New Springfield Care Home, Blackburn, BB2 6PS

Enter and View Report

Tuesday 19th May 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:

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New Springfield Care Home
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Blackburn
BB2 6PS
Newspringfieldcare.co.uk

Staff met during our visit:

Priya Mary

Date and time of our visit:

Tuesday 19th May 2026 10.30am

Healthwatch Blackburn with Darwen Representatives

Michele Chapman (Lead representative)
Liz Butterworth (Authorised Representative)
Michelle Livesey (Authorised Representative)
Lucy Collier (Healthwatch staff)

Introduction

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

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

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

Acknowledgements

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

General Information

New Springfield Care Home is a 65-bed facility privately owned by Each Other Care and currently has places for 48 residents. There were 2 vacancies at the time of our visit. The person in charge is Priya Mary

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

The CQC rating is yet to be determined

Methodology

The Enter and View representatives made an announced visit on Tuesday 19th May 2026 at 10.30am. We spoke to 5 residents, 3 staff and 5 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:

New Springfield is currently under a large programme of refurbishment and improvement with the environmental upgrades so far being impressive. Due to the ongoing refurbishment only 48 of the 65 beds were in use and therefore representatives did not access all the building. Two separate observations of two dining areas were undertaken during our visit.

All the public areas we observed were light, bright, extremely clean and clutter free. However, there was a uniformity of decoration that may have made it difficult for those living with dementia difficult to navigate. Dementia specific provision was largely absent, but the management were aware of this and had produced a" Dementia Friendly EMI Unit Action Plan."

Decorative standards were high throughout, but representatives felt that lounge areas in particular lacked personalisation or homeliness. However, we could see that the intended provision of the sensory room would provide the management the chance to introduce more person centred olfactory, auditory, optical and tangible, experiences and activities focused on those with dementia.

In general terms, residents were very complimentary about the staff, and it was clear that genuine relationships had been built between them. Both relatives and residents reported staff as caring *"The care is excellent"* and residents described staff as *"fun"*.

All the staff we spoke to were extremely positive about their experiences with the provider describing them as a "*good"* and "*supportive"* and *"My experience has improved with Each Other Care."*

However, several residents and relatives reported negative feedback in respect of prompt attention to call bells and supervision during mealtimes. At the time of our visit staffing levels seemed adequate and when we asked a frequent visitor if the staffing levels were the norm, she responded that they were.

Feedback about activities was universally positive and food too was reported as *"There is always something good to eat and they will find you an alternative if you don't like it."*

People who told us they had raised complaints with management were met with a positive response and where possible working practice or extra training had been introduced.

Representatives make observations based on what they see on the day. Likewise, the comments collected are records of what respondents told us on the day. The team have noted that opinions offered are not always consistent.

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 we looked at the dedicated facility website. We found it to be professionally presented, easily navigable and with a simple drop-down menu. Some of the images shown of areas of the home that had been upgraded since the creation of the website.

The provider Each Other Care was described as “family run” and it was particularly nice to read the “Stories from across our Care Homes” feature.

The building is situated in the main A6777 Preston New Road and as such has easy access to shops, facilities and public transport. Blackburn town centre is minutes away and Corporation Park is nearby.

The home occupies a prominent position and is well signposted with the car park to the front. Representatives found the parking spaces insufficient for a home of the size (65 beds but currently 48) and although there was a dedicated disabled space clearly marked this was obstructed by vehicles. However, there was some on road parking available and the manager told us that the provider was planning to provide more spaces on land currently used to support building works.

The Lead spoke to the manager prior to our arrival, and she was very helpful and accommodating.

Green

The external environment

The building appears quite modern from the front elevation but accounts from staff indicated that it had historically been a maternity hospital. There were some newly planted grounds to the front, but these were steep and would be difficult for residents to use. However, at the rear a garden area accessed via the garden room provided a mature and private seating area. We saw a few outdoor tables and chairs, raised beds, bird tables and a barbeque which we were told are used during the summer months. Representatives considered it a very pleasant setting.

