

Greensleeves Homes Trust

Sharnbrook House

Inspection report

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Bedfordshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sharnbrook House is a care home that offers care and support to 30 older people, some of whom are living with dementia.

People's experience of using this service

- People were very happy living at Sharnbrook House. They felt safe and liked the staff who looked after them. Relatives were very satisfied with the service the staff gave to their family members and they felt welcomed at the home. Staff were proud to be working at the home and enjoyed their job. Everyone said they would recommend the home.
- Everyone praised the registered manager who was approachable, helpful and provided strong leadership. The staff team enjoyed working together and supported each other and the registered manager. The provider employed enough staff so that they could meet people's needs in a timely way. Staff went through a thorough recruitment process so that the provider knew they only employed suitable staff.
- The registered manager and staff were proud of their achievements. These included being finalists in the provider's Care Home of the Year Award and nominations meant that eight staff were awaiting the results of individual awards.
- The provider had systems in place to keep people safe from avoidable harm. Staff knew who to report any concerns to and assessments of potential risk ensured that people were as safe as possible. Staff undertook training in a wide range of topics so they had the knowledge and skills to do their job well and effectively meet people's needs.
- Staff gave people their prescribed medicines safely. They followed good practice guidelines to help prevent the spread of infection. Equipment was available so that staff could support people in a safe way.
- The kitchen staff cooked a variety of nutritious meals, based on people's choices and including special diets for those who needed them. External healthcare professionals supported staff to help people maintain or improve their health.
- People made choices in all aspects of their lives, including being involved in decisions about redecoration of the home. Staff knew each person well, including their likes and dislikes and their preferences about how they wanted staff to care for them.
- People spoke about staff very warmly and people and staff got on very well together. Staff respected people's privacy and dignity and encouraged people to be as independent as possible. People had opportunities to decide on the care they wanted and to review and change the care if it was not meeting

their needs. Care records reflected their decisions.

- The staff team were all involved in arranging a wide range of meaningful things for people to do. They organised group and individual activities, outings and entertainments. Staff supported people to take an active part in village life.
- People knew how to complain and were confident that the registered manager would resolve their complaints. The laundry provision was not working as well as people wanted so the registered manager was looking into making alternative arrangements.
- Staff knew they were responsible for giving people a high-quality service based on the provider's ethos and values. Sharnbrook House was people's home and staff did everything to make people's lives as comfortable and fulfilling as possible. A quality monitoring system led to the registered manager identifying improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection we rated this service Good (report published on 8 August 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Sharnbrook House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had cared for older people with a range of health needs.

Service and service type

Sharnbrook House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 17 January 2019. It was unannounced.

What we did

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider must let us know about.

During our inspection we saw how the staff interacted with people who lived at Sharnbrook House. We spoke with nine people who lived there and four people's relatives/friends. We spoke with seven members of staff: two care workers; two senior care workers; the cook; a housekeeper; a maintenance person; and the

registered manager. We also spoke with the hairdresser who was working in the home.

We looked at two people's care records as well as other records relating to the management of the home.

After the visit to the home, we contacted three external healthcare professionals. We have included their responses in the report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt people were safe at Sharnbrook House. One person said, "It is safe in here. I've never had a problem." Another person said, "I do feel very safe in here." A relative told us, "I feel happy when I leave as I know [my family member] is safe and secure. [Staff] cope well with [name's] behaviour." They had felt confident to go away, knowing their family member was in safe hands. People liked the security of the locked doors, with codes needed to get in or out.
- The provider had systems in place to protect people from abuse and avoidable harm. One person told us, "[There's] no fear of anything awful here." A relative said, "I've never seen or heard of any problems here, they treat [name] very well."
- Staff had received training and knew what to do if they had any concerns about people's safety. A member of staff said, "I feel good about this home. I know what signs to look for [if people were being harmed] and if I was worried I would speak to the senior. It's a good place to work."
- The provider had displayed information on the notice boards about reporting any concerns.

Assessing risk, safety monitoring and management

- The registered manager assessed all potential risks to people. They had put guidance in place so that staff knew how to minimise the risks without taking away people's independence.
- The registered manager had bought equipment to help people stay safe. For example, all except two people had beds that lowered almost to the floor, with a 'crash mat' next to the bed. This reduced the risk of people falling from their bed, or getting entangled in bed rails.
- Maintenance staff undertook regular checks of all the equipment in the home to make sure it was safe for people and staff to use. This included checks of the fire safety equipment to ensure it would all function properly in the event of a fire.
- Each person had a Personal Emergency Evacuation Plan in place so that staff and others such as the fire service would know how to help evacuate the person in an emergency.

