



Oldfield House, Darwen, BB3 1QZ

Enter and View Report

Tuesday 17th February 2026

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:

15 Hawkshaw Drive  
Darwen  
BB3 1QZ

Staff met during our visit:

Roxanne Marshall (Manager)

Date and time of our visit:

Tuesday 17<sup>th</sup> February 2026 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](http://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

Oldfield House is privately owned by Crown Care Homes Ltd with places for 18 residents. There were 2 vacancies at the time of our visit. The person in charge is Roxanne Marshall

Information obtained from carehome.co.uk states that the home provides care for people from the ages of 65 +who are affected by old age, dementia, physical disability, sense impairment and eating disorder.

The CQC rating is

**Good**

## Methodology

The Enter and View representatives made an announced visit on Tuesday 17<sup>th</sup> February 2026.

We spoke to 5 residents, 4 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 need significant improvement.

## Summary:

Representatives would consider Oldfield House to be a “tight run ship” with clear processes, lines of accountability and professional delivery. At the same time, we experienced the home to be friendly, relaxed and welcoming with a high regard for person centred care.

This was undoubtedly due to the provider, the area manager and all the staff. The staff at Oldfield House were exemplary, we observed residents treated with dignity and offered choices and listened to with attentiveness.

Staff were invariably patient. We heard one staff member explaining to a resident where she was and why she was there and we heard staff reassuring residents *“don’t rush, take your time, let me know when you are ready and I will help you to the table.”* We observed staff responding promptly to residents’ support needs.

All the staff we spoke to were enthusiastic and valued their training and development, particularly the area manager and this appeared to have become cultural in the team. All the staff we spoke to said they would recommend the home to a relative and praised management. *“Management are outstanding, I can go to them and ask them about anything”* *“It is really good for regular training. I am being put through my NVQs, and I intend to progress in care.”*

Representatives saw that the home had a varied level of activities, but residents who responded to us were more ambivalent about this. *“I am happy here, but it is so boring.”* The activity coordinator told us that one to ones were more popularly requested. However, representatives acknowledge the staffing capacity issues around this.

Likewise, we observed the food to be of sufficient quantity, appealing with a choice of alternatives. However, several residents we spoke to were unenthusiastic. *“Everything is mince”* *its ok, I can eat it. At least I don’t have to make it.”* When we raised this with the area manager, she was already aware, had listened, and this was a point of consultation with relatives and residents.

Oldfield House was a joy to visit. The staff appeared to be longstanding and had developed relationships with both residents and relatives. All interactions were preceded with the resident’s name and there was genuine warmth and care shown by the staff. Residents were treated with dignity and respect and were confident in their surroundings.

Comments we collected from relatives were particularly appreciative *“The home is excellent.”* and *“I feel comfortable to come in and the care is second to none.”*

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

**Green**

## Enter and View observations

### Pre-visit and location

Prior to our visit the team took the opportunity to look at the home's website, general information and the and the last CQC report.

The website is for Crown Care Group incorporating information from the sister homes Thorncliffe and Oldfield Manor. We found the website to be of high quality in terms of imagery and information, being very clear about services and the mission of the family-owned care group. Person centred care and community was prioritised, and it was nice to see authentic images of outdoor activities and visits by friends and relatives.

Oldfield House is situated just off the A666 Blackburn Road, close to public transport and local amenities. The area is pleasant leafy and mature, within reasonable walking distance of the A666. Properties are of a similar type, and the sister home Oldfield Manor is adjacent. The home was well signposted and easy to find directly from the main road.

Parking is to the front of the building and is limited, and we did not see a dedicated disabled car parking space, although it was possible to park right up to the ramp accessing the home. There was ample on street parking, and this was not difficult to find.

## Green

### The external environment

The external environment is pleasant and well maintained alongside comparable properties appearing to be turn of the century and typical of the period. The area was very quiet at the time of our visit despite its proximity to the A666.