The building appeared well maintained and was subject to significant improvement works. A large new ramp access had been built to the front aspect, and it was well lit with handrails which made the entrance to the home appear quite grand together with the portico entrance.

It was apparent where the main entrance was situated and although the doors were open when we arrived, we could see that there was a keypad in regular use.

Several staff met us when we arrived and Sal the deputy manager and Priya the manager were soon on hand.

Green

The internal environment/reception - first impressions

The reception is a very spacious area with some of it to the far end appearing unused. However, the manager told us that this area had been earmarked for a dementia friendly installation soon, possibly including a “post office” or “bus stop”. The front desk was centrally placed, constructed in light wood with a curved profile and a digital signing-in portal was adjacent. Unfortunately, a representative noticed that this appeared to be working intermittently on the day with some visitors unable to use it. The reception was very impressive, clean, light airy and professional. We noted easy chairs and wall décor together with coffee making facilities and biscuits for visitors. There were decorative touches such as plants and faux candles that were reminiscent of an upmarket leisure facility. Representatives noted fragranced air fresheners were used throughout the home and whilst experiencing them as pleasant, considered this may not be a universal experience.

There were posters throughout the home about our visit and additional information about activities. The team noted the provision of a dedicated brochure for the home available to visitors. Likewise, the staff had produced some smaller leaflets about our visit to hand out.

The reception also housed a visitor toilet and the lift to access other floors.

The staff at New Springfield could not have been more welcoming with both the manager and the deputy manager taking the time to guide us around the building and two of the directors coming out to meet us too. The care staff were easily identifiable in smart uniform.

Green

The observation of corridors public toilets and bathrooms

The corridors appeared to have been subject to a programme of redecoration with uniform light colours and white paintwork including handrails. Flooring was wipe-clean wood effect in most areas and the corridors were spacious and uncluttered with plenty of room for adaptive aids. However, the size of the building and the uniformity may have made it difficult for some people to navigate, and the lack of colour contrast to the handrails may have presented similar difficulties. Dementia friendly signage throughout the home was similarly difficult to make out. Although the building was well signposted throughout and doors were numbered and named and framed on a dark background with a photographic representation, this was not high contrast. Where we noted clocks for orientation to time, they were Roman numeral and more difficult for those with dementia to interpret. One clock did not display the correct time which may have been confusing for residents.

Not all bedrooms had ensuite facilities. However, there were enough shared bathroom facilities to support the number of bedrooms in the home. Bathrooms were set in easily accessible areas with wet rooms and adaptive bathing facilities both being available. All the bathrooms we saw were clean, modern and well equipped with ample supplies of hand soap, toilet paper and hand towels. The flooring was specialist nonslip for bathrooms, and we noted the use of specialist easy clean wall panelling. However, several residents reported that they were unable to use a particular shower on their floor and had to go to another one. This seemed to make one resident quite anxious whilst another responded, *"I don't mind using the shower on the other floor, but I think that is for the men."*

Green Amber

The lounges, dining area and other public areas

Representatives visited two lounge areas on each floor. The rooms were bright, light and airy and recently redecorated in uniform colours to match the rest of the building. As the lounges accommodated residents on each floor, they were a reasonable size with seating mainly around the edges and there was plenty of room for those who were mobile to move around.

Flooring was wipe-clean wood effect laminate in a similar pale colour. In each lounge a TV was mounted over an electric fire or fireplace with standard easy chairs and some side tables, but no footstools were observed. However, the rooms did not appear particularly homely with little variety in seating and little decorative furnishing. We noted that some residents had blankets over their knees and there were fresh flowers dotted about but there was little in personalisation beyond that.

