



Enter & View report

Ashgables House

28 November 2018



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Ashgables House

1. Introduction

1.1 Details of visit

Service address	Oak Lodge Close, Chippenham
Service provider	Allied Care
Date and time	10am-2.30pm, 28 November 2018
Authorised representatives	Sarah Davies (Lead), Linda Webb, Jeni Boddy, Meg Newbery

1.2 Acknowledgements

Healthwatch Wiltshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter and View visit.

1.3 Disclaimer

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

1.4 About Healthwatch Wiltshire

Healthwatch Wiltshire is the independent consumer champion for local health and social care services. We work to ensure the voices of children, young people and adults are heard by those who run, plan and regulate services in Wiltshire.



The activity room

2. What is Enter and View?

Enter and View is one of a range of options available to Healthwatch Wiltshire to enable us to gather information about health and social care services and to collect the views of service users, their carers and their relatives.

Enter and View is an activity that Healthwatch Wiltshire can carry out to contribute to their statutory functions. This means Healthwatch Wiltshire can choose if, when, how and where it is used, depending on our local priorities.

An Enter and View visit is where a team of appropriately trained people, known as Authorised Representatives, access a service on behalf of Healthwatch Wiltshire, make observations, collect views and then produce a report.

An Enter and View visit is not an inspection – it is the Care Quality Commission (CQC), as the independent regulator of all health and social care services, that has the formal inspection responsibility. Healthwatch Wiltshire aims to offer a layperson's perspective, rather than a formal inspection.

Enter and View is not a stand-alone activity, but rather it is part of a wider piece of work to collect information for a defined purpose.

Healthwatch Wiltshire 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 Wiltshire safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

- To look at the quality of life of the people living at Ashgables and to find out their experience of using mental health services.
- Identify examples of good practice.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.
- Mental health is a Healthwatch Wiltshire priority for 2018.

2.2. What we did

This was an announced Enter and View visit at the request of the organisation and was also conducted as part of Healthwatch Wiltshire's mental health work.

The visit was carried out by four authorised representatives and they spent time talking to residents living in the home and using mental health services. We took advice from the Registered Manager about who could be approached, based on their inability to give informed consent, or due to safety or medical reasons. Splitting into pairs, we interviewed the Registered

Manager and spoke to four staff members and four residents. There were no relatives or friends visiting during the visit.

A large proportion of the visit was observational. This involved the authorised representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home works, the facilities and how the residents engaged with staff members. There was an observation checklist prepared for this purpose.

Information was collected from:

- Interviews with residents and staff and the Registered Manager against a series of agreed questions,
- Observations of residents in their day to day situations, including activities and lunch,
- Reference to the latest CQC report (October 2018); and
- A final team discussion to review and collate findings.

We explained to everyone we spoke to why we were there and took minimal notes. When we had finished speaking to them, residents and staff were left with a thank you card with Healthwatch Wiltshire contact details.

At the end of the visit the team met to share their findings and then met with the Registered Manager to review and discuss the visit.

2.3 About the service

Ashgables House is a care home for people with mental health needs and/or a learning disability and provides personal care for up to 26 residents. It has two adapted buildings with a gated entrance and safe garden spaces. Each resident has their own bedroom with a wash basin or en suite facilities.

The Registered Manager gave us a tour of the facilities. Units 1 and 2 are for 16 residents (14 on the visit) and has an accessible garden and smoking shelter, while Unit 3 is a 'low key' male-only unit for eight residents (seven on the visit), and also had an accessible garden and smoking shelter. There was also a separate activities room.

A number of residents share toilets and shower rooms. Communal rooms are on the ground floor with bedrooms on both the ground and first floors.

The home is owned and managed by Allied Care.

2.4. Summary of findings

Throughout the visit there was lots of evidence which demonstrated that the care and support given to residents is person centred. Residents spoke very positively about the staff, their knowledge of their needs and about the various outings that are arranged.

There was a strong team spirit among the staff who pitch in and support each other when needed and this includes the Registered Manager. Staff were happy to speak to us openly.

The atmosphere was welcoming and calm, with residents taking part in an activity, having a quiet chat with a member of staff, walking around as they wished or helping themselves to a hot drink. Christmas decorations were being put up and a Christmas dinner at a local restaurant being planned.

There were 21 residents in the home on the day of the visit and a full complement of staff were on duty, made up of permanent staff.



Pet rabbit Kevin is one of a few animals at Ashgables

Environment

The home has a gated entrance which leads into a small car parking area and the entrances to all units as well as the activities room and an outhouse for the home's animals (a rabbit and several guinea pigs). The animals had been obtained following a request by the residents.

Unit 3 was visited first and appeared rather sparse and in need of decoration but was clean with no smell and good ventilation. There was an open plan living area, incorporating the dining area and kitchen, where the main meal is prepared by the cook. It looked very clean and tidy. There was also a smaller lounge with a large library for residents to watch DVDs. They could also speak to a visitor in private there if they did not want to see them in their bedroom.

