

## Care

*"All the carers are very helpful I have no problems at all".*

*"I like it here, I can't remember how long I have been here for"*

*"I am looked after well"*

*"I look after myself really, they just come and help me get up in the mornings"*

*"I have lived here for 16 years, I think the care is good"*

*"The staff keep an eye on me. I need a member of staff with me when I go on the bus. The staff are fine and come pretty quickly if I need them".*

*"I like the carers."*

*"The staff look after me well."*

*"The staff are lovely."*

*"The staff are great but at night it's not so good here. You have to wait for your medication at night. There's only 1 person on doing this at night but they have 2 in the day. It's great in the day but not at night. I'm always last at night and I have to wait for my medication along with another woman. Last night it was 10.30pm before I could go to bed as I had to wait for my medication before I could go to sleep. Sometimes I want to go to bed earlier but I can't as I have to wait."*

*"The care is excellent."*

*"The staff are wonderful."*

*"I wouldn't be here if it wasn't good."*

*"We are all spoiled."*

*"I feel mixed up and can't settle. I came from the hospital because I had to. I don't know what's happening with my flat. I cannot get my clothes if I need them. I would like a coat if I have to go out. I am struggling to get my money" "I think someone is sorting it out. Someone came to talk to me."*

*"Staff know what they are doing, and I feel safe."*

*"The people are the best."*

*"We all get on and we look out for each other."*

## Food

*"I don't like the food here I don't eat red meat and a lot of the options are red meat. I order a lot of food in and it costs me a lot of money, I pay a lot to live here and also paying for my food."*

*"The food is good."*

*"The food can be good and bad, I've got a fridge in my room and Sky"*

*"The food is alright"*

*"The food needs spicing up, you can add salt and pepper but it needs more flavour"*

*"The food is OK. I have porridge and toast for breakfast that's all I want but you can have other things if you want. I'm not sure what's for lunch today."*

*"The food is OK here."*

*"I get plenty to eat and I like the food".*

*"The food is alright. Some I like some I don't. I don't like eggs or cheese or cottage pie. They know what I like and don't like".*

*"Food is good"*

*"Oh, it's always excellent."*

*"I don't have a favorite cause it's all good."*

*"We always have pudding, that's the best."*

*"I am not really bothered; I don't eat much. My family worry that I am not eating well."*

*"They come round with a menu and help us to choose or fill it in. Today is quiche or sausage and I don't like it either. I will be having a sandwich. I could have had omelette but I didn't fancy them either."*

## Relatives and friends' views

How do you feel generally about the service?

*"We are happy enough NAME seems happy enough."*

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

*"Yes, we would be telephoned."*

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

*"Yes I would speak to the manager. I feel very confident in the manager."*

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

*"I don't know much about the activities we visit in the mornings and they are maybe in the afternoons. There was a Summer Fayre and we were invited."*

Would you recommend this service to others?

*"Yes, the staff are wonderful but the décor needs some refreshment."*

## Staff views

One representative spoke to a group of 5 staff members who all responded that they felt they were well staffed and had adequate training for their roles. Staff told us that training was both online and practical (moving and handling). When we asked staff about safeguarding there appeared a good awareness *"I would report anything immediately to senior or the manager. If need be, I would contact the authorities."*

Staff who responded also reported a good working relationship with the manager and told us they were well supported by her and the seniors. The majority of staff who responded told us that they would consider the care home for a close family member.

However, when we spoke to staff about their experience of the home several told us that they still felt in recovery from Covid 19. *"Since COVID a lot has changed, we haven't got back to doing what we use to do."*

Wellbeing staff also confirmed what residents had said about the loss of the minibus *"I would like to take the residents out more, it's just not cost effective. We now take them to the Anchor pub once a month."*

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

*“I love my job, I wish we didn’t have as many agency staff, it makes it harder having loads of agency staff, you have to constantly train them.”*

*“We have 3 members of staff who do what I do, I do 40 hours and we have a women who does 37 and 10 we are understaffed.”*

*“Yes, I am housekeeping but I enjoy stopping to talk to the residents.”*

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

*“My line manager is very supportive and I have flexibility in my role, I have lots of training.”*