We visited two dining areas, and these too were of a decorative high standard. The dining areas on each floor mirrored each other. It was nice to see that a drinks/snack station in each dining room had dispensable orange juice, blackcurrant juice, fresh fruit and crisps available. That said, no residents were observed using the snack station during our visit.

The decorative standard was similar quality to the rest of the building, in light colours and it was noted that decorative covers were fitted over radiators. Round light wood tables were arranged around the sides of the room surrounded by chairs with padded seats and arm rests, and there was plenty of room between tables for residents to use walking aids.

Menus were mounted on the wall and subject to weekly rotation however, the size of the text and font may have been difficult for residents to read as it was small. In contrast, the breakfast menu was more easily discernible. We saw a wall mounted clock but again this was Roman numerals.

Staff told us that all food was prepared on site by dedicated staff, and residents and relatives both told us how much the food had improved and that this had been due to new kitchen staff. The menus certainly reflected this with the breakfast

menu offering flexibility around cereals, toast and condiments and on request a full English breakfast with variations of eggs and fruits.

The main menu was equally impressive with hot meals available at both lunch and tea. However, we did not see visual representation of the menus.

On the day we visited, the lunch choice was red onion soup and a selection of sandwiches or cheese and onion pie with baked beans followed by sponge and vanilla custard.

The remaining rotation of meals appeared equally inviting offering curries, steak puddings, pasta and all preceded by a soup of the day and followed by a dessert.

HAIRDRESSER

The team were shown a newly refurbished hairdressing salon and nail bar. A visiting hairdresser attended by appointment. The room was spacious and decorated to salon quality with mirrors, professional backwash facilities and station and the nail bar being similarly well equipped.

COMPUTER ROOM

The manager showed us a quiet internal room which was pending refit into an IT area, the manager telling us that some of the residents were familiar with using technology and would find it useful.

GARDEN ROOM

A garden room led out onto the rear garden, decorated in pale green with faux plants on wall panels and hanging baskets. It seemed particularly relaxing with easy chairs, cushions and a side table with a vase of flowers. A bookshelf stacked with contemporary novels was situated near the external door and there was indoor water fountain to enhance the environment.

Wheelchair access was enabled by a ramp to the garden area, however, a relative told us that the metal door threshold made maneuvering a wheelchair over it quite difficult. Likewise, the door once exited cannot be opened from the outside and there was no way of alerting staff. Representatives felt this could have been addressed by a simple doorbell or intercom.

Whilst we were there, we saw lots of activity in the garden areas, with mowing and preparation of raised beds. Residents told us that they appreciated the area and they used it when the weather was good.

CINEMA ROOM and BAR

Leading from the reception area was a roped off pathway leading to an entertainment area. This was newly decorated in rich dark colours with an A-board outside welcoming residents to World Cup football viewing. The manager confirmed later that the cinema room provided access to a large choice of films and sporting events including live streaming. Indeed, we noted posters for the two films showing that week as “Airplane” and “Starman”.

We also saw some pub games such as dominoes and one resident told us how he liked to play magnetic darts with the carers.

At the far end of the room was a projector and large screen with several leather powered armchairs looking on. The manager pointed out that not only were these adjustable, but they were massage chairs too. They replicated cinema chairs with drinks holders, padded arms and high backs.

A bar area to one side called the "The New Springfield" was populated by non-alcoholic optic dispensers and a couple of bar stools were pulled up to it. The bar was incredibly well reproduced and even had a small wall mounted brass bell to call "time." There were more round tables complete with dark tablecloths to match the black and gold décor and in one corner stood a piano. The manager told us that one of the care staff was a keen piano player and often gave performances in the bar which the residents really enjoyed.

SENSORY ROOM

The manager told us that the provision of a sensory room was in process to promote the wellbeing of residents living with dementia.

Observations of resident and staff interactions

On admission, residents and their families can contribute to a "My Life" document which helps staff to personalise the resident experience, learn about their past and identify their preferences.

