

Catterall House Care Home

Friday March 28
10am-2pm



Disclaimer: This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and patients who met members of the Enter and View team on that date.

Contact Details

Address

Garstang Rd
Catterall
PR3 0QA

Registered Manager:

Nadine Johnson

Date and Time of our visit:

28 March 2025

10am-2pm

Healthwatch Lancashire Authorised Representatives:

Sue Edwards (Senior Engagement Officer)

John Moore (Healthwatch Lancashire Volunteer)



Introduction

Healthwatch Lancashire is the independent public voice for health and social care in Lancashire and exists to make services work for the people who use them. We believe that the best way to do this is by providing the people of Lancashire with opportunities to share their views and experiences.

Healthwatch Lancashire has statutory powers to listen, act, challenge and gather feedback to improve local services and promote excellence throughout the NHS and social care services.

To help achieve this Healthwatch have a statutory power to 'Enter and View' health and social care services that are publicly funded. The purpose of an Enter and View is to listen to people who access those services and observe service delivery.

Following the Enter and View visit a report is compiled identifying aspects of good practice within the service visited along with any recommendations for any possible areas of improvement.

As we are an independent organisation, we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. The report is sent to the service provider providing an opportunity to respond to any recommendations and comments before being published on the Healthwatch Lancashire website at:

www.healthwatchlancashire.co.uk

The report is available to members of the public along with the Care Quality Commission (CQC), Healthwatch England and any other relevant organisations. Where appropriate Healthwatch Lancashire may arrange a revisit to monitor the progress of improvements and celebrate any further successes.

General Information

Catterall House Care Home has capacity for 24 residents, at the time of the visit there were 19 people residing at the home.

Needs catered for are predominantly residents with dementia/Alzheimer's or enduring mental illness. Currently residents are 55 years old and upwards but the home are hoping to cater for younger residents moving forwards.

Services include round-the-clock care, laundry services and various activities.

Acknowledgements

Healthwatch Lancashire would like to thank residents, staff and management, for making us feel welcome and for taking the time to speak to us during the visit.

What did we do?

Healthwatch Lancashire Enter and View Representatives made an announced visit to Catterall House Care Home on Friday March 28, 2025, and received feedback from:



Introductory meeting with manager

At the beginning of the enter and view visit, Healthwatch Lancashire met with the manager to discuss the care home and view the facilities. This involved discussing the different areas of the home and aspects of the daily routine, and to hear the manager's perspective on what is currently working well at the care home.

One to one discussions with residents and their relatives

Conversations with residents were structured around four themes (Environment, Care, Food and Activities). Conversations with staff included their experiences of staffing levels, support and training.

Relatives were asked to speak about their general experiences including how they feel about the service and if they feel involved and informed.

Discussions with members of staff

Staff were asked about their experience working at the care home and what they thought was working well, and anything they thought could be changed to improve the experience for themselves and the residents

Observations

The Enter and View team also recorded their own observations on the environment and staff-member interactions. To retain confidentiality and anonymity of respondents, names, pronouns and any identifiable details have been removed from quotes.

Summary



An announced visit was carried out at Catterall House Care Home, Catterall, on Friday March 28, 2025, 10:00am-2:00pm. Healthwatch Lancashire representatives spoke with eight residents, three members of staff and two relatives.

The care home has the capacity for 24 residents. At the time of the visit there were 19 people residing at the home.

Catterall House Care Home is located in Catterall, to the north of Preston and close to the town of Garstang. The home is situated in a large converted house set in spacious grounds, with good road access and parking.

The care home caters for over 55s who have dementia/Alzheimer's, long-term (enduring) mental health illness and older people needing day to day support.

The care home team are currently considering extending services to younger people with dementia/Alzheimer's as they have identified that there is a demand for this type of care. However, they are currently in the process of carrying out research before determining if this is feasible.

