



Queens Lodge Nursing Home, Blackburn, BB2
3HQ

[Enter and View Report](#)

Tuesday 18th August 2026

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

Queens Lodge
Haslingden Rd
BB2 3HQ

Staff met during our visit:

Matthew Bolton (Manager)
Madhu Reddy (Head of safeguarding, quality and transformation.)
Michael France (Wellbeing Coordinator)

Date and time of our visit:

Tuesday 18th August 10.30am

Healthwatch Blackburn with Darwen Representatives

Michele Chapman (Lead representative)
Michelle Livesey (authorised representative)



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 Matthew together with staff, residents and visitors for making us feel welcome and taking part in the visit.

General Information

Queens Lodge is privately owned by Constantia Care Homes with places for 56 residents. There were 14 vacancies at the time of our visit. The person in charge is Matthew Bolton.

Information obtained from carehome.co.uk states that the home provides care for people who are affected by old age, dementia, physical disability and visual hearing impairment.

The CQC rating is

Good

Methodology

The Enter and View representatives made an announced visit on Tuesday 18th August 2026.

We spoke to 11 residents, 3 staff and 4 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:

Queens Lodge was observed to have a very homely environment, public areas were busy and visitors were made welcome. Friendship groups had formed and there were some very positive comments about service provision.

The home was spacious and well-appointed with attractive outdoor areas which residents could navigate independently and there were no negative responses about the environment with people describing it as clean and the garden as “lovely”. Residents told us how much they appreciated their rooms.

Almost all the residents were very complimentary about the food *“The food is fantastic. They will make food to order. I get enough and they are generous portions”* and *“Food is excellent.”*

Activities too were highlighted with Michael the Wellbeing Coordinator coming in for praise *“Michael does a good job.”* *“There are lots of activities. Michael gets good singers in.”*

The manager Matthew was also praised *“The manager Matthew is marvellous”* and one resident stated that *“There have been changes for the better.”*

In terms of care delivery, responses were more mixed and this was reflected in our observations. There were several comments about poor responses to call bells, the use of agency staff and anxiety about the effect of cumulative changes in management. *“There have been too many changes in management recently. It makes us all feel very unsettled. I don’t know who is in charge at the moment and I don’t like that. I hope it settles down soon.”*

Two relatives wanted to discuss historic nursing concerns which had been subject to safeguarding.

Another resident told us, *“No, I don’t feel well today, I have told them, but they don’t listen.”* There were also negative comments about the effectiveness of agency staff and language barriers.

Conversely other residents and relatives reported the care as good.

The home was extremely busy and to respect this we confined our staff conversations to managers who we found to be open and transparent.

Our observations broadly reflected the responses we gathered from those who spoke to us. This was a home with good provision that had undergone a series of changes which had impacted on the delivery of care, particularly nursing.

Staff challenges and challenges around leadership stability appeared to be in the process of resolution.

Green Amber

Enter and View observations

Pre-visit and location

Prior to our visit we reviewed the group website. However, we found it difficult to establish a substantive manager for the home. The website was generic with a drop down for the facility, but the images were specific to the home, and it was easy to navigate and clear. We also noted a Facebook page for the home which was regularly updated with activities and information.

The home is situated in an elevated position on the A6077 Haslingden Rd opposite the Royal Blackburn teaching hospital with views of surrounding countryside to the rear. A bus route is nearby, and it is not too far to drive to the motorway network. The home is well signposted, from the Blackburn direction and the car park can be reached via two entrances to the front of the building.

The car park was sufficient for both representatives to get parking spaces, and a separate staff park was instrumental in this. The car park was clearly laid out with a clearly defined disabled parking space.

Green

The external environment

The facility is relatively modern and attractively laid out over two storeys. There is a sympathetic extension of 24 beds to the northwest wing. The building is set back from the road on a down slope which gives the front elevation privacy.

The gardens particularly at the front are well maintained and pleasant. A pond area sits right in front of reception fringed by planting and an ornamental rockery. There is wooden bench seating around these so residents can sit out if they choose.

The rear garden is more restricted but nonetheless has a nice brick paved area a lawn and planters. We saw outdoor tables, chairs and an umbrella and a gazebo at the far end of the garden

A marked pedestrian crossing area leads to the front door of reception.