The team noted interactions between staff and residents to be polite and respectful. Staff were observed anticipating residents' needs and instigating conversation with them. Staff appeared to know the names of residents and those who came to visit. However, one resident stated that staff did not know her name.

All residents we spoke to were very complimentary about the staff and most knew their names. They told us "*The care here is great. They do anything you need.*"

Two residents listed carers by name as being exceptional and one mentioned a carer by name as his favorite. Residents, however, told us that they felt that staff were very busy in the mornings and might need more help.

Representatives observed care staff knocking before entering bathrooms and residents' rooms and being aware of residents' individual preferences. One resident reported that even when she rang the call bell and staff were busy, "*they always pop in if just to say they will be back in a few minutes or when another staff member is free.*"

Conversely another resident told us that when staff take a long time to answer the call bell, *it is awful, having to wait if I need the bathroom. I cannot manage on my own*". Likewise, there was anxiety about the use of a standing hoist as there was only one. "*They take it away and then have to go and find it*." The resident told us that they had asked about getting another but were told it's "*too expensive.*"

Residents told us that they were offered showers every one to two weeks (which seems quite frugal) but were not sure if they could have more on request. One female resident reported being unhappy about a young male carer observing her showering whilst he was shadowing an experienced female carer during the training process.

Staff carried a handheld device to update care records in real time.

Activities

Representatives had the opportunity to meet the activity coordinator prior to her leading an organised trip on the facility minibus. This was to the HAPPA (Horses and Ponies) Café and was advertised as being "*very popular*. "It was evident from other posters around the building that there was a full activity schedule and on the day of our visit a regular armchair exercise session was promoted with "Coach Rob". We later saw Rob deliver an exercise session to each floor that we visited.

Other activities highlighted were Bingo, Karaoke, quizzes, and there had been a pantomime earlier in the month. The day before our visit, there had been a Friendly Faces 1 to 1 activity and the opportunity to complete resident surveys. On the week of our visit 1 to 1 activities were scheduled 3 times.

Residents told us that there were visiting artists, and we could see that there was a Father's Day buffet planned to star "Marilyn Monroe". A Therapy Pony session had been pre-scheduled for July.

On the face of it, the activity provision was very well organized and scheduled but we did not see any evidence of resident-led activity such as individuals painting drawing or reading. One resident did tell us that he formerly bought a daily newspaper but that it had got "too expensive". He suggested that it would be nice if the home had one delivered to share.

When we spoke to some relatives later, they described the activities as *"excellent*, *particularly the trips out*." They described music events and quizzes and told us that residents had cakes on their birthday and that they had held family events in the garden room.

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 were separately present in two dining rooms on two floors - the Residential and the Specialist Care floor.

SPECIALIST CARE FLOOR(EMI)

Residents were already seated when representatives entered the dining room (just after 12pm). Not all residents could be accommodated inside the room due to the

size of their adaptive chairs, and two of these were served in the hallway just outside the room with one-to-one support to eat. Yet another adaptive chair was able to fit in the corner of the dining room. Hand wipes were used throughout meal service.

Tables were nicely set with floral décor, tablecloths, adaptive cutlery, napkins and cups we saw condiments on the table. The team noted that although placemats contrasted with the crockery, the crockery being all white may not have been as easy for those with dementia to utilise. Adaptive crockery and cutlery were in use throughout the service.

Staff levels were high at one point with 7 staff in the dining room with 13 residents, but not all residents required one to one support. Staff presented professionally with gloves, aprons and hairnets on. Food was served from the serving hatch with plate covers. We observed the staff to use good practice explaining to residents what was on the menu and offering alternatives. One resident was offered a specially made meal of sausage, egg and toast, and another sandwiches. The chef was also on hand to encourage eating and making alternatives. Likewise, staff were responsive and supportive, assisting eating where required. We saw staff treating residents with dignity and respect, with one resident having his mouth carefully wiped. Staff drew chairs alongside residents whilst supporting eating and offered encouragement to eat throughout.