The care home is in need of some minor improvement work including the car park which is in poor repair, some external freshening up and replacement of some frayed carpets in the staff only areas. It would also benefit from more artwork, photographs or such in communal spaces to create a more vibrant, stimulating environment.

Catterall House Care Home has extensive grounds and it was felt by the Healthwatch Lancashire representatives that these are currently underutilised and there is opportunity for further outdoor activities such as gardening. It is also recommended that the outdoor spaces are made more accessible for residents by reducing some of the existing walls which currently act as barriers.

At the time of the visit the majority of the residents were in the lounge areas, with some activities being carried out including a card game and Movement to Music.

Several of the residents spoken with were deemed not to have capacity to understand what was being asked or recall their day due to having dementia/Alzheimer's. However, those who were able to provide feedback were positive of their care and were praising of the staff and food, and liked their rooms.

Two relatives were visiting at the time of the visit and were seen to be welcomed and involved. The relatives spoken with felt that the care home provides a good quality of care, and both relatives felt well informed about their loved ones. One family member suggested a Facebook page or similar where relatives can see what their loved ones have been involved in, access quick updates, etc.

Staff spoken with felt able to provide person-centred care, feel well supported by management and sufficiently trained in order to carry out their roles. One staff member commented that they would like to build on resident, relative and local

involvement in order to create a further sense of community. All staff stated that they would recommend the care home to a close relative.

Observations showed good staff and patient interactions, with staff appearing to know the residents well. Staff were encouraging with residents to participate in activities and to socialise with each other.

Service Overview

Location and public access



Catterall House Care Home is located in the village of Catterall, which is situated to the south of Garstang in the Wyre borough.

There is good road access with the care home being situated along the A6 Preston Lancaster New Road, which links Preston and Lancaster as well as connecting with the M6, M58 and M65 motorway network.

There are regular buses running through Catterall, with bus stops a five minute walk from the care home.

Parking is available at the care home, with a drop off/pick up space directly outside the entrance to the home.

Background of the home

Catterall House was originally a private dwelling which has been converted into a care home. The care home has maintained some visual aspects of the original house, and extensions and adaptations have been carried out over time in order to create the care home seen today.

Catterall House Care Home was acquired by Arrowsmith Lodge Rest Homes Ltd in 2018, and some refurbishment work was carried out at this time. Arrowsmith Lodge also own Arrowsmith Lodge Rest Home in Preston and Westfield Rest Home in Blackpool.

The care home manager explained to the Healthwatch Lancashire representatives that despite being part of the Arrowsmith group Catterall House is run autonomously, meaning that they can be unique in how they manage the home and meet individual resident needs.

Services available

Catterall House Care Home has capacity for 24 residents, at the time of the visit there were 19 residents. There is also a double bedroom available at the care

home although this was unoccupied at the time of the visit. The care home manager explained to the Healthwatch Lancashire representatives that the home is rarely at capacity as it allows for them to focus on high quality care rather than stretching resources.

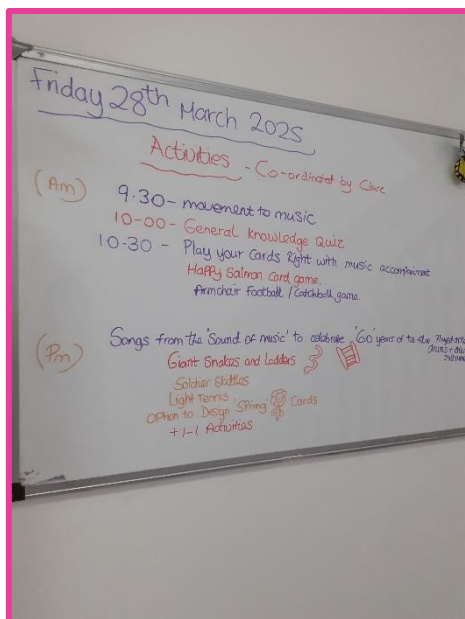
Currently Catterall House Care Home caters for people over fifty-five years old who have dementia/Alzheimer's or have long term 'enduring' mental health illness. There are also residents who require some general level of support and care.

