

## Enter and View Report - Care Home

Sharston House  
Manor Park South  
Knutsford  
WA16 8AQ

Tel: 01565 633 022

Date of visit: May 18<sup>th</sup> 2015

This report describes our observations of the quality of what we found at the date and time of the visit, information given from the Home Manager, residents, relatives and observations made by our Authorised Representatives

### Overall observations for this home:

Promoted independence for residents



Encouraged mobility both inside and outside the home



Provided stimulation and social activity



### Summary:

Sharston House has a residents' charter dedicated to residents well being, physical and emotional development and fulfilment. We were able to observe the staff meeting these charter standards in the care and support they were providing.

All staff were friendly and obviously understood the individual needs of residents, providing appropriate support. Staff also showed respect, providing freedom of choice and appropriate support in many aspects of daily living, i.e. individual personal help, enabling communication, choices of where to eat meals, providing a clean, homely environment.

Sharston House staff pride themselves on being a homely, friendly team .

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## CARE HOME MANAGEMENT INFORMATION

The following information has been provided by the Care Home management

### GENERAL INFORMATION

Name of Home:	Sharston House	
Address and Postcode	Manor Park South, Knutsford, Cheshire, WA16 8AQ	
Name of person completing this form:	Mandy Usher	
Position in the Care home:	Coordinator	
Date the form was completed:	28.04.2015	
Telephone contact:	01565 633022	
Email contact:	sharstonhouse@tiscali.co.uk	
Home Registration	<input type="checkbox"/>	Residential
	<input checked="" type="checkbox"/>	Nursing
	<input type="checkbox"/>	Dementia
How many permanent residents in the home today?	42	
How many short stay/respice stay residents in the home today?	6 (Intermediate Care)	
Does each resident have a named or key worker?	<input checked="" type="checkbox"/> both	

### INDEPENDENCE AND MOBILITY

How do you assess residents' ability and mobility to keep themselves as independent as possible?	Risk assessments and mobility assessments as part of an ongoing care plan.
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<p>Please give any examples of how you encourage residents to remain independent with daily living skills i.e.: personal hygiene, eating, drinking and dressing.</p>	<p>We encourage residents to maintain personal hygiene wherever possible. Residents have a choice of clothing, activities, meals, etc. We encourage and support independence in all aspects of daily life if appropriate and safe.</p>	
<p>How do you promote mobility for residents such as moving and walking?</p>	<p>We have mobility aids throughout the home, i.e., walking frames and grab rails, etc. Staff encourage residents to do as much as they safely can. There are ongoing assessments on a daily basis, regular GP visits and referrals to physiotherapists if thought helpful.</p>	
<p><b>ACTIVITIES</b></p>		
<p>Do you have a budget to cover residents 'activities, interest groups?</p>	<p>✓</p>	
<p>Do you have a member of staff to co-ordinate activities?</p>	<p>✓</p>	
<p>If Yes: Are They</p>	<p>✓</p>	<p>Full time</p>
		<p>Part time</p>
		<p>Sessional</p>
<p>What community links do you have with local organisations and who are they?</p>	<p>Local schools, opticians, Knutsford Lions, library, Holistic therapist, local volunteers, welcome club, hair dressers, 4 different churches, chiropodist and local shops.</p>	
<p>How are residents approached / encouraged to take part in activity/interest groups?</p>	<p>Weekly "What's on" program posters around the home. Communications individually.</p>	
<p>What activity interest groups do the residents like to take part in?</p>	<p>Knit and Natter, Whist, Keep fit, Musical Entertainment, bingo, crafts, flower arranging, word puzzles and general knowledge games and quizzes.</p>	
<p>Please specify the type of activity and the duration of each activity.</p>	<p>Varies but usually 1 to 2 and a half hours</p>	