Staff promoted a sociable atmosphere instigating conversation, interacting with residents who found it difficult to communicate and there was popular music playing in the background. When the food arrived, it appeared to be of sufficient quantity, temperature and looked appetising.

Residents appeared to appreciate the food and ate well, many having two courses. The menu was homemade soup, cheese pie and sponge pudding for dessert.

Most residents had begun to finish their food within 30 minutes and were gently led away after having their hands wiped. However, one resident in the adapted chair in the corner of the dining room did not have any interaction with staff for 25 minutes. Eventually an adapted lap table was brought to him and his hands wiped. He was supported throughout his meal with the staff member serving hot pureed food and using his name in conversation throughout the interaction. On leaving the dining room, we spoke to another resident in a large, adapted chair who was supported eating in the hallway. She indicated she was perfectly happy there and was enjoying the food.

RESIDENTIAL FLOOR

Lunch was at 12pm in a dedicated dining room with the kitchen situated off the room and a serving hatch into the dining room. There were 4 dining tables, and 9 residents ate in the dining room. One resident was brought in in a wheeled recliner chair where he had his lunch from a mobile /bed type table.

Tables were nicely set with paper napkins, China cups and saucers, metal cutlery, and non-slip tablecloths and some place settings had placemats. A salt cruet was

noted on each table, and residents were later observed using adapted cutlery. When the meal arrived, it was noted to be of sufficient portion and temperature and appeared appetising.

Throughout the meal, residents were supported with a selection of beakers and cups, protective bibs and collared plates. Resident were offered different plate sizes according to their appetite. The lunch served on the day was red onion soup, cheese and onion pie with chips and beans and sponge and custard with sandwiches as an alternative. Dessert was sponge and custard and no other choice. Background music from Alexa was played throughout the meal. At one point it was turned off but when a resident asked for it to be turned back on to his personal choice (Gerry and the Pacemakers) this was accommodated immediately which made him very happy and he sang along.

Representatives found levels of support to vary. Initially 3 members of staff were present which increased to 5 later in the service. A senior member of staff introduced themselves as overseeing the service. Levels of attentiveness were varied too. 2 residents were observed being assisted with their food however, there was little encouragement or interaction between staff and these residents. One resident only ate the chips and did not touch the pie. A staff member asked if she enjoyed her food but did not ask about the pie or establish why it was untouched or offer encouragement to try it.

One resident was really struggling to eat their sponge and custard because they were in a wheelchair and the wheelchair was too far away from the table. Later on, a staff member noticed this and adjusted the distance. Perhaps a collared dish and adapted cutlery would also help in this situation. At 12.40pm a resident was still eating their pie and chips when other residents had finished their dessert, but no one assisted the resident with their main course.

In contrast, another representative saw instances where interaction between staff and residents was excellent. One resident had full assistance and the carer sat by him while feeding him very patiently. Time was allowed without rushing the resident. Drinks were given as needed and there was pleasant quiet interaction. The resident ate a full lunch and clearly enjoyed it. It was nice to see the resident shake the carer’s hand, a sign of appreciation at the end of the meal.

One resident requested sauce. A carer brought a wooden condiments holder with choice of sauces. Likewise, tea and coffee “top ups” were offered throughout meal, and staff were heard enquiring if residents had enjoyed the food and if they would like more.

Another resident was able to feed himself using a plate guard and adapted cutlery. The kitchen staff member recognized quickly that he had the soup option due to his dietary requirements, however, she was aware that the resident did not like soup. She asked the resident if he would prefer cheese pie and the resident was keen to try it. A portion of cheese pie without the full pastry served with beans was provided as an alternative and the resident enjoyed it. Indeed, all the residents enjoyed the food with very little being left.

At the end of the meal service a staff member was observed approaching each resident with baby wipes and asking permission from them before they wiped the residents' hands and face.