There are two side gardens, one of which houses the Crown Care Group minibus and seems to be reserved for utility purposes storing items pending removal. However, this is not being used by residents and is unobtrusive. An opposite side garden has most recently been extensively laid to paving. The area is wheelchair friendly and used for entertainment and social gatherings, has ramp access and is fenced for privacy. We saw wooden chairs tables and benches for seating and a pergola; we also saw images of the area being used for a summer fair. Rooms on this side of the building had been fitted with new patio doors to allow for direct access.

On approach to the secured reception, it was clear where to present and we were met by the director who was coincidentally on his way out. The area manager Roxanne met us directly after.

## Green

## The internal environment/reception -first impressions

The team have met Roxanne before, and she has always been welcoming, knowledgeable and with genuine enthusiasm for her job. After being invited to sign in digitally we were immediately offered tea and coffee. Roxanne pointed out that much of the home had undergone redecoration, some renovation, and the reception reflected that being warm, spacious and inviting. Comfortable armchairs with cushions were set close to a side table, and a landline telephone with a large keypad was available for residents' use. The area was attractively decorated and homely. We observed that beautiful period mouldings and features had been retained. This was particularly evident on the stairwell which featured a large stained-glass window. We noted that the Healthwatch poster was displayed as requested, alongside a visual notice board displaying "Today's Team." Staff were clearly identifiable around the home in smart uniform, many of them wearing plastic aprons and gloves as appropriate.

However, during the visit one representative experienced the very loud doorbell as potentially disconcerting for those with dementia. Whilst this is clearly needed for staff to attend the door, representatives considered if the alert could be more discrete, perhaps being transferred to staff devices.

## Green

### The observation of corridors public toilets and bathrooms

Flooring throughout the building presented as good quality wood effect and wipe clean. It was predominately light toned adding a feeling of spaciousness particularly to the corridors, these being wide well-lit and clutter free. The general signage to all doors was good being personalised to residents' doors and clear and informative to public areas. Some signage for example to the lift and other public areas was dementia friendly, colour coded, written and pictorial. Handrails were evidenced but these were not all in contrasting colours. Representatives noted that there were wall mounted supplies of plastic aprons gloves and first aid kits throughout the corridors in the home.

The bathrooms observed were exceptional and appeared to be the result of an extensive refurbishment programme. The décor and fittings replicated a quality domestic bathroom despite having all the disability aids required. They were clean and bright and extensively tiled in a contemporary manner. We observed wall mounted sink vanity units and shiny multi head shower rails incorporating a rainfall shower head. The bathrooms were adequately stocked with towels, toilet rolls and soap. There was a sufficient bathroom facility for the number of residents and Roxanne informed us that there is a programme of introducing new en-suite bathrooms to resident bedrooms that are large enough. Five of the 18 bedrooms have en-suite facilities.

## Green

## The lounges, dining area and other public areas

There are two lounges at Oldfield House the larger one being quieter and more suitable for residents living with dementia. When we arrived, the wall mounted TV was set to a moving representation of an aquarium. The room was well decorated, complete with easy chairs, side tables and soft furnishings and all the flooring was uniformly wood effect wipe clean. Although the room was less populated, we did not see free movement or choice being restricted around the home. Indeed, it was noticeable that staff took time to lead or follow residents as they moved around often holding a hand or elbow for confidence and all the time engaging them in conversation.

A table was set by the window intended for those residents requiring extra support during mealtime.

A second lounge was adjacent to the outdoor paved area with a ramp and patio doors for ease of external access. Most of the residents were sat in this area in comfortable armchairs and side tables similar to those in the rest of the home. Some of the armchairs were personalised with cushions, blankets, footstools and raised seats. A large TV was set in a prominent position showing the winter Olympics and one or two residents appeared genuinely interested. We observed the activity coordinator asking the room to vote on what they would like to watch on TV and offering suggestions of films, classic comedy series, YouTube etc. A cupboard underneath the TV contained a crisp snack box, a bowl of mixed fruits and water and orange juice which could be easily dispensed. An Alexa device was also positioned here. An orientation point was also centrally situated in pictorial and written form confirming the date, day and month. There were similar such reminders throughout the home below analogue clocks or incorporated into digital clocks. We observed a resident doing a jigsaw with a member of staff and books and a local newspaper readily available.