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How often do you run these activities?	✓	Daily
	✓	Weekly
	✓	Monthly
		Yearly
<b>Do you have a residents group?</b>		Residents meeting
How often is the residents group engaged in the management of the home?	✓ - communication	Daily
		Weekly
	✓	Monthly
		Yearly
<b>Do you have a relatives group?</b>		No - relatives informed verbally and with notice board
How often is the relatives group engaged in the management of the home?		Daily
		Weekly
		Monthly
		Yearly
If you have a Relatives group how often and where do they meet and would a Healthwatch authorised representative be able to meet with the group to get their views?	Relatives are encouraged to come and express their views or concerns, etc. Open office.	
If yes, who would we contact to arrange this?	Home manager	
Please give any examples of how you facilitate social interaction between residents and their local community.	Rooms available to host social events, communion, birthday parties, etc	
Please use this space to tell us about any facilities/activities not covered in the above questionnaire.	Mobile library box, talking books, CD and DVD library, Pandora's Box of Reflections, What the Papers say, hand and nails care, raffles, etc.	
Is there anything else you		

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would like to tell us?	
If a resident has a concern about their health and social care needs -who would deal with the issue?	Home manager or Nurse in charge

Are you aware that Healthwatch Cheshire East has a Signposting Service to point people to the organisation that deal with issues and can capture their story to forward to partners who can make a difference and inform trends?	No
If no, would information	Yes

We are working in conjunction with Cheshire East Council Quality Assurance team, who evidence standards at nursing homes within a 6(7) Cs standards rating and our observations may highlight observed evidence within those standards, in the areas that we observe and this will be annotated where there was evidence to show that the home was meeting the standard in these areas. We are only able to comment on the areas off our responsibility

**Care:**

Care is our core business and that of our organisations and the care we deliver helps the individual person. Caring defines us and our work-people receiving care expect it to be right for them.

**Compassion:**

Compassion is how care is given through relationships based on empathy respect and dignity. It can also be described as intelligent kindness and is central to how people perceive their care

**Competence:**

Competence means all those in caring roles must have the ability to understand an individual's health and social care needs. It is also about having the expertise , clinical and technical knowledge to deliver effective care and treatment based on research and evidence

**Communication:**

Communication is central to successful caring relationships and to effective team working.

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Listening is as important as what we say and do. It is essential for the “no decision about me, without me”

**Courage:** Courage enables us to do the right thing for the people we care for, to speak up when we have concerns. It means we have the personal strength and vision, to innovate and to embrace new ways of working

**Commitment :**

A commitment to our residents and patients is the cornerstone to what we do. We need to build on commitment to improve the care and experience of our residents .We need to take action to make this vision and strategy a reality and meet the health and social care challenges ahead.

**Culture:**

Culture is symbolic of communication. Some of these symbols include a group of skills, knowledge, attitudes, values and motives; the meaning of these are learned and perpetuated through the group. They are demonstrated by behaviours and actions.

## Authorised Representative Observations

<b>Background</b>	Sharston House was selected for a visit as part of our Summer 2015 round of Enter and View visits
<b>Observations</b>	<p><b>Welcome:</b> On arrival we greeted warmly and asked to sign the visitor’s book. Staff were friendly. We were informed they had received and completed the Healthwatch Questionnaire. We were invited into the office to meet members of staff.</p> <p><b>Security of building:</b> The front door of the building was unlocked. The second internal door was locked.</p> <p><b>Staff:</b> We observed 16 members of staff during our visit. These included The Manager, Lindsay Noden, 7 carers, 2 nurses, 1 administrator, and 1 co-ordinator of activities, laundry staff, and catering staff. Staff wore name badges and different uniforms according to their role. A number of staff have worked at Sharston House for a long time.</p> <p>We had a long introductory chat with staff who explained it could</p>

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be difficult to engage everyone in activities. Some residents have been living in Sharston House for a long time, others have intermediate care and can be short stay residents. With such a variety of needs it can be difficult to find activities to meet everyone's needs. The staff team said they would welcome any ideas of how to engage more residents in different activities. We gave them a copy of the list of resources/catalogues we had been given at a Healthwatch meeting.

Staff members we observed in one of the main lounges and in the dining room were chatty with residents and helpful. They knew the residents and their needs well and introduced us individually to residents, sometimes giving us some background information. When giving out drinks and meals in the main lounge, where some residents stayed for lunch, staff were observed helping with positioning the food and making sure everyone was happy with their meal and drinks.

**Standards evidenced-**  
**Communications: Commitment: Competence: Compassion:**  
**Courage:**

**Residents:**

There are facilities for 48 residents. We spoke with 8 residents. In the large main lounge we observed residents quietly relaxing, having drinks served at small tables. A number of residents required help with eating and drinking. The residents in the lounge chose to stay in the lounge for lunch, having it served on tables.

