

# Visit report: Ashley House

**Details of visit:** Responsive announced visit

**Service address:** Ashley House, 120 Aldwick Road, Bognor Regis, PO21 2PB

**Service Provider:** Livability

**Date of visit:** 12/1/15

**Authorised Representatives:** Andy Lane, Karin Lane

**Contact details:** mark.habibi@healthwatchwestsussex.co.uk

## Acknowledgements

Healthwatch West Sussex would like to thank the residents of Ashley House, management and staff together with visitors for their contribution to our visit alongside our Authorised Representatives who collated the evidence for this report.

## Disclaimer

Please note 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, their supporters and staff, only an account of what was observed and contributed at the time.

## Healthwatch West Sussex

Under the Health and Social Care Act 2012, all local authorities in England which provide Adult Social Care services have a duty to establish an effective, efficient and representative Local Healthwatch (from April 2013). Healthwatch West Sussex was therefore established as a consumer champion for users of health and social care services in the county and its role is to:

- Gather the views and understand the experiences of patients, social care clients and the public;
- Make these views known to commissioners and providers of health and social care;
- Promote and support the involvement of these groups in the commissioning and provision of local care services and how they are scrutinised;
- Provide information, 'signposting' for services and support to make informed choices;

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- Recommend the undertaking of investigations or special service reviews to Healthwatch England and the Care Quality Commission (CQC); and Make the views and experiences of people known to Healthwatch England and provide a steer to help it carry out its role as national champion.

## 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 run and make recommendations where there are areas for improvement.

The Health and Social Care Act 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.

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## Purpose of the visit

To understand and report on the experiences of residents of Ashley House, their relatives, supporters and staff in relation to dignity within the home.

## Strategic drivers

- Follow up a May 2014 Care Quality Commission (CQC) inspection of Ashley House where lay perspectives may add value to and complement CQC findings
- Raise awareness of the role of Healthwatch West Sussex in the care home sector and particularly as an additional and independent route for sharing resident experiences
- Care homes are a current Healthwatch West Sussex Board priority
- Close working collaboration developing with West Sussex County Council Adult Safeguarding Board and post Orchid View (Serious Case Review) follow up work
- Emerging interest in seeking evidence on malnutrition in care homes

## Methodology

This project was initially planned as a responsive visit to feedback which Healthwatch West Sussex had received about alleged deficiencies in care at Ashley House. However the questionnaire expands the enquiry into general issues of dignity with prompts and observation points on dignity issues adapted from the Social Care Institute for Excellence 'Dignity Factors'. These include prompts on choice & control, communication and pain management, personal hygiene, privacy and social inclusion. The intention was not to duplicate the CQC inspection which took place in May 2014 but rather to add value to it by asking open questions on dignity issues from residents, relatives and staff where available.

Interviews involved the care home manager, 4 residents and 3 staff members. An initial discussion with the manager regarding dignity policies, training and staffing issues was followed by interviews in a private space with residents\*. Explanatory forms were left with staff and residents and Authorised Representatives (ARs) also verbally explained why they were there. It was made clear that participants choose whether to talk to ARs, and that they can leave or finish the discussion at any time. The care home manager was also asked if there were individuals who should not be approached or were unable to give informed consent. Both ARs participating in this visit undertook Adult Safeguarding Basic Awareness training.



Prompt questions were devised for each of the Dignity Factors. Responses from residents, staff and the manager (as well as AR observations) were recorded onto an Evidence sheet categorised for each of the factors. From the Evidence sheet, information was then transposed onto a Summary sheet containing findings leading to main recommendations for each factor. The latter could then be transferred easily onto the draft report format and forwarded to project participants for scrutiny and finally to Ashley House for factual verification and comments in response. \* Note for the safety of all those involved, it is not appropriate for an interview to take place in a bedroom unless a resident is supported by an advocate or someone they trust.

## Service description

Ashley House is registered with the CQC to provide accommodation for young adults with physical and associated disabilities. It has 16 rooms and staff provide personal (but not nursing) care to residents. A move to new accommodation in the vicinity of Bognor Regis is imminent and will present opportunities for the provider to address aspects of service delivery and related recommendations noted below. Livability, the provider group charity, has 22 care homes around England but Ashley House is the only residence in West Sussex.