Staffing and recruitment

- There were enough staff on duty on the day we visited to meet people's needs. Although staff were busy, they were not rushing around and they met everyone's needs. We noted that staff answered call bells quickly and staff spent time chatting with people.
- People and their relatives all commented that staff were busy and that sometimes an extra pair of hands would have made a big difference. One person said, "The staff are helpful but they are very busy." Another person told us, "[Staff] have to be everywhere. They work hard."
- Healthcare professionals, all of whom visited the home regularly, told us that there were enough staff when they visited. One said, "There appears to be enough staff to meet the needs of the clients and safely deliver good standards of care."

- Staff all worked together for the good of the people living in the home. All staff, maintenance, housekeeping, kitchen, care and managers did whatever jobs needed doing. One said, "Every member of staff has been trained in moving and handling. [For example] all staff can help if the bell rings – it does happen."
- The registered manager followed a recruitment policy so that they were as sure as possible that new staff were suitable to work at this service. One member of staff confirmed the registered manager carried out checks, such as a Disclosure and Barring Service check and references.

Using medicines safely

- People could look after their own medicines if they wanted to. However, most people preferred the staff to look after their medicines and were happy with the way staff gave them their medicines. One person said, "I was doing the tablets myself but as my sight has got worse the staff do it. That works well and they offer pain killers."
- Staff managed medicines well. They had undertaken training and competency checks so that they could give people their prescribed medicines safely. The provider had ensured a secure area for the safe storage of medicines and staff kept stock to a minimum.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. The home was clean, fresh and tidy. One relative told us, "[My family member's] room is always clean. You don't smell any [unpleasant] smells."
- Staff had undertaken training and were fully aware of their responsibilities to respond appropriately to protect people from the spread of infection. They followed good practice guidelines, including washing their hands thoroughly and wearing gloves and aprons appropriately.

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team reviewed risk assessments and care plans following incidents to prevent recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and deputy manager carried out holistic assessments of people's needs before they offered a person a place at the home. They took the needs of people already living at the home into account, to make sure staff could meet everyone's needs.
- The registered manager told us that they kept up to date with good practice in several ways, including attending training, meetings and reading publications. This ensured that staff delivered care in line with all relevant guidelines.
- The registered manager considered protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.
- There was a range of equipment available in the home to enhance people's care and promote independence. The provider used technology to improve the effectiveness of the care and support that staff delivered. For example, the provider had recently introduced an electronic system for care records.

Staff skills, knowledge and experience

- Staff received training, support and guidance so that they had the knowledge and skills to do their job well. Staff were up to date with all training required by the provider, which a trainer delivered face-to-face or via the computer. Staff found the training helpful and appreciated that the registered manager fulfilled their requests for additional training.
- People and their relatives felt staff knew what they were doing. One person told us, "[Staff] have training – they understand my diabetes and always know when I need a snack." A relative said, "They clearly have training in caring for people with dementia as they know how to handle the sudden changes in behaviour."
- All staff had regular supervision from a member of staff senior to them. Staff also knew they could ask the registered manager and senior staff anything at any time.
- New staff underwent a thorough induction, which included shadowing more experienced staff.

Supporting people to eat and drink enough with choice in a balanced diet

- Catering staff involved people in deciding which meals they wanted on the menu and produced a range of nutritious and appetizing food. A choice of meals was always available and the cook offered alternatives if the person did not want the meals on the menu. One person said, "I like it that I can discuss my meals with the cook and make choices."
- Following research, which showed the benefits of eating later in the day, the registered manager had recently introduced a change to meals. People now had their main meal in the evening. People could choose to have a cooked breakfast and the cook produced a 'lighter' lunch of, for example, soup and sandwiches.

- The registered manager assessed people's nutritional needs and catering staff cooked special diets for people who wanted or needed them. Catering staff were fully aware of people's likes and dislikes as well as any medical needs, such as allergies or the need for high-calorie food that had extra cheese, butter or cream.
- Mealtimes were good, social occasions. People made choices about everything they ate or drank and people who needed support got this from the staff.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as the local hospitals to make sure that they met people's needs, for example if a person had to go to hospital.

Supporting people to live healthier lives, access healthcare services and support

- The member of staff who coordinated activities organised exercise sessions for people and activities that kept people as active as possible. One person told us they walked down to the lake (in the home's gardens) each day to keep themselves mobile.
- Staff involved other healthcare professionals to support people to maintain their health. These included the GP, community nursing team, a chiropodist and an optician.
- Staff knew people well and recognised when someone's health was changing. The staff referred people to other professionals such as the dietician and tissue viability nurse (to give advice on preventing skin breakdown).
- The staff had fostered good working relationships with the local GPs. A member of staff told us, "We have absolutely brilliant doctors.... They are one phone call away and they come every week."

