

ENTER AND VIEW

Ashview House Residential Home

Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire 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 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 we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Staffordshire 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 Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

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Provider Details

Name: Ashview House Residential Home (Mauri Care)
Address: Ainsley Drive, Blythe Bridge, Staffordshire, ST11 9HU
Service Type: Residential Home (Dementia - Physical disability - Sensory impairment)
Date of Visit: 23rd October 2017

Authorised Representatives

Name: Sandy Turner
Name: Glenys Robinson

Purpose of Visit

Following CQC Visit in January 2017, the home had been rated as Inadequate and placed in Special Measures. We wanted to see if improvements had been made in the running of the home and if the residents were well cared for. Areas to observe and ask about were as follows:-

- What type of activities are available to residents.
- Do the residents feel that the staff have enough time to give them individual assistance when required and treat them in a caring manner
- Is the residents' dignity respected
- Do the residents feel that they are given choices and that their choices are respected wherever possible
- Has staff training been improved and do the staff feel supported by the management
- Have staffing levels changed or increased
- Has the management taken measures to ensure that staff were of suitable character to work with residents, and if so, how has that been achieved
- Are DOLs referrals up to date

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.

- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

The building is accessed from an unmade road with deep potholes in it. The building is a large old house standing in its own grounds, there is a sign at the end of the driveway. There is adequate car parking. There is a bell on the outside of the porch and a notice on the door reminding visitors to always make sure the door is securely locked. There is no CCTV. The door was opened by one of the Care staff who welcomed us and offered a drink, we 'signed in' in the hallway.

We were introduced to the Senior Carer on duty. The Deputy Manager had just gone off duty after completing a night shift at Ashview.

The gardens are accessible to the residents we were advised that they are planning to purchase a Gazebo for next spring.

Internal

There is no Reception office as such, the 'signing in' book being on a table in the hallway.

We were taken into the dining room which was bright and airy, the soft furnishings were in good condition.

There was no odour in any area of the building.

Resident Numbers

The capacity of the Home is 22. At present there are eight residents, five females and three males with one lady being in hospital at the moment.

All bedrooms are for single use and none are ensuite, although they do have wash basins.

Staff Numbers

The Home is residential only so it does not require any qualified Nursing staff.

There are 12 Care staff, 3 on duty during the day and 2 at night.

The home does not use Agency staff.

There is 1 Domestic staff, 1 Catering staff (the kitchen has a 3 star hygiene rating) and a Maintenance man who works 16 hours per week.

There is no dedicated administrative support.

Resident Experiences and Observations

Residents have a free choice over dress and everyone we saw on our visit looked clean and well cared for. Residents are able to choose their individual bedtime.

A hairdresser visits the home each week.

Staff take care of teeth and nails, one resident who has their own teeth is taken to the dentist when necessary by her son.

Should a resident require medical treatment outside of the Home environment then a family member or Care staff would accompany them.

The dignity of the residents is respected and we saw that there were notices on all bedroom and bathroom doors that could be displayed when personal care was taking place.

Residents' religious beliefs are catered for.

All the bedrooms have personal touches in them and all have call bells within reach.

A member of staff is always present in the lounge and we witnessed a carer communicating with a 97 year old gentleman by writing on a white board as he is unable to hear.

There are two lounges, one with the television on and another quiet area next door.

Only one resident requires the use of a hoist, and she was in hospital at the moment, but we were advised that staff are trained in the use the hoist.

Family and Carer Experiences and Observations

There is open visiting for relatives who can spend time with their relative either their relatives' bedroom, the quiet lounge area or the dining room for their visit

We were advised that relatives are kept informed by phone if any changes take place to their residents.

Relatives meetings are held with Minutes published and the Deputy Manager has started to publish a Newsletter.

Activities

They no longer have a dedicated Activity coordinator. The members of staff do one to one activities with the residents. At present one lady is teaching another to knit whilst she is teaching the other to crochet. Residents enjoy, jigsaws, painting etc. Funding for activities is supplied by the Owner upon request by staff.

Outings are usually arranged on a one to one basis with the staff using local taxis. As the resident numbers are currently quite low the home is able to arrange regular outings for all the residents. There is a trip out to a pottery and a carvery meal planned for all residents within the next few weeks.

Special events, birthdays etc. are celebrated with an afternoon tea and cake if appropriate. Outside people visit now and again to entertain the residents eg. music, singing and art work. The local school visits as arranged but always at Christmas.

Catering Services

There is a daily menu displayed on a board in the dining room and residents are able to have an alternative choice if required. There is a 4 week menu rotation. Kitchen staff are aware of residents' dietary needs. Everyone is served their meals at the same time and they are all able to eat unaided. Sometimes a resident will go into the dining room early to sit at the table but this is their choice, they are not taken by the staff. When the kitchen staff are off duty the Care staff provide food and drinks.

Staff Experiences and Observations

The members of staff we spoke with made us feel very welcome and there was a warm friendly atmosphere around the premises with staff interacting well with the residents in the lounge.

We were advised that staff training is mostly done 'in house' and a training matrix is kept. We were advised that if a member of staff is not confident using the Laptop to train then the Deputy Manager will sit with them to advise them on the use of the computer.

There has been no increase in staff since the last CQC report as the resident numbers have reduced.

Summary, Comments and Further Observations

We were advised that the Deputy Manager compiles the Careplans with the assistance of the relatives and resident if appropriate.

We were advised that DOL's assessments are up to date.

We were advised that a further CQC visit was done three weeks ago and the Home remains in 'special measures'.

The majority of the staff have been working at the Home for many years and feel quite settled, they are aware of the Complaints procedure and feel supported in their work.

We were advised that there is now no issue with one of the residents wandering at night.

We noted that an issue regarding a gate replacing the bar at the bottom of the staircase was being resolved the day of our visit with a Contractor booked for later that day to fit the new gate. At the present time the upper floors of the building are not in use, all residents sleep on the ground floor.

We were advised that all new staff would have References and DBS checks done before being employed.

The visit to Ashview, although unannounced went very well, the staff were welcoming and cooperative. There is a warm, homely feeling and it is obvious that the staff know the residents individually. It is an old building with fairly narrow corridors but these were clutter free, as were the bathrooms. The Home appeared clean and tidy with the lounges and dining room nicely decorated. Many of the bedrooms looked out over the garden where the residents were able to see the birds feeding.

Recommendations and Follow-Up Action

We recommend that a further visit is made in six months time.

Provider Feedback

No feedback has been received from the provider.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.