The care home manager informed the Healthwatch Lancashire representatives that they are looking to cater for younger people as they have identified a gap in services for those who may have life-limiting conditions but may not wish to be in a care home catering predominantly for elderly residents. However, consideration is still being given as to how potential needs between younger and older residents could be met without conflict or disparity.

The majority of the bedrooms have an en-suite toilet and sink; all residents use the communal bathrooms for bathing.

Services at Catterall House include meals, with nutritional advice and support, laundry services, activities and entertainment. Other services such as hairdressing are also available from external professionals who visit the home on a regular basis.

Various activities were on offer for residents at the time of the visit, including a card game and movement to music. It was explained by the care home manager that as space is limited in the communal areas individual residents are invited to watch entertainers and participate in some activities based on individual likes/dislikes rather than having residents unable to see what is happening due to space restrictions.



Enter and View observations

External Environment

Catterall House Care Home is easy to find with good roadside signage.

The care home is situated in a two storey building which was formerly a private residence. The exterior is painted black and white which ensures that it maintains its character and sits comfortably within the surrounding landscape. Overall the building appears pleasant and homely. It was observed that the exterior looked tired in places and in need of some new paintwork such as around the windows.

The main entrance consists of a single door with a low and high step. To ensure full inclusivity for all people accessing the home it is recommended that the steps at the front are changed to a gentle slope/ramp given that there is sufficient space available (Recommendation 1); although it is acknowledged that there is a secondary entrance to the building via the car park where there is an existing ramp.

The car park is a mix of tarmac and rough stone and is in need of repair due to its poor condition which creates an unstable environment for both cars and pedestrians.

Catterall House sits in large gardens with mature trees and established planting offering a pleasant rural feel to the site.



Internal Environment – first impressions

Entrance into the care home is via the front door which leads into a small central reception area. Visitors are required to buzz for entry and the Healthwatch Lancashire representatives were asked to sign in as visitors on arrival, evidencing good safeguarding and security measures.

General information is on display in the reception area and includes the care home values, the Mental Capacity Act, health and safety information and company information.

All areas in the care home lead off from the reception area including the stairs and lift to the first floor, lounge and seating areas, kitchen and dining area and resident bedrooms.

Due to the nature of the home extensions and adaptations have been made over time and so there is no clear layout. Space has been utilised as appropriate/needed and therefore can be difficult to navigate for people unfamiliar with the home. However, residents were observed to be accompanied by staff throughout the visit so are unlikely to become lost.



Observation of corridors, public toilets and bathrooms

There are corridors and hallways throughout the building and with lots of varying changes in levels, although these are mostly in 'staff only' areas so would not generally affect residents.

It was felt by Healthwatch Lancashire representatives that the corridors were quite sparse in places and would benefit from some art work; this could either be photographs or paintings, and of a type which may invoke memory for those with dementia or Alzheimer's (Recommendation 2).



Some of the resident bedrooms had doors which resembled front doors, this created a homely touch to the care home and helped residents identify their individual room. Some residents also had name tags on their doors. The care home manager informed the Healthwatch Lancashire representatives that residents were supported in and out of their rooms by staff so had no need to personalise the outside of their rooms.

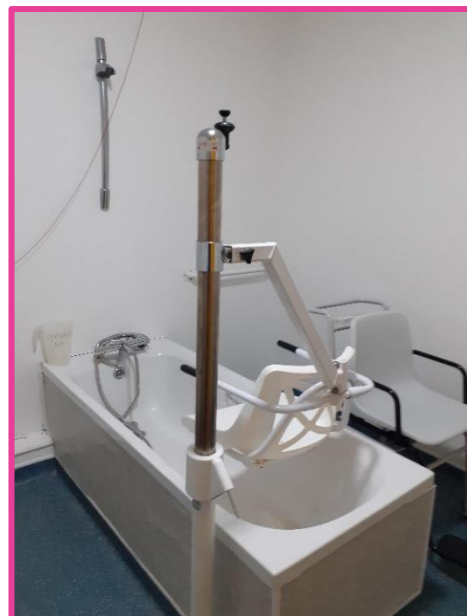
The Healthwatch Lancashire representatives felt that a more consistent approach to bedroom doors was needed as some were personalised and others weren't, and some doors appeared to have had the front door style covering peeled off leaving a shabby finish.

