



## Details of visit

**Service address:**

**Sharnbrook, 17a Park Road North, Houghton  
Regis, Bedfordshire, LU5 5LD**

**Service Provider:**

**Sharnbrook Care Home Ltd**

**Date and Time:**

**10th December 2014 10:00 – 12:00**

**Authorised**

**Representatives:**

**Dave Simpson, Den Fensome, Linda Harrison**

**Contact details:**

**Healthwatch Central Bedfordshire  
Capability House, Wrest Park, Silsoe,  
Bedfordshire, MK45 4HR  
Tel: 0300 303 8554**

## Acknowledgements

Healthwatch Central Bedfordshire (HWCB) would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

## Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



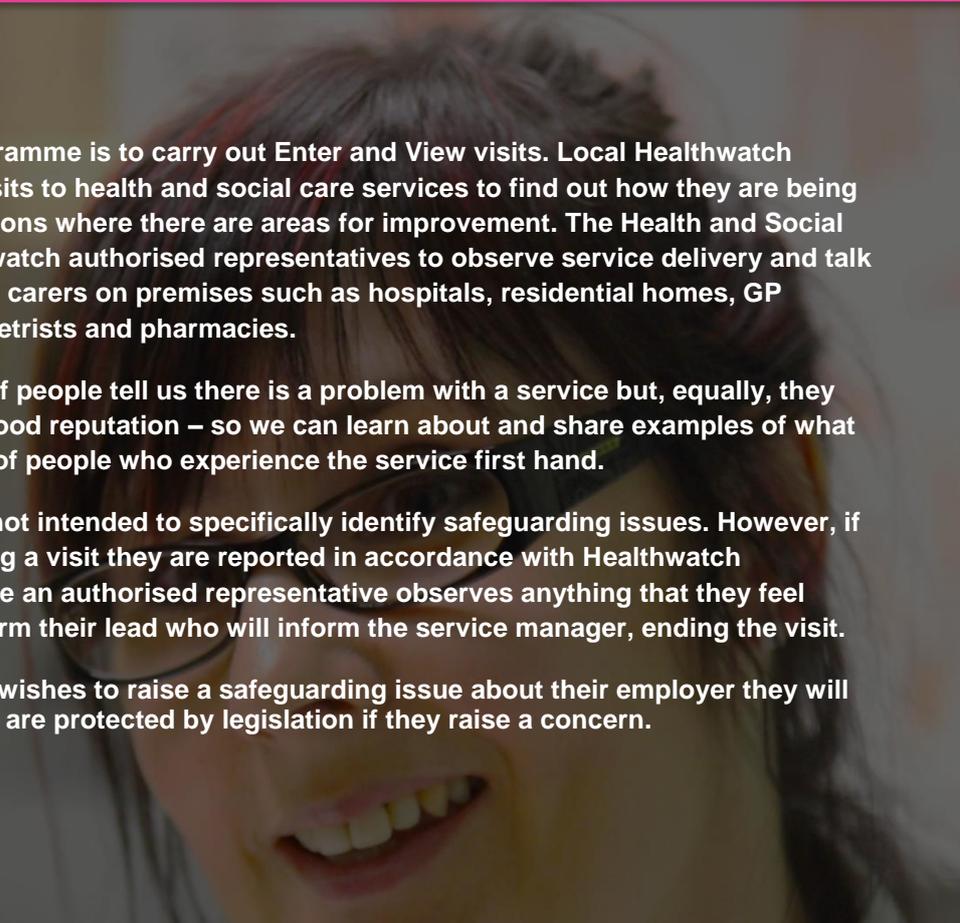
## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being managed and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



## Purpose of the visit

- To engage with service users of care homes and understand how dignity is being respected in a care home environment;
- Identify examples of good working practice;
- Observe residents and relatives engaging with the staff and their surroundings;
- Consult with residents, relatives and staff about their experiences of the environment within the home and how care is delivered.



## Strategic drivers

- Care Quality Commission dignity and wellbeing strategy
- Care homes are a Local Healthwatch priority

## Methodology

### **This was an announced Enter and View visit.**

On arrival, representatives were met by the Manager of the home who was unaware of the planned visit. The Manager explained that the letter and HWCB posters announcing the visit, sent to the home two weeks previously, had not arrived in the office.

Notwithstanding this HWCB representatives were warmly welcomed. The Manager gave a verbal introduction regarding the home, its history, the number of beds and residents, staff etc.