After lunch, carers were seen providing soft drinks for the afternoon, each resident receiving a clean drinks bottle (modern sports type), labelled with the individual's name and containing their preferred drink.

Carers explained that this works well as they can monitor who is drinking adequately, and drinks are less likely to get knocked over spilt or taken by another resident.

Additional information

The manager told us that both Podiatry and Audiology services were available at the home.

NHS dentistry was provided by the Eden surgery and had recently delivered staff oral hygiene training.

A director provided the team with a Dementia -Friendly EMI unit Action Plan, which detailed many of the improvements considered in terms of dementia friendly provision.

Action included

- Toilet doors colour contrasting red.
- Installing Dementia Friendly signage and images.
- Personalising bedroom doors.
- Review and improve lighting.
- Introduce contrasting furniture.
- Create activity zones.
- Add sensory design element.
- Improve garden access and safety.
- Team training re Dementia Friendly environment use.

Feedback from residents

Residents were mostly positive about their relationship with carers, even mentioning their favourites. Two representatives were invited to talk to residents in their rooms, and the residents were clearly proud of them. One was a Liverpool FC supporter and told us that he enjoyed conversations with the carers about his team. Another resident showed us to her room and referred to it as home. She had personal items in the room and told us that she enjoyed her view of the garden. However, one resident referred to the home as a "*dump*", but when representatives sought for him to elaborate on this, he seemed unsure. Food was generally very well received.

Two residents raised issues with the temporary unavailability of a shower room. One resident reported being offered a shower every "*one or two weeks.*"

Environment

"I like my room."

"I have a great room. I have it nice"

"It feels bare and not like home" "I don't want to bring things from my home here"

"I don't mind using the shower on the other floor, but I think that is for the men"

"They say that the home is set in gardens. I don't think that it is. These gardens are not like I expected. I had a beautiful garden at home"

"For the money I pay I don't think it is good value"

Activities

"We have an activity coordinator, but she has all floors to cover."

"She organizes excellent trips. We don't go because we have been to these places before and don't want to take a place that someone else can have"

"I used to buy a daily newspaper, but they got expensive and I don't always read it"

"The home could do with having a newspaper for us"

"We join in some activities in the dining room like bingo and any quizzes they have"

"My family can visit at any time"

"We had Elvis recently, a singer. He was really good. I hope we have him again"

"I like to look out in the garden."

"We can go out in the garden when the weather is better."

"I watch TV."

Care

"The staff are kind I know them all. I don't think they know my name".

"The care here is great. They do anything you need"

"The care is excellent. I try not to call when I know they are busy, so staff know when I do call it is because I need them. They always pop in even if to say they will be back in few minutes, or when another staff member is free".

"I can do some things for myself like getting washed and dressed".

"The staff are alright. We can have a bit of fun".

“I don’t like it when they keep coming in my room at night and shine a light at the wall before going”

"Sometimes staff take a long time to answer the call bell. This is awful, having to wait if I need the bathroom. I cannot manage on my own.”

“I need a standing hoist to transfer but there is only one. They take it away and then have to go find it.”

“I have a shower on the other floor. I need help from the carers. Recently I had a young male carer observing the others and I didn’t like that, I know they have to learn but not watching me like that. I am an older lady. It’s not right. I have lost my modesty and now I am losing my dignity”

“I have no experience of being in a care home and don’t know what to expect. It’s not like being at home”

“I have my hair done and enjoy that. I like to look nice. I always took pride in my appearance.”

“I have to buy my own continence products. An elderly friend gets them for me. I do not know what will happen if she cannot do that for me”

“I have a very sore bottom. The carers put spray on it but that makes it sting. The district nurse comes but I haven’t seen her for 2 weeks. I lie on the bed in the afternoon to change position and that helps I have spoken with the manager, and she does what she can”

Recently, when I was unwell the staff tried very hard to get the medication I needed quickly.”