The communal bathrooms are clean and spacious, with suitable accessibility equipment. There are only two communal bathrooms, with one on each floor, however it would be unreasonable to propose further bathrooms due to the size and layout of the building.

It was noted during the visit that some of the carpet in the 'staff only' area was in need of attention due to becoming frayed and which could cause a trip hazard.

Several of the external doors had alarms fitted to alert staff if a resident attempted to leave the premises. When one was triggered staff were seen to respond quickly.

A lift is available for residents to move between floors, and all residents are accompanied by staff when using this.



Lounges, dining and other public areas



The care home has various communal spaces, with the main lounge being directly to the left when entering the home, with smaller quieter spaces situated to the right.

The lounge areas are well lit, spacious and with lots of seating. It was noted that the majority of seating in the lounges consisted of the same type of single chair, some of which had specialist cushions to assist residents who needed firmer or high seating. It would be nice to see some more varied seating, such as couches where visitors could sit with their loved ones, as well as encouraging more social interaction (Recommendation 3).

A conservatory is available for residents to use, and this included a small table and chairs, which at the time of the visit was being used by a resident to make models. The conservatory offers residents a quieter space which is bright and warm, with nice views into the garden.

The dining room is located on the ground floor and is spacious and pleasantly presented. The kitchen leads directly into the dining room allowing for quick service. It was explained to the Healthwatch Lancashire representatives that some residents eat in their rooms, and that the conservatory is also used as a place to dine by some residents.

Tables in the dining room are set out to encourage social interaction, and residents were observed sitting together and chatting.





Healthwatch Lancashire joined residents during lunch (guided by care home staff) to observe and gather feedback from residents around the quality of the food and meal options.

There was one cook preparing meals who was seen to be busy but coping, and the kitchen appeared well organised and efficient.

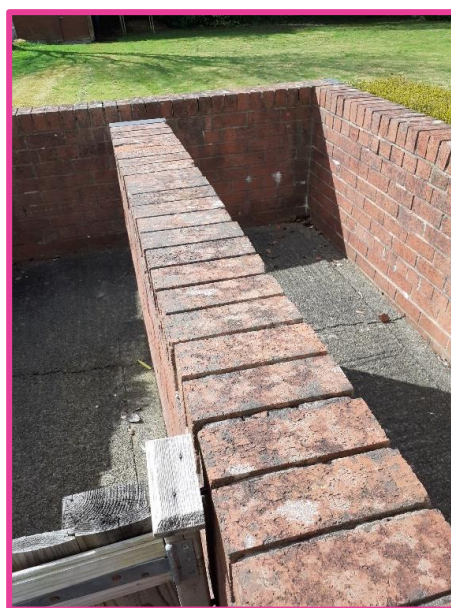
Staff were observed taking individual meals to residents who prefer not to or are unable to utilise the dining room.

The care home has a large garden area which can be used by residents for sitting out. It was felt by the Healthwatch Lancashire representatives that this is an underused space and that there is scope to have further outdoor features/activities such as

therapeutic planting, sensory stimulation and/or communal seating, all of which help towards mental health and wellbeing (Recommendation 4).

Access into the gardens was difficult with the use of walls encompassing ramps, and these created an unwelcoming feel when entering the garden. Whilst it is acknowledged that some of the walls are necessary due to changes in garden levels it is felt that these are a barrier for anyone wishing to access the outside space beyond the patio area (Recommendation 5).

