healthwatch Bedford Borough

Engaging Communities Solutions

Enter and View Report

Sharnbrook House Care Home

Announced

20 February 2026

What is Enter and View

Part of Healthwatch Bedford Borough's remit is to carry out Enter and View visits. Healthwatch Bedford Borough Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act 2012 allows 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 that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Bedford Borough's Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Bedford Borough's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority safeguarding team will also be informed.

Contents:

Provider details

Details of Visit	
Registered Manager	Colette Jones
Service Address	High Street Sharnbrook Bedford MK44 1PB
Service type	Care home for residents living with dementia, sensory impairment or physical disability.
Date and Time	20 February 2026, 10am
Authorised Representatives undertaking the visit	Tracy Cresswell (Lead Authorised Representative) Jag Lehal Elaine Singaram

Acknowledgements

Healthwatch Bedford Borough would like to thank the manager, staff and residents for their cooperation during our visit.

Disclaimer

Please note that this report is related to findings and observations made during our visit on 20 February 2026. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Who we share the report with

This report and its findings will be shared with the manager of Sharnbrook House, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Bedford Borough website.

Healthwatch Bedford Borough details

Address:
21-23 Gadsby Street
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Healthwatch principles

Healthwatch Bedford Borough's Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing.

2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patience's reaching crisis.

3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family

4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect.

5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.

6. **Choice:** Right to choose from a range of high-quality services, products and providers within health and social care

7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.

8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Purpose of the visit

The visit was announced and was part of the ongoing work programme of Healthwatch Bedford Borough.

What we did

On arrival to the building, the Authorised Representatives (ARs) rang the bell and were greeted by a staff member and asked to sign in. The ARs explained to the manager what the purpose of the visit was and what it would entail. The ARs spent time talking with the manager who informed the ARs that she had only been in post for 10 days.

The ARs were shown around the home by the manager, who pointed out the changes that she wanted to implement to make the Sharnbrook House more homely.

The ARs were informed that Sharnbrook House is a care home for 30 residents plus 1 respite. At the time of the visit, 28 residents were in residence. The age of the residents varied from 65 to 99. There were no vacancies.

Sharnbrook House uses the Nourish Better Care system. Family and friends have access to Nourish so they can post messages and upload photos, etc.

Most of the staff were receiving face-to-face dementia awareness training during our visit.

Findings:

Environment

External

The home is located in the rural village of Sharnbrook, with minimal parking in their own car park and alternative parking on the main road.

There is a generous garden to the rear of the building.

Internal

The home had a bright and pleasant feel to it. It appeared well ventilated and omitted no unpleasant odours.

The home is spread over three floors, which are accessible by both stairs and a lift.

On the ground floor there is a spacious dining room with space for residents who preferred quiet space. The dining room was being decorated to give it a more homely, comfortable feel.

On the second floor, there was a nice quiet seating area in the corridor.

Not all toilets had contrasting colours, it is suggested that the toilet seat and lid should be in a contrasting colour to the rest of the toilet, so they are easier to see. Further information can be found below:

http://www.worcester.ac.uk/dementia

The manager informed the ARs that Greensleeves Trust were changing some of the layout of the home, with an area being identified for a hair salon and the vacant space to be utilised as an activities room.

Staffing at Sharnbrook House consists of the following:

Manager
Deputy manager
Administrator/receptionist
6 x housekeepers and laundry Assistants
2 x part-time activity co-ordinators
1 x cook
1 x kitchen assistant
5 x care staff on days and 2 x care staff on night
*Shift patterns included:
7am to 1.45pm, 2pm to 8pm, 8pm to 6.45am - each with a 15-minute handover.

Essential services

Access

Sharnbrook House uses the local GP in the village, Sharnbrook Surgery. They visit every Thursday. The visits can also include the practice paramedic and advanced nurse practitioner. They have a good relationship with the practice and feel they can openly contact them any time and they will visit if required.

The pharmacy they use is Compliant Care. However, they also use the local pharmacy which is situated in the village for emergency and wellbeing medications.

The home users Specsavers domiciliary team for ophthalmic care. They were visiting on the day of our visit.

Most of the residents have access to private dentists. The manager explained that they have difficulty in accessing Community Dental Services.

The community nurses and phlebotomy team attend the home on a regular basis.

The hairdresser visits weekly to provide hair care.

Safe, dignified and quality services.

The manager explained to the ARs that they had removed the accessible fruit option that was in the corridor. The reason for this was due to safeguarding and choking risk as several residents are unable to eat solid foods.

The manager shared with the ARs that she had identified that staff had been using personal mobile phones whilst on duty and had therefore re-issued the policy, ensuring staff sign to acknowledge that they had read and agreed to adhere to the policy.

Information

There were photos of the staff in the corridor, however several roles had different colour uniforms. The manager advised the ARs that uniforms were being re-issued and will align to their job role. The ARs expressed that they should consider putting photos of the colour uniforms and explaining the roles that they represent.

There was a '*You Said, We Did*' board in the main corridor when you enter the home. However, the ARs observed that it was very busy and overcrowded. This was relayed back to the manager. When the ARs were leaving, they noticed that the manager had already tidied up the board making it more readable.

The ARs suggested adding an extra column into the '*You Said, We Did*' section, saying '*We didn't because,*' offering a clear rationale.