Green

The internal environment/reception -first impressions

The door to reception was easily identified, and the door was answered quickly. On first impressions the reception was observed to be clean and decorated in soft light colours.

However, it appeared that the staff were not aware of our visit. There were a number of people in the reception and a lot of staff activity, so it was difficult for us to establish who to speak to.

Unfortunately, the letter and poster we delivered to the home regarding our visit appeared to have been unavailable to the management team, so our poster was not displayed. Confusion around personnel changes may have contributed to this. The manager we met (Matthew) was covering for the current manager who was on sick leave. Nevertheless, Matthew was very welcoming and happy for us to continue the visit.

After we offered to sign into the electronic keypad Matthew gave us his time despite being in the middle of conducting staff interviews.

Staff were identifiable by uniform.

Amber

The observation of corridors public toilets and bathrooms

Corridors were clutter free and well-lit with navigation in the form of named routeways such as “Balmoral Avenue” and “Welcome to the Lounge”. However, we did not see signage that was colour coded pictorial and written altogether. Two lift doors were highlighted red as appropriate, but some signage was difficult to read particularly the small brass plates denoting, for example a shower room, which were pictorial only. Resident doors were personalised displaying a framed photographic portrait with their name clearly written across the top in a simple font; underneath was a note of their “experience partner”.

The wellbeing coordinator Michael introduced himself and showed us the eye-catching notice boards in the downstairs corridor. We could see that Queens Lodge offered a variety of crafts, a virtual gym session each Friday, bingo, a residents meeting, visiting entertainers and one to ones. Upcoming events included a Macmillan coffee morning on 25th September. There was an information poster about the free to use “Famileo” resource which was a digital or paper photo and message board to link residents and their friends and family. Later in our visit we observed activity packs “A Day in the History” which Michael had made up himself.

There were a sufficient number of public toilets to service the number of residents with each bedroom being en-suite. However, a bathroom nearest to the main lounge was soiled when we entered, both on the floor and in the toilet pan, whilst some clothing lay discarded in a corner. In another bathroom a cereal bowl and spoon had been left on top of a wastebin. However, the environment throughout the home generally appeared clean and clutter free indicating issues with supervision rather than cleanliness. We were told later that there were 3 cleaners in total doing various hours.

The bathrooms we saw were well stocked with toilet rolls, soap and towels. Grab rails contrasted in a dark colour and there was provision of toilet frames and raised seats which were not colour contrasting. We saw well-appointed wet rooms and bathrooms particularly on the new wing of the building, with rainfall shower heads and adapted bathtubs with over bath chairs.

Green Amber

The lounges, dining area and other public areas

Queens Lodge has two lounge areas and a spacious garden room with an outlook over the back garden area. Michael showed us the small more private lounge area on the first floor which was furnished with armchairs and a bookshelf. There was nobody using the lounge during the time we were there, and indeed he said this had been identified as underutilised with possible plans for a coffee station or games room.

Also upstairs was a beautifully equipped and spacious hair and nail salon with professional standard backwash and fittings. The hairdresser seemed very popular with the residents, and she was welcoming and chatty.

The main lounge dining area downstairs was spacious clean and bright with wipe clean flooring and a variety of seating including individual armchairs two-seater sofas and occasional tables in-between for convenience. A TV was wall mounted centrally and was on mute with subtitles. Representatives considered the lounge area to be homely despite its size and there was evidence of personalisation with rugs, cushions and footstools and we also spotted a newspaper on a sofa. People chatted to each other and were happy to chat to us which made for a pleasant atmosphere. There was ample room for the navigation of wheelchairs and walking aids.

A garden room led from the lounge and seemed very popular particularly for receiving visitors. Double doors led from here allowing direct access to the garden and this proved popular for those residents wanting to go out for a break or a cigarette. The garden room was lofty with lots of glazing and views to the rear. Parquet type flooring and light colours made for a relaxing environment alongside bunting, armchairs, sofas and occasional tables with houseplants dotted about too. Alongside one wall sat a piano and one of the residents told us that he had been a professional entertainer. Michael already knew this and said he would look at having the piano retuned. It was lovely to see that younger visitors had been catered for with a child size table and chairs. It was evident that the garden room was the focus for many of the activities, and we could see activity packs and games stored there. During the lunch period we noted a relative bring her mum into the garden room to support her eating in private.