This area too was a lounge diner set with two dining tables at the far end. All the public areas were noted to be clean, bright, well-lit and uncluttered with homely decor.

Staff told us that personal care such as hairdressing and chiropody services were delivered in private in residents' bedrooms.

## Green

### Observations of resident and staff interactions

Representatives considered that staffing levels were good and carers were supplemented by two cleaners, an activity coordinator, a cook and maintenance staff.

Many of the staff were longstanding and we could see that they had developed genuine relationships with the residents. Conversations were peppered with the resident's name and enquiries about their wellbeing and staff took invaluable one-

to-one time with the residents, with staff putting their arms around residents and asking them if they were ok. We observed a conversation with a district nurse where a member of staff outlined the resident's condition. She was able to clearly explain the issue, how it had occurred and how it impacted the resident with both discretion and respect. Similarly, staff were familiar with the backgrounds of residents from an "About Me" plan with one carer describing that she liked to talk to residents about their life history by asking them what they had enjoyed in the past. Residents were noted to be confident and happy in their surroundings with natural conversation between them and care staff. We saw that staff afforded residents agency by asking permission, "*shall we go to the toilet.*" We overheard a carer asking a resident if he wanted a shower and when he refused, she suggested "*tomorrow.*" One resident pressed the call bell whilst we were in conversation and a carer arrived very quickly.

Residents, staff and relatives were all open and transparent in discussion with our team and feedback was predominantly positive. This was reflected by the area manager who was very receptive and responsive when we spoke about one relative's ambivalence to the use of Apetito prepared foods. The relative told us how good the cook was and that Apetito was unnecessary.

The views of residents were considered both in general interaction, residents' meetings and a published "You said We did" response. The activity coordinator also told us that she regularly consulted with residents about their preferences and recently recorded that they valued one to ones more than anything else. The provider produces a regular newsletter to update relatives.

### 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.

Representatives each observed a dining area the main dining area being within the second lounge.

There were two rectangular tables of five seats in the second lounge. The tables and chairs were matching light wood with padded dining chairs with arms. Tables were beautifully set with place mats, cloth napkins, cutlery and water glasses and a cruet set was on the table. There were natural flower arrangements and small plants at the end of each table.

A written menu in a place holder detailed the menu for the day. This was steak bake with chips, carrots and greens, or vegetarian cottage pie with carrots and green and optional beans and gravy. Dessert was tapioca or sticky ginger cake with custard.

The evening meal was carrot and coriander soup and selected sandwiches or pasta and garlic bread. Dessert offered was scone with jam and cream or Angel Delight.

All the residents were sat down by 12.30pm. Prior to this, they were asked if they needed the bathroom. Water was offered first with tea and coffee offered later, water being continually replenished throughout the meal, a jug of juice was also on the table. Staff were observed to be wearing aprons and gloves and adjusting napkins for those who required it. The meals arrived all at the same time, hot, served from a trolley on colour contrasting white dinner plates. The meal looked appetizing and of an adequate portion. We did not observe any of the residents needing support with eating. Despite this, staff were very extremely solicitous. We heard staff asking residents if they enjoyed the food and “did they want more.” Staff generally buzzed around encouraging conversation and communication between the staff and residents was notable however resident to resident conversation was limited. Representatives considered whether some light background music or a radio would have been appreciated. Residents were not rushed through the mealtime, and they all appeared to enjoy it thanking staff as they left the table. Representatives observed a medication round being undertaken during the meal. This was delivered by a staff member in a red tabard as is good practice.

Lunch in the first lounge was observed separately being delivered to 4 residents with a high level of need in all aspects of activities of daily living including nutrition and hydration.

Prior to the meal service, residents were taken to the bathroom. We observed that staff repeatedly made residents aware that it was lunchtime, orientating them to time and place. Food was served at 12.30pm similar to the other lounge area, however this was much more relaxed, less formal and with flexibility appropriate for the individual needs of each resident. Four staff supported four residents with three residents sitting at the dining table and one resident preferring to sit in the lounge. We noted that staff were wearing appropriate PPE and that residents were provided with clothing protection.