“The care is excellent.”

“When I first came there were some issues with losing items of clothing sent to the laundry, but my family do all my washing now.”

Food

“The food is better now we have the new menu”

“We had a lot of choice before, too much”

“We don’t have a choice now”

“We have a lot of pasta”

“It is always Ice cream”

“We have too many chips”

“The food is very tasty”

“The food is good I am looking forward to the soup and cheesecake today.”

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"The soups are excellent"

"The food is really good"

"There is always something good to eat and they will find you an alternative if you don't like it"

"I don't like pasta, so they do bolognaise with rice for me"

"Some residents like the hot puddings, so we always have them"

"I like it when we have eclairs or cheesecake"

Relatives and friends' views

One relative expressed concern about getting through to staff on the telephone or the carer not being available when they rang. The relative stated that they believed that the carers had a mobile phone in their pocket.

A mealtime "choking" incident was described by one relative which they tried to address because no staff were available. After this they were made aware where they could press the alarm. Furthermore, a carer is always present supervising mealtimes.

A relative described trying to assist another resident with their food which resulted in their exclusion from the dining room during mealtimes. This was disappointing for her as that resident liked to join her husband at mealtimes. Healthwatch representatives appreciate the position of the home in these circumstances and the relative indicated that she also understood this.

One bereaved relative was eager to tell us about how responsive the management had been in addressing her mum's medical condition, when training had been introduced specifically around stoma care. She also told us that *"people cared"* and*" listened to concerns."* She related that the chef had been to her mum to talk about meals and how she and her mum had been happy with the staff and the care.

All the relatives we spoke to indicated positive view about the activities

How do you feel generally about the service?

"Our main concern is carers not answering the call bell within a reasonable time. This is especially concerning when urgent attention is required for toilet needs. Staff come in and say we will be back in 5 minutes but forget. Similarly, they forget to leave the call bell and/or his mobile phone within residents' reach, and he cannot summon help when needed."

"The service is excellent."

"Sal is exceptional and caring for my wellbeing as well as my husband's (resident)."

"Food quality and service have improved – I believe there is a new chef."

"Call bells are quickly responded to."

"I am very well informed, any issues I have been informed immediately and if I can't be reached, they have contacted other friends/ family."

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

"The service is really good; the staff are attentive. We have been coming here for 10 months; all the residents are risk assessed. There is good access to necessary care such as 1 – 1 care."

"Notes are taken digitally every hour; we can ask to look at the care plan regularly; we have easy access."

"The care plan is adaptable".

"I feel very well informed about the care of my husband."

"There is good communication between staff and guests and residents."

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

Yes, we met with managers and realised that at busy times, especially the mornings, it is difficult to meet all residents' needs promptly. This led to an increase in carer numbers.

"Any complaints they have had have been dealt with promptly in the past".

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

"The activities are excellent."

"They have trips out, Pendle shopping village was good".

"These are organized by the coordinator."

"There are music events, quizzes and residents have birthday cakes on their birthdays. "We have had family events here in the garden room"

"We take dad out to church"

"We take him to extra groups where he gets exercises"

"We use dial a ride for transport"

"The activity and laundry services are excellent."

"I think that EMI floor does not get as many activities as the first floor."

"I have full use of the activities within the service."

Would you recommend this service to others?

"I couldn't think of anywhere better."

"I would absolutely recommend the care home to others".

"I would recommend the care home to others."

Staff views

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

"Yes, and I prioritise one to one time with residents".

"The manger uses a dependency tool, and we do use agency staff from the same 2 agencies. We try and use bank staff in house were possible."

"Yes, sometimes."

How does the organisation support you in your work?

"My work experience has improved with the current provider. Training is often face to face and the new provider is proactive with offering it."

"This company is one of the best I have worked for in terms of support. We get personal support with counselling, training ELearning and face to face training too. We are encouraged to achieve NVQ Level 3."