Aside from the garden room is a small sitting area/ library. One resident chose to sit in here regularly. She reported that she likes the quiet but also likes to watch the comings and goings. The front door can be seen and all the activity along the main hallway from the lounge.

The dining area led from the far end of the lounge overlooking the front garden meaning all the major living areas were interconnected. It was populated by round tables and a variety of dining chairs. There were also three dining chairs with arms and wide base for stability suitable for those at risk of falls or mobility issues.

We observed a group of female residents drinking tea and chatting at a table. Dining tables were nicely set with fabric tablecloths and napkins, condiments and matching cutlery. The tables were spaced in a manner which accommodated walking aids and wheelchairs.

Nearby on the walls were the framed A4 menus however, the daily menu displayed was for a Wednesday and the day of our visit was a Tuesday, meaning residents may have been confused about their choice of food.

The breakfast menu was comprehensive and looked very appealing offering fruit juice, toast, breakfast cereals, fresh fruit and grilled bacon sausage and accompaniments.

The daily menu indicated that chicken curry and rice or cheese and onion pie were available with dessert of ginger sponge and custard. The evening meal was corned beef hash, or soup and a sandwich followed by ice cream. A “fancy that” alternative was available daily.

During our visit the tea trolley came round, and we observed this to provide hot tea and coffee in a variety of drinking cups. Packets of biscuits were offered but we did not see any alternative on the trolley such as fresh fruit.

Green

Observations of resident and staff interactions

Some residents were incredibly open and enthusiastic, telling representatives all about living at Queens Lodge. Others were a little more reserved. Some residents were sleeping and some had difficulty communicating. However, all residents appeared comfortable and well cared for.

There was a lot of staff activity during our visit and at times this was confusing due to the different uniforms and flexibility in tasks. For example, agency staff seemed to have a different uniform to substantive staff and after an accident in the kitchen a maintenance member of staff in another uniform served lunch. However, when we asked about this later, we were told the staff member was qualified to deliver care.

Overall, the atmosphere was very homely and friendly. Residents chatted and seemed to have formed social groups, likewise we were offered genuine hospitality with refreshments. Residents were able to move freely about their environment, and it was evident that friends and relatives were similarly comfortable during their visits.

The wellbeing coordinator Michael was particularly effective at times being pressed into care activities such as wheeling residents out for a cigarette. All the residents we spoke to said they were aware of activities as did the relatives.

However, when we observed the response to call bells this was not timely and on occasion staff were shouting to each other to direct the next available staff

member to the request indicated red. This happened on several occasions when red call bells were not answered promptly due to staff pressures.

We observed the use of hoists by carers to be professional and discreet with adequate room.

Representatives also observed two residents with swollen feet elevated on the lower rim of walking frames. These residents may have been better supported with footstools. Similarly, one resident complained of being uncomfortable sitting in a wheelchair when the care staff had left her mid lounge with her back to the TV.

Staff were noted to cope well with a resident who called out repeatedly for the toilet and to go outside for a cigarette. They were both attentive and patient and facilitated the requests as best they could while still attending to needs of others.

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.

During our visit a kitchen staff member had fallen and hurt her back. Management explained later that this accounted for extra help from ancillary staff.

Lunchtime was promoted on a framed poster in the dining area, informing residents that some people may need extra help and time.

Lunch service to residents in rooms was at 11.45am.

Lunch service for those residents in the dining room requiring assistance at 12 noon.

Lunch service for residents 12.30pm.

The lunch was served promptly, however there was some confusion about the menu on the wall and what was offered, with residents believing that they did not get a choice of meal. An A4 laminated table menu might have addressed this.

The lunch served on the day of our visit was a choice of corned beef hash and vegetables or fish pie and vegetables. Some residents were aware and had remembered making a choice previously. One resident commented on how she was looking forward to fish pie.

The environment was enhanced by a radio playing light background music in the dining area.

Residents started to gather in the dining room from 11.45am, and staff helped residents to the tables. There was no evidence of handwashing or hand wipes used.