It was also noted that whilst viewing the gardens the Healthwatch Lancashire representatives and care home manager were locked out of the building when the wind caught the doors, and it is therefore recommended that this access is reviewed to ensure that residents and/or staff aren't locked out, as well as ensuring that the door has anti-slam hinges or similar to prevent injury (Recommendation 6).



Staff and resident Interactions



The care home appeared sufficiently staffed, and there were several new staff members shadowing experienced staff during the visit.

Staff were observed interacting with residents well and clearly knew individual resident needs and preferences. During the visit one of the residents appeared anxious and was heard questioning staff around leaving the care home. Staff were seen to handle the situation well and calmly, and the resident demonstrated trust in the care home team.

One of the residents in the lounge area was vocal and challenging with the care home staff throughout the visit, and it was explained to the Healthwatch Lancashire representatives that this is usual behaviour for the resident as part of their condition. It was noted however that some of the other residents found this disconcerting and one resident was heard to tell them to 'shut up'. As this resident was accompanied by staff during the visit and the Healthwatch Lancashire representatives were unfamiliar with their care plan and communication needs it was felt that it would have been inappropriate to try and gather feedback at this point in time. A recommendation has been made after observing other residents response to this behaviour (recommendation 7).

During the visit the residents were observed being involved in an activity where large balls were being used as drums to play along with rock music and several residents appeared to be enjoying this activity. Staff were encouraging and there was a nice atmosphere.

Staff were also seen to be sitting and chatting with residents, as well as with visitors.



Resident feedback

Healthwatch Representatives spoke with eight patients during the visit.

Several of the residents spoken with had advancing dementia/Alzheimer's and therefore had limited capacity to discuss their care; conversations with these residents were kept brief to reduce any potential distress or confusion.

One resident felt that the Healthwatch Lancashire representatives should not be asking residents about the care home as **"...everything should be kept private"**. The Healthwatch team respected this residents view and did not pursue the conversation.

Tell us what you think about the home

All residents who were able to provide feedback were positive about the care home.

“It’s OK, my room is nice and it’s friendly here.”

“The things that the other residents get up to though! Lots of them have Alzheimer’s and don’t know what they are doing”

What activities are on offer and do you join in?

Healthwatch Lancashire representatives observed activities being carried out during the visit and overall the residents appeared to be enjoying what was on offer.

Several of the residents engaged with had limited verbal communication abilities but were able to reply with simple words such as *“nice”* and *“happy”* to this question.

Some residents were opting not to engage with activities although this could be due to their advanced dementia/Alzheimer’s, the activities on offer not being something they enjoy, or simply preferring to observe rather than participate.

It would be good to look at extending the activities on offer to meet the needs of those preferring/needing quieter activities. This could be achieved by resident and relative meetings and discussions (Recommendation 8).

“I’m a little too frail to join in lots of the activities now. I don’t think I’m allowed to get up and dance, but I do try tapping my feet to the music. I have to sit back and watch most of the time, so I’m not really part of things”

How do you find the care you receive?

Overall feedback from residents around the quality of their care was good. Some residents were less able to vocalise their views but smiled and nodded in response to this question.

“They’re there to look after me when I need it...”

“I have no problems at all with the care that I receive here”

“They do a good job here...”

How do you find the food provided?

Healthwatch Lancashire representatives joined residents in the dining room and chatted with residents about their meals, as well as sampling the food and observing how staff supported residents with their meals. As the care home has a protected mealtime policy Healthwatch Lancashire was guided by the care home manager on who it was appropriate to engage with during lunch.

All the residents who were able to provide feedback were positive about the quality of the food at the home. Both staff and residents discussed how there is a set daily menu with two choices but that alternatives can be provided for any resident not wishing to eat what was on offer that day. Residents are asked in the morning as to which options they would like that day.

Residents appeared unclear as to what the daily menu was at the time of the visit, and one resident was uncertain on what the desert that they were eating was, although this could be attributed to their health condition. Photographs of the daily menu on display may help residents make more informed choices around meal options, especially for those with more advanced dementia/Alzheimer's (Recommendation 9).