In the dining room other residents were waiting for lunch, sitting around the table chatting.

A number of residents prefer to stay in their rooms and they are given a choice about where they spend their day.

Residents reported they were able to use call bells in their rooms. One resident reported they could bang on the table with a cup to gain attention. Some residents had difficulty communication, but we observed their needs being understood and met by staff.

One resident wanted to go to the toilet more regularly and complained he did not always have the opportunity.

Residents had chosen to live at Sharston House because:

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- A number of resident's said relatives had chosen Sharston House
- Chosen to be near family
- One resident had been in the nursing home for 10 years following a stroke and was very happy being there. She could not remember why it had been chosen.
- One resident who was incapacitated by a stroke, said the family had chosen it because it was quiet and homely.
- Friends and family are made very welcome.
- There is always someone to help you
- Some residents were able to describe the list of activities available

**Standards evidenced-**

**Communications: Commitment: Competence: Compassion:**

**Relatives/Friends:**

We were able to speak to one relative whose brother was in Sharston House for intermediate care. He preferred to stay in his room. The hairdresser visited, he was given light exercise in his room each day. He was encouraged to leave his room. Food was fine. There were no activities he was aware of. All staff were friendly and greeted everyone with a cheery hello.

**Meals and Drinks:**

Drinks are regularly available in all areas of the Nursing home. We were offered drinks during our visit.

Residents can receive food and drinks in different areas depending on their particular choice. There is a dining room which could accommodate 15 people. We observed a group of 8 sitting in the dining room before lunch. Other residents were in the large lounge area and being served drinks and lunch at tray tables. Many residents in the lounge had adapted feeding equipment and most required some help with eating and drinking. The care staff were observed being very helpful and understanding of the resident's needs.

Residents can also have meals and drinks served in their rooms. A number choose to do this.



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	<p>We did not observe any meal menus.</p> <div data-bbox="507 398 1497 591" style="border: 1px solid black; background-color: #e0ffe0; padding: 5px;"><p><b>Standards evidenced-</b> <b>Communications: Commitment: Competence: Compassion:</b></p></div> <p><b>Communication and Social activity:</b></p> <p>The Activities Coordinator gave us a list of activities provided for the week commencing 18<sup>th</sup> May, including something happening every day i.e. Hairdresser Knit and Natter Cards and other games activity afternoon Mobile library box Holistic therapy evening Holy communion held monthly - followed by refreshments</p> <p>Staff said it was hard to encourage people to participate. Some residents find it difficult to go on outings due to their restricted mobility There does not appear to be a specific resident's committee / meeting</p> <div data-bbox="507 1294 1497 1487" style="border: 1px solid black; background-color: #e0ffe0; padding: 5px;"><p><b>Standards evidenced-</b> <b>Communications: Commitment: Competence: Compassion:</b></p></div> <p><b>Environment, furnishings and building:</b> Sharston House is a large Victorian House, with a garden and patio area. We observed residents one of the 4 lounges, a large light airy room, with a conservatory area adjacent, used for storage of wheelchairs and walking equipment. We also met a group of residents in the dining room at the front of the building. The main rooms are carpeted, decor, furnishings and soft furnishings are homely, and clean. We were informed most rooms have en suite facilities.</p>
<p><b>Conclusions/Summary</b></p>	<p>Sharston House is dedicated to providing a homely, person centred, caring environment in this large Victorian house.</p>

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A registered nursing home, offering nursing and intermediate care. Some residents stay for short period. Others long stay with a complexity of needs, some residents have been there for a number of years.

In these circumstances it difficult to encourage more people to engage in activities. Many are happy just sitting, relaxing. Staff, however, expressed the view they would like encourage more residents to be involved in activities and would welcome advice how to motivate and change the culture of current residents. Many want to stay in their rooms .

The general impression is that staff are friendly, caring, compassionate and understand the varying individual needs of residents. They provide a good standard of care.

Many residents are infirm and have health problems that restrict their mobility. Perhaps more opportunities for “armchair exercise” could be encouraged - staff are wanting more ideas of things to motivate residents.