Choice

Residents expressed that the quality of the food had really deteriorated over the past two years. Staff explained that a previous manager had introduced frozen food and that the quality of the food was variable. The manager explained that she had already hosted a relatives and residents meeting and this feedback had very much been taken on board. A subsequent meeting with Cook had been planned and this was displayed throughout the home.

Residents expressed that a, "*Roast dinner should mean roast dinner, not cheese and biscuits.*"

The ARs observed that throughout the visit there were refreshments available for the residents.

The resident's bedroom doors had their names on; however, the font was small. It was suggested maybe a photo that the residents choose themselves would make it easier for them to recognise.

Being listened to.

During her first ten days in post, the manager held a residents and relatives meeting, listening closely at feedback and issues. She had put a meeting in with Cook to look at the menus, quality of food, etc. However, one relative expressed that not they had not felt listened to. It was explained that some things would take time and would not happen instantly.

The manager is planning to have quarterly meetings with both residents and staff.

The manager explained that they have a complaints process that is fully investigated. The complaint is placed onto their Nourish system which Head Office have access to. Outcome letters are then sent with lessons learned.

A newsletter is produced for families.

Throughout the visit, there were several staff not wearing name badges. This was relayed back to the manager.

The staff expressed that they felt listened to by the new manager and are hoping that she stays for the long term. This was most encouraging.

Being involved

During the visit, the ARs did not observe any staff engagement with the residents. We were informed that the activity co-ordinator was in the training that was taking place during our visit along with several of the staff.

Residents who are bed bound have one-to-one activities that are bespoke to their needs.

There was a range of activities available in the lounge area, e.g. puzzles, newspapers, listening to the radio, crafts, etc. However, whilst engaging with the residents they said that they did not know how to operate the television and expressed that the staff did not know how to operate it either.

The manager explained that they were planning to utilise a section of the home to create a dementia village with a coffee shop and library. The estimated timescale for this project to be completed is within six months.

Sharnbrook House has its own minibus to take residents out and about on trips and outings.

Current challenges for the home

The current challenge reported was bringing back a more positive atmosphere and making Sharnbrook House feel like home again after a difficult period.

Recommendations

Recommendations made from findings	
1	Ensure that all staff consistently wear clearly visible identification, including the "*My name is*" yellow badges. This will support residents, relatives, and visitors to easily identify Sharnbrook House staff and managers, promoting a culture of dignity, trust, and person-centred care. The manager should implement oversight and monitoring to ensure compliance with this, including its importance through staff supervision and audits.
2	Consider improving bedroom door signage by using larger, clearer font for residents' names and offering residents the opportunity to pick a photograph of their choice, with consent. Clear and personalised door signage can support residents to identify their own rooms more easily, particularly those living with memory loss, sight or cognitive impairment. It promotes independence, orientation, and confidence when navigating the home.
3	Consider introducing an information board that clearly displays the different staff uniforms and the roles they represent. A visual board can help residents, relatives, and visitors easily identify staff members and understand their roles within the home. This is particularly beneficial for people living with dementia, cognitive impairment, or communication difficulties, as well as for new residents and visitors unfamiliar with the service.

4	Consider using coloured toilet seats, which are easier to see and are more dementia friendly. This change can make them easier to identify, supporting residents to maintain independence and confidence when using the toilet. This simple environmental adaptation may reduce confusion, promote dignity, and contribute to a safer bathroom facility.
5	Ensure that residents are actively involved in developing, reviewing, and evaluating food menus, and that they are routinely consulted about the quality, variety, and choice of meals. Involving residents in decision-making about food promotes dignity, choice, and person-centred care. It helps ensure that meals reflect individual preferences, cultural and dietary needs, and changing tastes, while supporting enjoyment of mealtimes and reducing food waste.
6	Review the rota when planning and delivering staff training sessions, to ensure that there are sufficient staff available to meaningfully engage and support residents throughout the day. Where training takes place during daytime shifts, consideration should be given to staffing levels so that residents continue to receive person-centred care, timely support, and opportunities for social interaction. Effective workforce planning can help minimise disruption to daily routines and ensure staff remain responsive to individual needs whilst supporting ongoing staff development.

Provider feedback

Thank you for your recommendations, and for taking the time to come out to Sharnbrook House. We hope that it was a positive experience for you. Please see below the changes we have made based on recommendations:

1. All staff wear a name badge – large font for name and job title. This is checked daily that staff are wearing these as part of the manager/senior walkaround completed daily, 7 days a week.
2. Photo frames have been placed next to all bedroom doors as the activity team supported the residents in choosing what photo they would like to have here – some have chosen scenery, animals, photos of themselves, etc. It has added a real personal touch.
3. New staff board in the entrance of the home – this is separated into departments with all staff wearing their uniform in the photo so residents, families, etc. are able to recognise who is who, and which department they are apart of. This is in the entrance, besides the senior office.
4. Resident's committee has been started – regular meetings are held where things such as meals etc. are discussed. The home manager also visits residents in their rooms who would like to be apart of the meetings but are unable to attend physically.
5. We are incorporating more carer lead activities during the times of training where the activities team are not available, as well as putting together a group of volunteers from the community to support with things like the tea trolley (following DBS checks, SOVA and moving and assisting training sessions).

Many thanks

Emma Thornton Locke

Home Manager