The table was well presented, and it was nice to see that a menu was on the table despite residents not necessarily having the capacity to read it themselves. Staff were later seen reading the menu to a resident.

Each resident had meal appropriate for them. One had very soft/blended food in an appropriate dark coloured bowl with a spoon. She was supervised and encouraged throughout. One resident required full assistance eating and struggled sitting still. Staff catered for this extremely well and ensured that the resident ate as much as she could. Staff continually assessed and adapted as required.

Two residents had cottage pie with vegetables. These were served on plates with coloured rims. Whilst both appeared to be able to eat the meal, it quickly became apparent that they needed prompting with each mouthful of food. Trying to keep one resident sitting at the table to eat was also a challenge but the carer managed this exceptionally well with great patience and kindness.

One resident started shouting how horrible the food was. Even when staff tried gentle persuasion and encouragement, she insisted it was nasty. Staff offered

alternatives but she did not appear to understand. However, when staff brought her a small plate of chips as an alternative, she slowly ate these independently and at her own pace.

One resident needed personal care attention which involved transfer using the hoist. This was before other residents were served pudding. Whilst this could be seen as disruptive to the lunch, it was managed in such a way that all residents' needs were considered and was most appropriate.

When desserts were served, staff were faced with similar challenges, but the support and encouragement continued. An alternative dessert, yoghurt, was provided for those who did not like the ginger sponge and custard. One resident repeatedly shouted that she did not know what it was. When given a piece of the cake without custard she tried some of it. Cups of tea were provided as well as water for each resident.

Staff explained that they monitor and record what all residents eat and drink and monitor residents' weight. They provide snacks throughout the day and one resident eats quite an amount at night if she is awake and wanders.

Representatives were extremely impressed with the staff approach to the lunch service, attention to detail and level of care provided. Staff caring for these residents should be complimented for their expertise and competence, while still maintaining a relaxed friendly atmosphere.

### Additional information

The activity coordinator Cheryl was present during our visit, and she told us that she currently covered both Oldfield Manor and Oldfield House. This seems to have presented a challenge in terms of quantity of provision rather than quality. Although we did not see an activity schedule per se it was evident that when activities were offered, they were varied and appreciated. Staff told us that the home was preparing to receive some chicks which would be kept in an incubator in the second lounge until they hatched. We saw that the home had previously had visits from rabbits, goats, owls, reptiles and other small animals. We observed images of buffet meals served as social activities, most recently Galentine's which included Prosecco and chocolate. We saw images of residents playing balloon games, sitting outside in the garden for social occasions and enjoying meaningful tasks such as folding, washing or planting bulbs. The activity coordinator told us about entertainment provision with visits by Bollywood dancers, belly dancers and tap dancers. Tribute acts had been popular such as Michael Jackson, Elvis and Dolly Parton. National days were celebrated with activities on National dance day, national pizza day etc.

Cheryl told us that that she was able to provide such a comprehensive entertainment schedule because she was commissioning across the three group homes.

The home is fortunate to have the use of a Crown Group minibus for trips into the community, and we observed a schedule for these displayed on a door. A trip was

arranged for each month the next one (in March) was to Darwen Heritage museum. Trips planned later included garden centres, animal farms, the beach and lunch to follow and a Christmas meal was scheduled to include a meal and entertainment.

However, the extent of activities was not reflected in residents' comments with one lady saying that she would like to go out for a walk. Similarly, the activity coordinator reported that when asked, several residents had indicated they preferred one-to-one time rather than structured activity.

Representatives accept that it can be difficult for care providers to address the variety of group to individual activities requested.