Authorised representatives also approached five residents at the care home to informally ask them about their experience of the home. One family member and four members of staff (including the owner) were also spoken to.

The authorised representatives explained to everyone spoken to why they were there and took notes.

HWCB representatives determined during the visit that residents, relatives and staff spoken to, were not aware of the existence or purpose of Healthwatch Central Bedfordshire prior to the visit. After speaking with the residents and staff, on leaving, Healthwatch Central Bedfordshire leaflets were given to the Manager for distribution and display in the home.



## Summary of findings

At the time of the visit, representatives observed that the home appeared to be operating to a very good standard of care with regard to dignity and respect.

- Residents looked tidy, clean and well cared for, representatives saw no evidence of dignity not being respected.
- Representatives saw evidence of staff interacting with residents positively and regularly, including frequently checking on them if they appeared to be sleeping.
- Residents spoken to were generally happy with the meals, the menu was balanced and nutritious and mealtimes were suitable for the residents. Residents could also choose where to take their meals.
- Clear evidence of social activities was evident and the residents spoken to were given the option of taking part in organised activities along with their relatives.

The manager advised representatives that the current capacity of the home is as follows:

- 24 beds, with four currently unoccupied.
- 14 beds are currently council funded and six are privately funded.
- There are no rehabilitation beds; however beds for respite care are available.
- A self-contained flat is available upstairs for use by relatives should the need arise.
- The type of residents catered for includes dementia, end of life and long term nursing residents. There are currently two end of life residents; the majority are dementia residents.
- A total of 20 members of staff are employed, including carers, cooks, gardeners, office staff and cleaners.
- Four carers including one senior carer are on duty on the morning and afternoon shifts, with two carers on duty at night.
- Two members of staff are trained activities co-ordinators.

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## Results of Visit

### Environment

On entry, representatives found the environment to be clean, warm, light and airy. The atmosphere was 'neutral' in that there were no apparent smells, good or bad.

The premises, which opened as a care home in 1998, were originally a 'police house' and are much larger than on first impression as a result of extensions which have been added to the original building.

The home has two fairly large communal lounge rooms which were being well used at the time of the visit. There is a large garden, accessible to residents including those in wheelchairs, with seating, bird feeders and tables and flower beds which residents are able to help cultivate.

The home contains 21 rooms, all of which are en-suite and single occupancy, although 2 double rooms can be made available. There are two bathrooms with hoists and one toilet.

Underfloor heating operates throughout the home and all rooms have a 'nurse-call' button, a TV and telephone.



### **Promotion of Privacy, Dignity and Respect**

All residents seen at the time of the visit appeared to be well dressed and cared for. Representatives were advised that each resident has a key worker who also works with the family.

A laundry is situated within the home; each resident has their own laundry box which is changed daily and all their clothes are labelled. All bed linen is changed regularly or as necessary.

Each residents care plan is kept in the managers' office and may be viewed by relatives on request. The manager operates an 'open door' policy to both residents and relatives and suggestions for improvements are welcomed and acted upon whenever possible.

Rehabilitation beds are not available at the home; however a physiotherapist can be accessed when and if necessary. Representatives were advised that the home also provides the following visiting services:

- Hairdresser – Weekly on a Tuesday.
- Chiropodist – two to three monthly.
- Beautician - Monthly.
- Optician – annually.

### **Promotion of Independence**

Residents are encouraged to bring their personal possessions, photographs, pictures, ornaments and small pieces of furniture to create familiar surroundings.

All residents are offered the opportunity to be involved in social activities organised at the home. Planned trips out are organised with family members included in the arrangements.

Representatives observed residents in wheelchairs being moved around the home without undue difficulty; there is plenty of space to facilitate this.

### **Interaction between Residents and Staff**

HWCB representatives spoke with residents in the communal lounge. The residents spoken to stated they were comfortable in the home and quite happy. Residents were impressed with the activities available and the care received.

### **Residents**

The most important aspects of the home, according to some residents, were feeling warm, safe and secure; the friendliness of staff and other residents; the cleanliness of the home and engagement with the staff.

One resident was seen in a specially tailored recliner chair which had been acquired for her to suit her specific needs; her stage of dementia meant that she tended to slip down in standard chairs.

Representatives were advised that residents are registered with the Wheatfields or Peel Street Surgery GP Practices.