"My experience has improved with Each Other Care; I can go to Priya and Sal. They are very supportive and they keep things confidential."

It's a good place to work, it's a good laugh. It's a family dynamic"

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

"There has been a great support network in terms of my personal experience. We use translation tools if needed and try and learn about people".

"Well, we have a diverse staff."

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

"We find out from family and the resident, and we use the My Life tool and the care plan".

"We ask the family and we do an assessment on reception about their hobbies and past life. We use the care plan and the My Life tool".

"I use clear communication and look at the care plans. I like to ask them "

"This is all on file".

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

"Yes, my grandma has been here."

"Definitely, particularly under the new providers."

Response from provider (email 26/06/2026)

Dear Michele,

Thank you for forwarding the draft Enter and View Report for New Springfield Care Home.

We appreciate the time taken by Healthwatch Blackburn with Darwen to undertake the visit and provide detailed feedback. We welcome the observations and have reviewed the highlighted areas identified within the report. The findings have been discussed with the management team, and the following actions will be implemented to support continuous improvement:

- Dementia-friendly environment: A dementia-environment audit will be completed, and dementia-friendly clocks and signage will be introduced where required.
- Call bell response times: Weekly audits of call bell response times will be implemented and monitored by senior staff.
- Morning staffing pressures: Staffing deployment during peak morning periods will be reviewed to ensure residents receive timely support.
- Availability of hoisting equipment: A full equipment audit will be undertaken to ensure sufficient moving and handling equipment is available.
- Bathing and shower provision: Personal care plans will be reviewed to ensure bathing schedules reflect residents' preferences and needs.
- Privacy and dignity: Staff will be reminded that explicit consent must always be obtained before trainees observe personal care.
- Resident-led activities: Opportunities for individualised and resident-led activities will be expanded.
- Dining experience: Regular mealtime observations will be undertaken to ensure residents receive appropriate support and encouragement.
- Accessible menus: Large-print and pictorial menus will be introduced to improve accessibility.
- Garden access: Options for a call bell/intercom system for residents and visitors using the garden will be explored.
- Person-centred care: Staff supervision will reinforce the importance of knowing residents' preferences and personal histories.

- Night-time observations: Night checks will be reviewed to minimise disruption to residents' sleep.
- Communication with relatives: Telephone answering procedures will be reviewed to improve responsiveness.
- Toileting assistance: Staff will be reminded of the importance of prioritising urgent care requests.
- Homely environment: A programme of environmental enhancement will be implemented to increase personalisation within communal areas.
- Environmental checks: Weekly checks of clocks and orientation aids will be added to environmental audits.
- Meal choice presentation: Visual menu displays will be introduced to support informed choice.
- Nutritional support: Staff will be reminded to explore reasons for poor food intake and escalate concerns appropriately.
- Positioning at mealtimes: Staff will ensure residents are appropriately positioned before meals commence.
- Support for slower eaters: Mealtime monitoring will be strengthened to ensure all residents receive the support they require.
- Visitor sign-in system: The effectiveness of the digital sign-in system will be reviewed and alternative arrangements made available where necessary.

We are grateful for the constructive feedback provided and view the report as an opportunity to further enhance the quality of care and experience of our residents. We look forward to receiving the final report.

Kind regards,

Sal

Interim deputy manager

In conversation with the deputy manager on 01/07/2026 points in the many points in the report were expanded further.

- Dementia friendly adaptions such as clocks, crockery, menu presentation and orientation boards were already being considered. Therapeutic comfort objects would also be explored.
- Any delays in mealtime service have been addressed.
- Delays in toileting were minimal, and staff always indicated to residents that they would be with them shortly.

- Showers are offered every 3 days or on request. All showers are now fully operational
- The door in the garden room would be replaced
- Homeliness would be considered in context of improvements to lounge areas.

Healthwatch Blackburn with Darwen

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