## Summary of findings

### Choice & control

The residents interviewed acknowledged the choices they had in their care plans and that staff assisted appropriately. One resident stated emphatically that they had *'been at the forefront of the move to the new home'*. Difficulties were noted with agency staff or staff not taking account of decisions made e.g. a "Do Not Disturb" sign on a resident's door.

Residents have had choice regarding room colour at the new accommodation where they will be moving imminently. Staff were aware of anxieties around the move and have endeavoured to keep the residents involved & informed. It was also noted that some choices were not possible (e.g. en-suite baths at the new home) and that certain requirements need to be observed for choices to be exercised *'I can get up when I want if I let staff know and they put it on the rota'*.

### Communications

Several of the residents interviewed were positive that permanent staff speak respectfully and that resident were given time to speak and were listened to. There was consensus that agency staff didn't speak as respectfully, didn't always give them time to speak out and would talk about them in the corridors, *'Staff can talk disrespectfully about you e.g. "have you done [the resident]" but it does depend on who the carers are'*.



There was evidence of good practice with observations of people with significant communication difficulties being given time to talk and included in conversations. Makaton signing and other communication formats were observed being used between staff and some residents. There was also evidence of some support from speech & language therapists where needed.

### **Pain management**

Responses from two residents indicated that they were satisfied that they received the help needed from staff when they were in pain. One resident noted that whereas pain relief was previously provided by the home, residents are now required to purchase it themselves. There are locked medication safes in each room.

### **Personal hygiene**

Residents stated that staff maintained their appearance and hygiene well; but one person said that this can also depend upon the member of staff. They sometimes have to book a time for having a bath. ARs observed that all residents were smartly dressed and clean.

### **Privacy**

The layout of the building means that bathrooms are shared and one resident stated that *'after a bath I am wrapped in a towel to go down the corridor'*. The new building has en-suite showers and the situation will improve for residents although if someone has a bath this will be down a corridor. As toilet seats are currently stored in bathrooms, there are issues around privacy, for instance when a resident is in the bath a member of staff may need to come in to get a seat. But staff commented that residents do not consider this an invasion of their privacy, one resident noting that *'It's OK because I know that one of the residents needs it & I make a joke by covering my chest'*.

Staff stated that if a resident's door is closed they will knock and wait for an answer but if there is no answer, they will knock again and if still no answer then discreetly open the door and peer in. Respect for privacy was confirmed by residents who stated *'I leave my door open & anyone can come in, but if my door is closed staff know they must knock'* and *'I do have space to be alone when I need it'*. However one staff member felt that agency staff are not as careful about respecting privacy.

The importance of confidentiality of information to residents was evident, *'When I have shared confidential information I am grateful that the staff keep information confidential and don't talk to others because I would be embarrassed'*. One resident stated some staff talked about residents in the corridor. A member of staff did qualify the importance of respecting confidentiality with the point that there may be times when they have to tell the resident that they cannot keep certain information confidential.



## Social inclusion

There were many examples of how the residents go out into the community and have contact with friends and family or use social media. *'I phone my family & have a page on Facebook which I keep up-to-date each day. I have 600 friends'*. Staff assist with trips as and when required, e.g. one resident liked to organise train trips to London or Reading but needed staff to go with them.

However there was little evidence of social or group activities in the home. No evidence was seen of social activities with visiting volunteers. One resident did talk about the possibilities of having barbecues and other social events at the new home.

## Policies, Procedures and Training

The care home manager stated Ashley House has 33 permanent staff and it makes most use of known agency staff, though none were on duty on the day of the visit. Induction of new staff shadowing senior staff was observed to be effective and staff members interviewed noted how valuable induction was, with particular focus on issues of dignity and choice. Agency staff receive two hours of induction.

Further training is available from Livability and West Sussex County Council (WSCC). However problems have been experienced in accessing these courses due to cutbacks. Also the manager would prefer to have this training at the home so more staff could undertake it through group work rather than via e-learning.

Feedback was received by Healthwatch West Sussex, independently of the visit, about an incident where a resident fell from a wheelchair. This suggests a possible staff requirement for Lifting & Handling training.