*“I get £25 a week to spend on activities.”*

*” Managers are approachable, and we can go to senior staff with any concerns.”*

*“The manager is very supportive. She was kind to me when I was sick and couldn’t come to work.”*

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

*“I treat everybody the same and I have had Equality and Diversity training.”*

*“We are aware of individuals different needs and to respect them.”*

*“This is their home, and we must always respect that.”*

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

*“I have been here 7 years and I know all the residents. I know when they need new personal items and I go out and buy them.”*

*“Residents have rights to choose “*

*“It should be a nice atmosphere to live in.”*

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

*“Yes it is very homely and I like seeing the residents family come in.”*

*“I wouldn’t put my mum or dad in a home I feel like relatives just dump people here and never come back.”*

*“Some staff are miserable.”*



## Response from provider (by email 14/12/2023)

Thank you for your observations, we are a learning community and welcome constructive feedback. The team that came to visit Birch Hall Care Centre, were very approachable and did not make anyone feel uncomfortable, your presence was unobtrusive, and staff were able to undertake their daily tasks without distraction, although they may have felt a 'little nervous' with your presence.

We encourage our residents to 'have a voice', they can discuss concerns and make suggestions and share their ideas in a variety of ways which includes our monthly residents meeting.

As a result of their requests, they have been supported to access a local public house once a month in the evening, they have been to the local theatre and comedy club. They go on shopping trips into Blackburn town centre, they have been able to go to Blackpool for a holiday twice this year and there have been two trips to drive through the illuminations and have a 'chippy' supper before returning back to the home.

In 2024, one of the ground floor lounges is being converted into a 'cinema room', a bathroom will be upgraded and will become a sensory bathroom, there will be a new hair salon and a communal café area open for all residents to use and enjoy. Essentially, the ground floor areas are being made into a communal/social hub as we have a 'whole home' approach to activity and well-being. The residents have also been involved in choosing the new décor for their home.

We have noticed that since relaxation of 'lock-down' rules post Covid 19 pandemic, many residents have found it hard to socially re-engage again in larger group activities. Very slowly, and with lots of support from staff, they are interacting more. The residents from the younger persons (YDU) unit and those who have struggled to engage have used the outdoor garden area, the conservatory and smaller lounges to build their confidence and they are now participating in more larger group activities as well as socialising with residents throughout the home.

Although during the visit, the residents on the Younger Persons Unit (YDU) 'bemoaned the lack of meaningful activity' they are offered a variety of different things to do each day, they can access entertainment on all the other units in the home if they wish. They are always given the opportunity to join in, but many chose not to socialise, preferring to watch their own smart TV's in their rooms.

These residents also can go out one evening a month to the local public house and have 'Chinese chippy' tea on Sundays as we recognise, they are younger and have different tastes and lifestyle wishes to some of our older residents.

I am not sure that the Healthwatch team fully understood the nature of our YDU population, and the impact brain injury has on personality and memory. The reason why I say this is because even though life story work has been completed when I have asked some YDU residents about this, they could not recall this due to their cognitive problems.

The comments from this group were the least positive, but they can be the most vocal voice in the home, they are all encouraged to discuss issues and make suggestions at resident forums/meetings but due to the nature of their underlying diagnosis, they can find it hard to 'move on' and deal with change.

All residents have a 'this is me' profile as part of their life story and this is documented in their care plans. It helps staff tailor activities and support to each resident as an individual, and activity and well-being staff provide both one to one time with them, based on their life story work and they are encouraged and supported to participate in group activities too.

Anyone identified as lacking capacity has a Deprivation of Liberties Safeguarding application made to the local authority and they are supported to access advocacy services and there are posters with contact details pinned up all around the home. Staff will facilitate residents and their relatives to access external guidance and support as and when required.

Thank you for your additional suggestions/advice around additional resources and free digital platforms. We have an activity and well-being programme; this is linked to NAPPA and Golden Carers forums and planners. The activities

and well-being team work closely with our sister home, sharing ideas and resources and during 2024 we will be bringing residents together for some joint activities and day trips out.

We use digital platforms as resources, some individual residents have an Alexa, but many residents have been unable to use this independently, but staff support them to use it or use one of our iPad's to access Apps, games and music etc. We use You-Tube on a daily basis, and it is a fantastic resource. We also use the apps on our SMART TV's to access music, films, sit-coms, shows, natural history programmes, news reels and many more programmes that are from the 50's 60's 70's and 80's.