Units 1 and 2 share the same entrance and this was more welcoming with Christmas decorations being put up. It also had its own kitchen but this was more 'industrial' and therefore not accessible to residents. A hot water container with tea, coffee and milk on a nearby table was provided and at least one resident was observed helping themselves to a drink. There was a pleasant smell and again everywhere was clean.

These units have long, winding corridors and we did query access to some areas by wheelchair users, but were told that the residents had learned how to navigate these tight spaces.

Each resident has their own bedroom and is encouraged to bring items of furniture and personal belongings to make it feel their own. Glancing into several bedrooms confirmed this individuality: one resident had all their cuddly toys lined up on top of the radiator, another had a lovely blue cover on their bed. Most of the residents share toilets and wet rooms. One resident has their own toilet due to their personal needs.



One of the garden areas

Individual care and support

We heard directly from residents and observed in practice how the care and support is tailored to the needs of each resident. The longest resident has been living there for 20 years and said that all the recent changes had been for the better. All the residents said they were happy living in the home and were treated as individuals by the staff.

One resident told us that staff “are aware of your feelings and know when you are sad or in trouble. They look after you and listen to you.”

Another resident had been living in a care home for people living with dementia before they were transferred to Ashgables and they said they were very restricted because of the needs of the other residents there. At Ashgables they have more freedom and can go into Chippenham on their own. They have arthritis and has to have what they described as ‘special care’ from the staff to help them be as independent as possible. The staff also arranged for them to have a kettle in their bedroom which delivers one mugful of hot water at a time so that they can make their own drinks. The kettle had a push button control which could be operated easily. Another resident with trembling hands has been supplied with an adult sippy cup.

A number of residents have continence issues and the home does get support from the local continence service. Some residents can manage this themselves, while others are supported by the staff.

We were told that one resident is terminally ill and the staff are working with the GP and Dorothy House hospice to do all they can to keep them at the home for as long as possible, as they have been there a long time, and they know and trust the staff.

The Registered Manager and one of the team leaders described how the staff know the residents so well that they can see when a resident may be developing signs of a decline in their mental health or challenging behaviour and therefore take steps to try and prevent things escalating. Each resident has a care plan with a ‘traffic light system’ to indicate these early changes in behaviour.

Staff are supplied with personal alarms and evacuation procedures were in place should a resident have a psychotic episode. Should this happen, the resident would be isolated and a call put through to the police.

Activities

The home has an activities coordinator who runs events to involve the residents as much as possible. No pressure was put on the residents to attend, but they were free to do so as they wished.

An activity room, which is housed in a chalet-style building separate from the main residential units, has just been refurbished in colours chosen by the residents and was about to have a 'grand opening' with a party to celebrate.

Residents told us that staff arrange outings for them to places such as Weston, Bournemouth and Butterfly World. The home has a minibus to facilitate these trips and has also taken them to local social clubs, such as Gateway and Wiltshire Mind, which those residents who attend really enjoy. They also take some residents on holiday and there were photos on display of these and the outings.

For Christmas the residents were going for lunch at a local pub, and had decided to have one lunch out for the men and another for the women. In 2019 they are going to have regular 'ladies nights'. We observed one activity where some were making Christmas cards while others were colouring. Other activities include art and crafts and sewing.

One resident was watching a DVD they had chosen themselves with a member of staff. The Registered Manager told us that the residents can choose what to watch but residents were encouraged to watch films that might upset others, such as those that are noisy and stimulating, in their own bedrooms. The Registered Manager explained that staff have to balance the request of the individual with the needs of the others. Live musicians are invited to come and perform to the residents and there are parties and open days regularly.

Two of the residents told us that family members visited them regularly, and in one case took the resident out to the pub for a drink together. There is open visiting and relatives receive a quarterly newsletter from the home and invites to open days.



The recently refurbished activity room

Food

All meals are home-cooked and the midday meal prepared by the two cooks – one in Unit 3 and one in Units 1 and 2. There is a choice of two main meals at lunchtime but if a resident does not like either of these the cook will do something else for them. We observed lunch in Units 1 and 2 – residents were seated at two tables and assisted where needed. The food was hot and well presented.

Service user involvement

There is a monthly service users' meeting and an annual residents' satisfaction survey. The organisation responsible for the home, Allied Care, also does three or four quality assurance visits a year. In a communal living room of Units 1 and 2 there was a Wishing Well for residents to put their suggestions in if they found that easier. There was also an easy to read complaints poster with pictures of staff to speak to if a resident had a complaint. This had been redesigned following a comment from a resident.



A 'feedback tree' in one of the communal areas

Contact with other health and social care services

The home works with two GP surgeries – Rowden and Hathaway, which are both in Chippenham. The former has most of the residents and the same GP visits monthly and does an annual health check for each resident and gives them the flu vaccination when this is due. The surgery is also very responsive if they have an urgent request. Staff also use the 111 service out of hours. Several of the residents spoke about their GP and are taken by a member of staff to visit them in the practice if this is their preference.

Medication for the patients is dispensed by a pharmacy in Swindon once a month and they are all provided in 'pods' with the resident's photo, which has reduced drug errors. If an urgent prescription is needed then they use a local pharmacy.