### **Food**

The home is a 'Food First' home with a fully fortified daily menu, which appears to be comprehensive, displayed in printed form. However, representatives were advised that the

kitchen staff is in the process of photographing all meals and compiling a photographic menu.

Specialist diet regimes (religious, diabetic etc.) are not currently catered for in the home as the need has not been identified however, representatives were advised that this would be provided as required. Fortified milk shakes are available with refreshments and representatives witnessed residents and relatives being offered refreshments during the visit.

The residents appeared content with the care they received at mealtimes and were able to choose where to take their meals; in the lounge dining area or in their rooms. The residents spoken to by representatives stated that the standard and variety of food served was very good.

### **Recreational activities/Social Inclusion/Pastoral needs**

Two Activities Co-ordinators organise events at the home to involve residents and their relatives as much as possible. The communal lounge and conservatory are used for the majority of activities. There was no evidence to indicate that residents were forced to take part in activities; it is optional for all residents. Representatives were advised that visits to the home by local schools and choirs are encouraged and there was a scheduled Carol Service by the Salvation Army.

Praise was given by relatives and residents regarding the Activities Co-ordinators and representatives witnessed a group of residents leaving to go out for a 'pub lunch'. Residents were escorted by several carers, including one carer who had come in especially on her day off to go with them.

Representatives were advised that there are regular visits from a Roman Catholic priest, St Vincent's Church pastor and the Salvation Army. The home also encourages visits from other religious denominations. Residents are able to visit local churches.

### **Involvement in Key Decisions**

Representatives were advised that meetings with residents are held twice a year. The purpose is to give both residents and their relatives the opportunity to raise any issues and/or concerns. There is no relatives' forum, which is considered unnecessary due to the managers 'open door' policy.

### **Concerns/Complaints Procedure**

The manager, residents, relatives and members of staff all confirmed there is a complaints procedure, although no resident or relative spoken to mentioned as having used it.

### **Staff**

All the staff seen and spoken to during the visit were friendly and helpful to the representatives and to the residents they were observed interacting with. All the staff, observed speaking to residents, clearly knew them well, using their first names. The staff appeared to be well trained and representatives were confident the residents were well cared for. There is a training room on the third floor and representatives were advised that all new staff undergoes six to twelve weeks of induction training and specialised training as required.

Representatives were advised that residents' medication (using the Manrex system in blister packs) is distributed by medication trained staff at all times although this was not witnessed.

Representatives were also advised that DNRs (Do Not Resuscitate) notices (if appropriate) are kept within each residents care plan, which was later visually confirmed.

### **Visitors and Relatives**

Representatives observed family members visiting residents in the home and engaged with them. One family member spoke highly of the care afforded to his relative.

The Healthwatch Central Bedfordshire notice advising relatives of the visit was not displayed in the care home due to it being mislaid in the post. Healthwatch Central Bedfordshire was not contacted directly by any relative prior to or since the visit to the home.

### **Additional Findings**

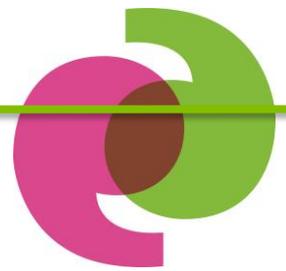
The management of the home is attentive to all suggestions for improvement and is keen to make the home as friendly and welcoming as possible. Cleaners were observed working in the home. Representatives took the opportunity to speak to a cleaner who described the good practice of storage and security of the cleaning materials.

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### **Recommendations**

This report highlights the good practice that was observed and reflects the resident's and relative's satisfaction with the care and support provided. Recommendations are as follows:

- One or the vacant rooms which representatives were shown into had staining on the wallpaper and the décor of the walls in some of the corridors showed scuff marks and other 'wear and tear' marks. HWCB would recommend that redecoration is planned for the future to maintain the welcoming environment of the home.
- On vacating the home, representatives witnessed a few empty cardboard boxes paced adjacent to the door. Representatives were concerned that this could potentially constitute a fire risk and would recommend that this practice is discouraged.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents and their family members, of Sharnbrook Lodge, to advise that if they should wish to contribute any additional comments about the report, they should contact Healthwatch Central Bedfordshire direct on 0300 303 8554.



## Service Provider response

The Manager of Sharnbrook Residential Care Home acknowledged receipt of this report when sent on 17<sup>th</sup> December 2014, however, to date, no formal response has been received by Healthwatch Central Bedfordshire to the report.

20<sup>th</sup> February 2015.