Possible safeguarding breaches are handled by senior staff and follow internal and/or formal processes with CQC and WSCC. The complaints procedure was displayed but was not in an accessible format. The manager also mentioned that if a resident refuses care or support, staff will work with the GP, district nurses and social worker. If a case is unresolvable then the resident is given 28 days' notice. This has only happened on one occasion. The manager noted that this experience has highlighted the importance of recording decisions by residents and any actions taken.

## Recommendations

### Choice & control

- All staff including agency staff, are made more aware of the importance of ensuring resident choice at the new accommodation and consider ways of sustaining this right



## Communications

- (New) agency staff are made more aware during induction of the importance of talking to and about residents respectfully and helping residents express their feelings
- Services of speech and language therapists are extended to provide more training for staff including Makaton signing, communication books and touch screen formats where needed

## Privacy

- Staff and residents discuss together the importance of confidentiality and that sometimes secrets must be shared
- All staff (particularly agency) understand that if a resident has a “do not disturb” sign on the door this is adhered to (unless there is a safety concern) and they follow the home’s normal standard of knocking and waiting for a response
- Ensuring that privacy standards are observed during and following bathing, specifically avoiding residents having to walk down the corridor in towels unless this is their personal choice
- Ensure adequate storage is available in the new accommodation so that residents’ bathing is not disturbed by the need to collect an item from the bathroom

## Social inclusion

- Consideration be given to more social activities in the new home and the involvement of volunteers in those activities at the home

## Policies, Procedures and Training

- Investigate staff training provision at the new home in a group format including specialist subjects such and Lifting & Handling where necessary
- Display a more accessible format of the complaints procedure (as well as other ways for residents to raise issues e.g. strategically placed suggestion box or comment book)



## Service Provider response

Page 5 - pain management - the resident comments that pain relief was formerly provided by the home and now the person is required to purchase this themselves -

We do not and should not provide generic medications, pain relief can be prescribed by the persons GP and any items the resident chooses to purchase would need to be agreed as a homely remedy by the GP

Page 5 - Privacy - all residents are encouraged to dress fully in the bathroom and not to travel through the corridors in a towel. However, some of our residents have on occasion chosen to do this rather than dress fully. In the new home this issue will not occur as people will be supported in their en suites and for those choosing to use the bathroom the facilities will provide them with all the equipment needed to ensure that they dress fully in the bathroom

Page 6 - social inclusion - little evidence of social or group activities in the home - we focus on supporting people to access activities in the community and do supplement this with a social supper event each week and offer art activity groups weekly .

Page 6 - Training - the incident about the resident falling from a wheelchair was not about a training need it was about a fully trained staff member making a serious error of judgement and as a result that staff member no longer works here. This was not discussed with me on the day and if had been I could have given this information at the time. Moving and handling training is a key area that is very important to the work we do and we have our own moving and handling trainer in the team who is able to support staff with not only annual updates but day to day issues as they arise.

In addition, as far as I am aware there have been no cut backs in training provided and we have a range of resources available either e-learning, group sessions or courses provided through WSCC. My comment was around the fact that group training is often more effective as it gives staff the opportunity to bounce ideas off each other and increases learning

Policies- the way that the final paragraph is written regarding the resident given 28 days notice if situation is unresolvable gives the impression that we don't work with people to resolve issues. This particular issue was around the person wanting to leave the home and they had disengaged from much of the staff team and as a result there were serious concerns that we could no longer meet their needs safely hence the decision to serve notice





In terms of the recommendations

Communication , Choice and Control- I will review the agency induction to ensure that we are clearly communicating around choices, respect and privacy

Privacy - Confidentiality to be an agenda item in residents and staff meetings, the issue around bathing and storage will be addressed in the new building

Social inclusion - we will continue to support people to access community activities as they choose

Policies and procedures - Training is under constant review depending on the needs of the residents and staff

The complaint booklet is already available in a variety of formats and Livability work to improve how we communicate this with the person using the service

I would appreciate it if you could look at my comments alongside the draft report to see if the accuracy can be improved. I accept that there is always ways to improve and our focus is on quality support and continuous improvements. It was an interesting experience for our resident group and team and we always value feedback on the service.