## Feedback from residents

### Environment

*"The home is nice."*

*"I have a ground floor room which I like."*

*"You can have a TV in your room if you like, but I am not bothered."*

*"It is nice and warm here."*

*"When I first arrived, my room was very cold, but they put a new radiator in my room and it's much better now."*

*"I have some of my things from home in my room."*

*"We have a call bell."*

*"I have my own walker so I can get about."*

*"The home is nice."*

### Activities

*"I am happy here, but it is so boring."*

*"I wish we could get out even for a little walk."*

*"The days are so very long, I sit here from getting up at 8am to going to bed at 9pm."*

### Care

*"Staff are lovely"*

*"Really friendly"*

*"They are kind and do anything for us that we need."*

*"All the staff know me "*

## Food

*"The food is not as good as it used to be. I do not know why."*

*"The food is ok, but we don't have a choice."*

*"Everything is mince, it's ok, I can eat it. At least I don't have to make it."*

*"We have puddings. They are ok."*

## Relatives and friends' views

*"Yes, I know all the staff by name, and they know mum and they know me"*

*"Oldfield House is much better than Thorncliffe I think it is because the staff are older and more experienced."*

*"I feel comfortable to come in and the care is second to none."*

## How do you feel about the service?

*"We can visit as often as we want to and at any time which is very important to me".*

*"The home is excellent."*

*"Mum is well looked after here, and we are very happy with her care."*

*"I am here a lot, and I have good relationships with the staff they are really good at telling me if mum is unwell."*

*"I would change the food. It's "Apetito" and I would prefer it to be homemade".*

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

*"The staff let us know if they have any concerns. They have rung us a couple of times."*

*"The staff are fantastic; we have a relatives and residents meeting."*

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

*"Yes"*

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

*"There is lots of information about what's going on"*

*"I join in and have been on days out and the Xmas party".*

## Would you recommend this service to others?

*"If someone had to go into a home, I would recommend this one."*

*“I would definitely recommend this home; they look after everyone so well”*

*“Absolutely my mum has been here nearly 3 years.”*

## **Staff views**

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

*“Yes, we use agency staff but prefer to ask other staff first.”*

*“I have an individual role, so it doesn’t apply, but I have supported on large occasions.”*

*“Yes, we have agency carers.”*

*“We do 12-hour shifts and also have dedicated staff for maintenance, cooking, cleaning and activities.”*

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

*“Management accommodates personal appointments.”*

*“Management is outstanding I can go to them and ask them about anything.”*

*“It is really good for regular training. I am being put through my NVQs, and I intend to progress in care.”*

*“I have been helped to develop my skills. I have just had dementia training. I am doing my NVQ 2 and going on to my NVQ 3.”*

*“I can swap shifts to accommodate family time.”*

*“I get lots of support from the director.”*

*“I started in 2007 when I was 19. The company have supported me from level 1 to level 7 and now I am an area manager. I have always wanted to do care work and encourage my staff in their development too. I have been able to study alongside working but I have dedicated time for the Level 7. We encourage others to consider care work with school placements and student placements we are currently working in partnership with Darwen Vale High school.”*

**How do you deliver care to diverse groups from diverse backgrounds and cultures?**

*“I would look at the care plan; it is personal to them, and diversity training. I would feel comfortable dealing with anything.”*

*“I would refer to pronouns, look at their interests and their life history.”*

*"I have done my diversity training."*

*"We do LTBTQ training and we encourage people to share their life experiences. We have staff and family members from the LGBTQ community."*

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

*"I would look at the care plan."*

*"I would chat to them ask about their life history and about what they enjoyed doing in the past."*

*"I would look at the care plan."*

*"I would look at the care plan, 'About Me, You Said We Did' and have face to face conversations."*

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

*"Yes"*

*"Yes of course"*

*"I would be happy recommend this care home to a relative."*

*"Without doubt."*

## Response from provider (email 10/03/2026)

Good afternoon, Michele,

I am absolutely delighted with the report, my only request is that this picture on the 1<sup>st</sup> page is changed to the one below as we have had the building sandblasted.

Kind regards

Roxie



Roxanne Marshall – Regional Manager

Crown Care Homes LTD

Thornccliffe, Oldfield House and Oldfield Manor Care Homes

Tel: 01254703122/01254702920/01254705650

**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)