Four of the residents chose to have their meal in the lounge and one in the library. *“There is nothing wrong with the dining room or people, but I enjoy my food here.”*

Three residents had their meal on a bed table while two had the meal on a tray on their knee.

There was some congregation initially around the dining tables but eventually approximately sixteen residents sat down for lunch serviced by seven staff members including the maintenance staff member, the well-being coordinator and at one point the kitchen staff member who had fallen also attended. However, the number of staff seemed to create some disorganization around task focus and responsibility.

Staff wore protective aprons and some wore blue gloves. Three residents were provided with protective aprons, and one was provided with a plate guard to enable him to eat independently.

Fruit squash and water were offered to all residents. One resident preferred hot water, and this was provided. Another resident complained the cutlery was not clean and was provided with another spoon.

However, soon after meal service commenced, three residents called out for help to go to the toilet. It became apparent that toileting and hand washing had not been offered prior to sitting down and one carer was heard asking one of the residents to wait until the food was over.

Our representative observed the resident to become increasingly distressed and requested that a carer intervene at which point all three residents were taken to the toilet.

Another resident had full support from a carer who sat down with the resident to help her to eat. The engagement and interactions between the carer and the resident were observed to be very positive.

The responses of care staff were not consistent with some staff having excellent engagement skills one calling *“all right lovely”* as she served. Other staff members were seen encouraging eating and joining in conversation. Meanwhile other staff members demonstrated minimal interaction with residents with little or no conversation.

The food was served and all residents appeared to eat well and enjoy the food. It was hot, well-presented, and decent size portions.

During the main meal, a carer served a choice of tea or coffee. Residents were given option of small or large cups. It was clear that the carer knew each resident’s usual preference but still offered the choice.

Residents were asked if they had had enough before plates were cleared away. A member of staff diligently recorded what residents had eaten using an app before pudding was served.

Pudding was rice pudding offered with option of milk and jam.

One resident requiring special diet was provided with yoghurt as an alternative. *"The puddings are usually good, the chef bakes a good sponge, but I cannot eat milk pudding."*

Overall residents enjoyed the dining experience and there was a pleasant atmosphere throughout. Residents sat in small groups chatting and a married couple sat at a table having lunch together.

Additional information

During our visit we were approached by a relative who wanted to discuss the nursing care her mum had received.

She said she was very unhappy with this and had approached social services who were in contact with her. The relative alleged that her Mum had been left in a dirty continence pad for two hours despite having a stage 3 pressure sore; that her legs had marks on them which had not been noted by staff washing them and that the washbasin in her mum's room had been inoperative for up to four days.

The relative felt that there were *"too many agency staff"* and he she had no confidence in them.

Prior to leaving we discussed this with Madhu who is the Head of Quality and Governance for Constantia. She assured us that issues reported were historic and had been dealt with and safeguarding raised as appropriate.

Similarly, we spoke to Madhu about the delivery of care externally from the district nursing team. A nurse was observed kneeling on the floor tending to a resident at the first table near to the kitchen/ serving area. It was obvious she had been re-dressing his legs with all her dressing equipment spread out on the floor. Staff members and other residents were able to witness this with no regard for privacy and dignity. Representatives felt this was an inappropriate environment for wound dressing.

Madhu said she would address this with the relevant service explaining that regardless the home had privacy screens readily available.

Feedback from residents

During our visit we spoke to a married couple who indicated that they would prefer to share a room. However, we appreciate there may be issues around accommodation available and care needs.

One resident was unhappy with her food provision. The team prepare halal food however it is not to her liking. Her family are supportive and bring food regularly

and assist the resident. The resident has requested take away food and is unhappy that she or the family would need to pay for this.

Healthwatch understands the equitability issues around this.

This resident also complained that some food was very salty. This was mentioned to the manager on the day and will be looked into.

Environment

"I like my room very much."

"I have a lovely room, they wanted me to change to a smaller room, but I said no."

"I have a TV and I like the bed."

"I have my own room, is a big room and is great for me as I need the hoist."

"I like to watch TV in my room."

"I like my room, but it is upstairs. I like to spend my day down here in the library, so it is quite a walk. I struggle to walk far even with my frame. I would prefer a ground floor room. I have asked but the manager hasn't got back to me."

"I have a nice room, and I have my family photographs."