"The food is very good, I've no complaints. If you don't like it you can get something else"

"They buy what I want and prepare it for me"

"It's alright, but it's not the same as home cooking is it"

Any other comments or feedback

"None of my friends are around anymore now, so I suppose that it's good to have people around you"

Relative feedback



Healthwatch Lancashire spoke with two relatives who were visiting their loved ones at the time of the visit.

At your relative's care home, how do you feel generally about the service?

Both relatives spoken with were positive about the care that their loved ones are receiving at Catterall House Care Home.

"My [family member] is happy here. I visit regularly and like seeing [them] being well looked after"

"Staff are lovely!"

Do you think that you are kept informed about your relative? For example, with their health and future care plans?

The two relatives who provided feedback are both regular visitors and said that they are able to discuss the care of their family members during their visits, and that they are able to ask questions with the manager and care home team.

One relative explained that the care home sends out information regularly, and that they have an annual meeting where they can discuss their loved ones care and go through the care plan. It was also commented that the care home team would get in touch if there was anything that needed discussing

One relative felt that a Facebook page or similar may be nice but wasn't something that they felt was essential.

"I see [them] regularly and always know how things are."

"...if there's anything different they absolutely contact me..."

"Facebook sort of thing would be nice, but not a necessity"

Do you understand the process to make a complaint if you needed to?

One relative stated that they would know how to raise a complaint, the other stated that they would find out if they needed to.

"I'd talk to the manager, she's usually accessible"

"I'm sure I could find out, but I haven't needed to"

Are you aware of the social activities provided by the service? And do you feel that you are able to join in these activities?

One relative who provided feedback informed the Healthwatch Lancashire representatives that their family member has advanced Alzheimer's so doesn't join in with most of the activities. They did however state that their loved one joins in with the singing activities and that they have also been on day trips with their family member which is a positive.

One relative commented that staffing levels can reduce a residents access to one-to-one time, although they are optimistic that as the care home is currently appointing a second activities coordinator this will be less of a problem in the future.

"It's very busy, things are always going on around me when I'm here. It's easy to get involved"

"All comes down to staffing, but can ask for an activity..."

Would you recommend this service to others?

One relative provided a response to this question, the other relative was involved in their family members care at the time of this question.

"Yes, I think the care is very good, and the management is good"

Staff feedback



Healthwatch received feedback from three staff members during the visit.

Do you have enough staff when on duty?

All three staff members felt that the care home was sufficiently staffed.

One member of staff talked about how they are trying to avoid agency staff by having more regular staff *“...familiarity for residents, it makes them feel more comfortable”*

Do you feel supported to carry out a person-centred experience?

All three staff members felt that they are supported to carry out person-centred care.

One member of staff talked about how regular supervisions enables them to discuss any concerns, issues or ask for further training.

“Yes, person-centred care is so important”

Do you feel you have enough training to carry out your duties well?

Staff felt sufficiently trained in order to carry out their duties and are able to ask for further training if they feel it would be beneficial.

“I’m currently learning about mental health and it’s challenged me to really think about things”.

What measures are in place for people with additional communication needs?

One member of staff talked about how they had recently undertaken training around learning disabilities and how to communicate in different ways in order to fully meet the needs of any resident with a learning difficulty/disability. Learning transferable skills was seen as a positive *“it’s made us all better at communicating”*.

What is your experience of working here?

All three members of staff were positive about working at Catterall House Care Home.

"We're a happy bunch and a nice bunch"

"it's very much a home"

"I came here for a few months and now been here [many] years"

All three staff members stated that they would recommend the care home to a close relative or friend.

"100% yes"

"Yes I would definitely recommend this service to a close relative"

Are there any changes that can be made to improve the patient experience?

More resources such as for activities was raised by one member of staff, although they acknowledged that if they can't get something at that moment in time they will usually get it a later date.