Dental services are provided by the Dental Access Centre and the residents have a named dentist who understands their needs – two residents commented favourably about their dental treatment.

There is a local optician who visits the home and two residents commented on how helpful they were. One had been referred by them to the Royal United Hospital in Bath (RUH) as she was developing a cataract. Another resident had visited the RUH because of diabetes. Both their experiences at the hospital were positive.

A chiropodist visits once every six weeks and there is also someone who does Indian head massage and foot massage which some residents find beneficial.

The main mental health support to the home is provided by the local community team from either Chippenham or Swindon, depending on where the resident is from originally. While a resident is on the active caseload of the team it is straightforward to get a visit from the resident's own Community Psychiatric Nurse, but once they have been discharged there can be significant delay as the referral has to go through the GP then to the local access pathway, which is complicated and can take months before a resident is seen by a psychiatrist. One example was a resident with depression who was still waiting to be seen three weeks after the original referral. Another resident may be becoming unwell but is not seen as a priority because they are already in 'a place of safety'.

The Registered Manager told us that the residents she is now asked to assess are more dependent than they were in the past as there is more emphasis on keeping people in their own home for as long as possible. This means that they need more physical care as well as support for their mental health needs.

We were told that there are very few care home places available in the area for older people with long term mental health needs, whose needs are different from older people who are developing the advanced stages of dementia. She is therefore considering whether Ashgables House should offer some nursing care beds in the next one-two years which would involve employing trained nurses as well as care workers.

What staff said

The Registered Manager has been in post just over a year but had worked at the home before starting as an adult support worker and she said she has loved working with the residents from day one. She gradually worked her way up and has had other experience with the company in sheltered housing and community care before returning to Ashgables House last year. She came across as really focussed on doing her best for the residents, seeing them as individuals and supporting her staff. It was clear going around the home with her that she knew all the residents and their different behaviours and needs and they knew her.

All the staff are permanent with a low turnover and average length of stay of four-five years. The Registered Manager may use an agency worker occasionally but the staff are often prepared to do an extra shift to cover sickness, for example, as it takes time to get to know the residents and how to respond to them.

We spoke to four other staff – one team leader who had worked in the home for six years and three adult support workers who had worked in the home for five years, one year and two months respectively.

All spoke of the emphasis on doing everything in the individual resident's interest and the strong team spirit between members of staff. They all spoke very positively about their manager – 'We have the best manager'. The staff work 12-hour shifts doing three or four shifts a week.

The team leader co-ordinates the care, allocates the staff to residents including any who need to support a resident on a visit outside the home, gives out medication and arranges appointments, as well as helping out with some of the personal care. They have two monthly supervision sessions and said that the manager was always available to talk to if necessary.

Some training is online and staff can request specific training, which the manager will then arrange. They recently had end of life care training which was helpful as one of the residents is now terminally ill. They told us they thoroughly enjoy their job.

The adult support workers described their role as varied including helping residents with showers and activities, taking them shopping and on outings and doing activities with them such as games and puzzles. The mornings are the busiest times. The general view was that there was enough time to provide the support that the residents need and they all enjoyed their work. But staff also said that if a member of staff was struggling with their workload, another staff member would always step in to help. There was a feeling of solidarity.

There are monthly staff meetings to discuss what is going on and to raise any issues with the manager. Her door is 'always open'.

They are encouraged to do their NVQ and one of them had just finished Level 3 in April.

The newest member of staff had worked in a nursing home in Bath before joining the staff at Ashgables House. They said there was a big difference but they really liked the work with the residents. They commented that a lot of the DVDs are scratched as they are used so much but they can be helpful in calming a resident down. They had a good induction and had now started NVQ Level 2.

The third member of staff was about to become the new activities co-ordinator. They said staff got a lot of training such as manual handling and 'breakaway' which helps them to manage residents with complex behaviour.

It was commented that the washing machines and tumble driers can break down because they are used so much – there is a very good maintenance man who can often fix them but he does not work at weekends or in the evening. This was raised with the Registered Manager and she said that staff can sometimes overload the machines but they were serviced regularly.

It was clear from all the staff that they enjoyed working with the residents at Ashgables House and they were well supported both by other members of the team and their manager.

2.5 Recommendations

The visiting team would like the home to consider the following recommendations which are based on outcomes and findings from the visit:

1. Consider refreshing the decor in the communal areas of Unit 3. We understand that this is planned for 2019.
2. Continue to request up to date and unscratched DVDs and magazines from the local community for the use of residents.
3. Consider the need for some nursing beds for older people with mental health needs in the care home due to rising numbers in the local population. We know that the Registered Manager has this in mind to potentially develop over the next one-two years.

2.6 Service provider response

This report was agreed with the Ashgables House as factually accurate.

Ashgables House said: “We have a maintenance plan in place to address some of the decorating that was highlighted and we are currently working with the residents in Unit 3 to make it more homely and personalised to the residents living in there.

“We have a full activities programme in place for the residents and are starting to plan outings for the year. We have kindly been donated and have bought some new DVDs which the residents love watching and they have participated in choosing.

“We will continue to work with residents living here to identify different needs and develop the service to accommodate these.”



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