Adapting service, design, decoration to meet people's needs

- Sharnbrook House was an 18th century country manor house that the provider had adapted and extended to provide a home for older people. The registered manager explained that, as a listed building, there was a limit to the adaptations that the provider could make. They had carried out a lot of refurbishment and redecoration since our last inspection, including refurbishing bathrooms. People liked the clean, modern décor in the bathrooms.
- The registered manager had involved people who lived at the home in the plans for redecoration. The registered manager said, "The residents are in charge – it's their home."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager told us that none of the authorisations included any conditions.
- Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. Staff asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. One person told us, "I'm now happy with the amount of choice I get." One member of staff said, "We don't assume anything, we always ask."
- A member of staff explained how staff had worked very closely with the family of a person who did not want to accept personal care. Community nurses and the GP had also been involved and "everyone worked

together" in the person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; equality and diversity

- People, their relatives and healthcare professionals all made very positive comments about the staff. They used words such as "friendly", "helpful", "very good", "polite", "caring" and "compassionate" to describe the staff. One person said, "The [staff] are mostly marvellous."
- A relative said, "[Staff] are genuine and really care. Sometimes when I watch what they do, it blows me away." Another relative told us, "They are very very easy to work with – all of them. Everybody does their best, they're very kind, very thoughtful. They do a splendid job."
- A regular visitor to the home said, "All the staff are lovely and I do love coming here." They told us that they had seen people improve when they moved in. They told us, "It's lovely to see people come out of themselves."
- Staff made people feel they mattered. One person said, "Staff are very good, they treat us as individuals." Another person told us, "I can talk to the staff openly; they understand me." A member of staff explained how they liked getting to know each person and "making a connection" because "every resident is different."
- Staff knew each person well, including their likes and dislikes and their preferences about the way staff gave them care and support.

Supporting people to express their views and be involved in making decisions about their care

- Most people who lived at Sharnbrook House had family members who could help them, if they needed help, with decisions about their care. Nevertheless, the registered manager had ensured that people had information about advocacy services if they wanted an independent person to help them with their affairs.
- The registered manager had introduced a 'resident of the day' scheme. One day each month, each person who lived at the home received 'special treatment' from the staff. Staff spent time with the person to discuss if the care and support in their care plans was fully meeting their needs. This ensured that each person had the opportunity to express their views. One person told us, "I do discuss my care with the staff. I feel able to have open conversations with them and my family."
- Staff told us that at other times they usually had time to sit and chat with people to make sure that each person had everything they needed.

Respecting and promoting people's privacy, dignity and independence

- People had no concerns about the way staff treated them. They described ways in which staff promoted and protected their privacy and dignity. One person told us, "I feel respected; they keep it private when I'm having a wash."
- Staff did not talk about people in front of others and they made sure that they stored any confidential information about people securely.
- Staff encouraged people to be as independent as they wanted to be. Care plans included what the person

could do for themselves and guided staff to help the person keep their skills.

- The staff team always made visitors and relatives very welcome. They told us that the home was like one big family. One member of staff said, "There are no restrictions on visitors – it's people's home."
- One person reached the end of their life on the day we visited. Staff looked after the family very well indeed, making sure they had everything they needed, giving them private space and offering them comfort and support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The staff team were very responsive to people's needs. The registered manager had recently applied to increase the registration to 31 people. This was so that a married couple who had lived in the village all their lives would not have to separate when they both needed care. As soon as another room became available, the registered manager reduced the number back to 30.
- Each of the people living at Sharnbrook House had a care plan, which was personalised to make sure it met their individual needs. A healthcare professional said, "The resident was always at the heart of all decisions made."
- People and their relatives were involved in planning their care and reviewing the plan regularly to make sure it still met their needs. One person told us, "My care is reviewed each month to see if any changes are needed."
- Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes.
- The provider used technology to enhance the care and support which the staff gave to people. They had introduced a computerised system for care records, which included care plans and daily notes. One person said, "All the records are on the computer now. The staff coped well with that change." A member of staff told us that the system meant records were always up to date and "keep us informed." The alarm-call linked to this system. This meant the registered manager could check that staff had responded promptly to the call.
- Two members of staff worked with people to arrange a wide range of activities, entertainments and outings. They put together a monthly plan so that everyone knew which activities happened each day. They were aware of people's preferences and carried out individual activity sessions if the person did not enjoy group activities. Care staff supported the activity programme by leading some of the activities.
- People told us about the activities they enjoyed most and it was clear that the programme, with the things sorted out for individuals, suited most people. Staff supported people to follow their own interests. For example, one person attended National Trust meetings in the village and others belonged to the local WI. A relative told us, "[Name] does activities and likes the art, exercise and visits from the local school." One person said the staff had provided them with tools so that they could do gardening.
- The registered manager kept photograph albums so that relatives could see what their family members had been doing and so there was a visual record for people to look at.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would talk to the registered manager or one of the senior care staff if they had a complaint. One person said, "I've raised concerns with the manager and she tries to sort it." A relative told us, "I think [the registered manager] is very good. She's straight onto anything that isn't right."
- The provider had a complaints policy and procedure, which they displayed on notice boards around the

home. The registered manager said, "All criticisms are seen as positive; to help us improve."