"Finding different things to keep residents happy"

One staff member felt that more resident input at their monthly resident meetings would be good, as well as more relative input and involving the community more ***"...so feel like we're all part of something"***.



Recommendations

The following recommendations have been formulated based on observations of the environment and feedback gathered from residents, relatives and staff.

1. Consider constructing a ramp/gentle slope to the main entrance doors for full inclusivity
2. Look at adding more art work or photographs to the corridors to invoke memory and create a more homely feel
3. Look at varying the seating in lounges, such as by introducing couches, to allow for visitors to sit together with their loved ones as well as encouraging social interaction
4. Investigate how the garden space could be utilised more to encourage good mental health and wellbeing. Discussion with residents, relatives and staff will determine what would be beneficial
5. Investigate how access into the gardens can be improved to be more welcoming and less restrictive
6. Consider how to prevent the access door into the gardens from locking behind people when accessing the gardens, or enable easier re-entry, such as by key pad lock or call button; and ensure that doors are fitted with anti-slam type mechanisms
7. Review the care plan with the resident who is presenting challenging behaviour in order to ensure that it is not their way of communicating dissatisfaction around their care and/or daily routines
8. Investigate activities for those residents who may prefer/need quieter or gentler stimulation
9. Consider displaying photographs of the daily menus options which will enable residents to make more informed choices around meal times

Provider response

Recommendation	Action from provider	Timeframe	Comments
Accessibility: Consider replacing the steps to the main entrance with a ramp/gentle slope	A removable ramp is in place and is used daily to support residents and visitors with mobility needs.	Already in use	The existing ramp meets current access requirements and is actively used
Consider how to prevent the access door into the gardens from locking behind people, or enable easier re-entry, such as by key pad lock or call button	We acknowledge this and will review door safety to reduce the risk of residents or staff being locked out or injured	Within 4 weeks	We are exploring anti-slam hinges or other safety mechanisms
Investigate how access into the gardens can be improved to be more welcoming and less restrictive	A removable ramp is in place and is used daily to support residents and visitors with mobility needs	Already in use	The existing ramp meets current access requirements and is actively used
Inclusion: Look at varying the seating in lounges, such as by introducing couches, to allow for visitors to sit together with their loved ones, as well as encouraging social interaction	Our seating is ergonomically selected based on individual mobility needs. More homely and varied furniture is available in quiet lounges and residents' bedrooms	In place	Seating arrangements prioritise resident safety and comfort
Activities: Investigate how the garden space could be utilised more to encourage good mental health and wellbeing	The home has a sensory garden where residents are supported to engage in gardening and outdoor activities, particularly during appropriate weather	Ongoing	Use of the garden is planned into our wider activity programme
Investigate activities for those residents who may prefer/need	We offer a varied programme including 1:1 and sensory-based activities. These may not have been visible during	In place	We regularly adapt our programme based on feedback from residents and families

quieter or gentler stimulation	the visit, which was a limited time window		
Environment: Look at adding more art work or photographs to the corridors to invoke memory and create a more homely feel	We take a dementia-informed approach to our environment, maintaining clear and uncluttered spaces to reduce sensory overload and confusion for residents	Ongoing	We continue to review design choices based on the needs of our resident group
Choice: Consider displaying photographs of the daily menus options which will enable residents to make more informed choices around meal times	A menu board and picture prompts are in place and used daily to support residents with meal choices	In place	These may not have been visible at the time of the visit, but they are part of our routine mealtime practice
Health & Safety: Ensure that doors are fitted with anti-slam type mechanisms	We acknowledge this and will review door safety to reduce the risk of residents or staff being locked out or injured	Within 4 weeks	We are exploring anti-slam hinges or other safety mechanisms
Person-centred care: Review the care plan with the resident who is presenting challenging behaviour	All residents with behaviours that challenge are supported through personalised, confidential care plans, reviewed regularly with MDT input	Ongoing	Care plans were not shared during the visit due to privacy and data protection



healthwatch

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