Unfortunately, the minibus needed a lot of repairs and when an analysis of usage was completed it was found that the minibus had only been used a couple of times in the last 3 years and this was not for activity purposes, hence it is more cost effective to use other modes of transport including adapted coaches. This has impacted on some of our younger residents who remember when they had almost daily access to it to go out and about around five years ago, hence some of their comments being quite negative. We do have links with specialist community transport services, local taxi services that can accommodate smaller wheelchairs and commercial coach companies, but the costs can be high, and some residents chose not to spend their money on day trips as they have other priorities for their 'spending monies'.

Whilst it was observed during lunchtime that a call bell was ringing for approximately 25 minutes; it may not have been the same call alert. As part of our quality assurance framework, we undertake monthly, random call bell audits but the call bell system makes the same sound unless in an emergency, therefore the call bell makes the same ring for the front door, any communal area as well as all the individual resident bedrooms throughout the whole home, there are lots of displays dotted around the building, which name the source of the call bell locations. Therefore, there can be several call bells being displayed on the monitor for different units/areas at any one time, hence why it may have appeared that the call bell had not been answered on one unit, it may well have, but it was still ringing on others and only if all had been responded to would it silence.

During mealtimes, staff are allocated different roles, there will be staff allocated to individual residents in the dining rooms and other staff allocated to support those residents that chose to eat in their bedrooms, therefore, even if these residents ring their call bell, a member of staff will always attend to them on more than one occasion during meal service and so they should not have to wait long for support.

Residents are assisted to have their elimination needs met before lunch and will be assisted to clean their hands at that time, there are also wipes available in all dining rooms to clean hands before and after meals as well as to wipe away any spillages around their faces. Dignity is important and so adult clothes protectors are available for those residents who may be independent but may struggle with their co-ordination and spill some food and drink. Plate guards and adaptive cutlery is available to support resident independence. Plate covers are used to protect pre-served food during transport in the bairnaries and to cover the food if staff are taking plates to residents who have chosen to eat in their bedrooms.

Dietary and fluid intake is recorded on supplementary paperwork for all residents assessed at being at risk of malnutrition or obesity. These residents are referred to NHS dietetic services for nutritional advice and they will prescribe dietary supplements. These residents have their intake is closely monitored and they are weighed weekly. Other residents who have difficulty swallowing food are referred to the Speech and Language Therapist for modified dietary plans. Food is freshly prepared each day and the daily menu is adapted to meet their modified dietary needs.

Mealtimes are protected times with the emphasis being supporting residents with their diet and nutritional needs. All care staff as well as nurses provide support at mealtimes, unless they are dealing with emergencies. Medication rounds should ideally not take place until meals have finished, but to ensure timely administration of medication with appropriate timing between medication rounds, occasionally medication rounds may commence after residents have had their main meal.

There is a three-week rolling menu. Since the visit, the Head Chef and Home Manager have sat with all the residents on the Younger Persons Unit (YDU)



and have devised a very different menu, more suited to their tastes, which includes world foods which are spicier and some of the more traditional 'milk' puddings which they didn't like have been removed and replaced with mousses and yoghurts.

There are always two main options on the menu at each mealtime and 'lite bites' are listed as alternatives if residents do not want either of the main options. There are always vegetarian foods available, and the Chef makes most meal options as a vegetarian alternative or will purchase specific pre-made items.

We have an excellent housekeeping team that work hard to ensure the home is clean and odour free in all areas. Birch Hall prides itself on being a friendly, homely place for our residents to live and our staff to work. Staff work hard to meet residents individual care needs, going 'the extra mile' to provide support, often doing things for residents on their days off such as shopping.

Over the next 18 to 24 months considerable investment is being made as the programme of decoration, refurbishment and re-purposing of areas takes place. Residents and staff have been involved with selection of decor and they are looking forward to their 'new look' home.

**Healthwatch Blackburn with Darwen**

**Unit 19, Eanam Wharf, Blackburn BB1 5BL**

**Telephone 07538 540237 or 01254 480002**

Website: [Healthwatchblackburnwithdarwen.co.uk](http://Healthwatchblackburnwithdarwen.co.uk)