"I like my recliner chair; I find it really helps me."

"The cleaners are excellent; they keep everywhere spotless. The one today is really friendly."

"I love to sit here and look out to the garden."

"The gardener keeps it looking lovely."

"We like to go outside when the weather is nice."

"There have been changes for the better."

Activities

"I don't join in much, but I used to play professionally (piano). I would like the piano to be tuned then I could play it."

"Yes, we have activities. We had a singer in yesterday, with her little girl, it was lovely."

"Michael does a good job."

"The hairdresser is marvellous."

"There are lots of activities. Michael gets good singers in. They are really good. One singer, a lady, comes regularly. I love it. She gets everyone going and she knows us all now."

“Michael arranges all different games. We play Guess Who with big pictures of famous people. That’s great.”

“We play bowls on the floor.”

“There is always something happening. It’s all on the noticeboard in the hall. My family have a look and sometimes they come in and join in.”

“I like to sit quietly and do my own word searches.”

“I like to knit but prefer to knit in my own room.”

“I have no interest in activities.”

“I like to go out with my friend. We go shopping.”

Care

“They answer the buzzer quickly yes; they are all lovely and I got a big welcome.”

“The manager Matthew is marvellous.”

“We have one to ones.”

“The agency staff are a waste of time.”

“The staff from abroad were lovely and the nursing staff are great. But some couldn’t speak English.”

“An old man spilt boiling tea on me last night. A nurse dealt with it, but I am still in pain today on the top of my thigh.”

“There are lots of people on medicines and need a lot of help.”

“The carers are ok, but they are very busy.”

“I have only been here a week but it’s great. Staff are really good and very helpful.”

“I have a call bell if I need anything. I can carry this one around from my room to the library or wherever I am. Staff do come but not always quickly. I know they are busy.”

“There have been too many changes in management recently. It makes us all feel very unsettled. I don’t know who is in charge at the moment and I don’t like that. I hope it settles down soon.”

“There are lots of agency staff at the moment and I don’t like that.”

“Some carers cannot speak proper English, and I struggle to tell what they are saying.”

“If I need the toilet, I can use the call bell in my room and they come quickly.”

“The staff are very good; they help me to get washed and dressed.”

“If I need help in the lounge I call them.”

“All the staff know my name, they know everyone.”

“No, I don’t feel well today, I have told them, but they don’t listen.”

Food

“The food is fantastic. They will make food to order. I get enough and they are generous portions”.

“I’m funny about food they bring me so I can’t say they tried to give me tinned salmon, but it said on the menu fresh salmon.”

“Food is excellent.”

“We don’t have a choice really, but it is good.”

“The food always smells good when its cooking.”

“They have their own cook. It’s food like my mum would make. We have puddings with custard.”

“The food is always really good.”

“I love the fish pie; I am having that today.”

“I like cereal for breakfast but today I fancied toast and that was enough. You can have a full breakfast if you want to.”

“We get a cup of tea or coffee with our meals and mid-morning. I think if you ask you could have drink at other times.”

“We have a choice of two options, and we choose the day before.”

“No, we don’t have juice or water unless we ask for it.”

“I have a jug of water in my room for nighttime.”

“The cook is excellent; you know when he is not here.”

“I have my own water bottle, in my walker, then I don’t have to keep asking the staff for a drink.”

Relatives and friends’ views

How do you feel generally about the service?

“They acted very quickly when dad’s oxygen levels were low.”

“Excellent impressed by the warmth and friendliness dad and has been here 10 weeks.”

“Service is all right.”

“X has been asking for help and has soiled herself it has taken so much time.”

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

"I feel I can approach management."

"Communication is difficult on the phone you can't get through and they don't ring back."

"I don't worry about X too much she is articulate and can stick up for herself."

"It's not occurred that they have had to do this, but X would tell me herself if she had not been well."

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

"I would go to the manager or a nurse."

"Yes, I have complained to social Services. I was unhappy with the manual handling. It was dealt with very quickly and agency staff were dismissed. I have made two complaints to social services in the past."

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

"We have been invited to stay for food on occasion."

"Dad chooses not to join in."

"Yes, we would expect to be invited"

Would you recommend this service to others?

"Yes 100 %"

Response from provider

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