- The registered manager kept a complaints log, which showed the actions she had taken to resolve the complaint. People and relatives had raised several complaints about the laundry. The registered manager explained that they had to send the laundry off site because the provider had been unable to install a suitable laundry in the listed building. People did not like the length of time the laundry service took to return the laundry. The registered manager was exploring how to resolve this problem.

End of life care and support

- The registered manager and staff had given people opportunities to discuss their end-of-life wishes and they had recorded these in people's care plans. One person told us, "I do discuss my care with the staff. I feel able to have open conversations with them and my family. We've chatted about end-of-life." People's relatives were also involved. One relative said, "We've discussed end-of-life wishes and a DNAR (Do Not Attempt Resuscitation) is in place."
- Staff had attended training on end-of-life care and felt confident that they provided this care well, supported by GPs and community nurses.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, their relatives and staff all made very positive comments about the service and all said they would happily recommend the home. One person told us, "One day I'm going to write a column about where's a good place to stay if you're over 70 - here." A relative told us, "I would give them a gold star. They're very good and [family member]'s very happy here." A member of staff enthused, "This is a proper home, with all its imperfections it's a proper home."
- All three health care professionals said the home passed the 'mum test' (they would be happy for their mum to live here). One said, "The home is of a high standard with a good selection of experienced [staff]." Another told us, "All staff go the extra mile."
- A regular visitor to the home said, "I always recommend here – it's so lovely – I honestly haven't a bad word to say."
- Staff were fully aware of their responsibility to give a high-quality, person-centred service, based on the provider's ethos and values.
- The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager provided very strong leadership and everyone we spoke with told us how visible she was and how well she knew each of the people living at the home. A member of staff said they had "a lot of respect" for the registered manager, adding, "She has a very good heart; she's a carer and always tries to sort everyone's problems."
- Staff were happy and proud to be working at Sharnbrook House. They felt that the senior team supported them well. They had regular one-to-one supervision sessions and staff meetings. One member of staff told us they had worked in several care homes and this "is the best place. We do everything possible to make life as normal as possible."
- Staff felt they worked well as one big team, with everyone "mucking in" when needed.
- The registered manager understood their legal duties and sent notifications to CQC as required.
- The provider had a quality assurance system in place to ensure that staff continued to give high quality care. This included quality surveys which a member of the provider's staff carried out and the providers made regular visits to the home. The management team and the provider carried out audits of various aspects of the service such as medicines, health and safety and care records. Action plans followed and the provider checked these to ensure the registered manager made the required improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff team encouraged and supported people and their relatives to express their views about the management of the home. Staff arranged meetings for people living at the home and their relatives. One person said, "I go to the meetings. We discuss issues and I express my point of view." People living at the home told us that their views were listened to. For example, they had voted for staff to wear uniforms and for their main meal to be in the evening.
- The provider carried out an annual survey across all their homes. They asked people and relatives to complete a questionnaire. The provider had just collated the 2018 survey and the results showed a high level of satisfaction with all areas of care, averaging 95%. The response to a question about the laundry had significantly affected the overall score.
- Staff also felt involved in the running of the home. One member of staff told us, "I feel listened to. [The registered manager] listens to us and we listen to her."
- The home was in the middle of the village and was very much part of village life. Several people living at the home had lived in the village. Staff supported them to continue to join in village activities, clubs and groups and welcomed villagers into the home. The home hosted the church fete in the home's gardens each year and the local allotment society rented some of the garden.

Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve. She discussed any issues with staff and put action plans in place to monitor and drive improvement.
- The registered manager and staff were very proud of their achievements. They had been awarded accreditation in the Eden Alternative way of working. The Eden Alternative philosophy was based on the idea that loneliness, helplessness and boredom have a greater effect on people living in care homes than their medical conditions. The staff interpreted this as "person first, dementia after" and this philosophy permeated everything they did. This meant that care was fully person-centred. The registered manager told us, "We're visitors in the residents' home."
- The provider had a strong award system across its homes. Sharnbrook House had been a finalist in the 2018 Care Home of the Year Award and eight staff had been nominated individually for a number of awards.
- The registered manager and the provider had started to put contingency plans in place relating to the UK leaving the EU.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority to ensure that people received joined-up care.