



Enter and View report

Ashamber House

August 2018

Contents

1	Introduction	3
1.1	Details of visit	3
1.2	Acknowledgements	3
1.3	Disclaimer	3
2	What is Enter and View?	4
2.1	Purpose of Visit	4
2.2	Strategic drivers	4
2.3	Methodology	5
2.4	Summary of findings	5
2.5	Results of visit	5
2.6	Recommendations	8
2.7	Service provider response	8



1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	25-27 Norreys Road, Didcot, OX11 0AT
Service Provider	Ashamber House Limited
Date and Time	31 st August 2018 10:00 – 12:00
Authorised Representatives	Jeanne Humber, Carolyn Newbert
Contact details	01865 520520

1.2 Acknowledgements

Healthwatch Oxfordshire would like to thank the service provider, service users and staff for their contribution to the Enter and View programme.

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.



2 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. 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 observe how the facility operates and provides its services.
- To collect views from residents, staff and visitors on how services provided may affect the quality of life of residents.
- To identify 'Best Practice' and highlight any areas of concern.

2.2 Strategic drivers

In early 2018 Healthwatch Oxfordshire commenced a programme of planned visits to Care Homes in Oxfordshire to look at the quality of life of residents from a resident, care and relative point of view. The visit to Ashamber House was part of this programme.



2.3 Methodology

We made a visit to Ashamber House on 3rd August in order to meet the manager and explain the purpose of Enter and View. On the 28th August, the Authorised Representatives held a planning meeting to determine which questions should be asked.

We met with 3 residents and 4 staff including the manager.

- We checked with the provider whether there was anyone we should not speak to and ensured we gained consent from those we did speak to.
- We explained why we there to staff and residents.
- We discussed our findings with the provider.

2.4 Summary of findings

- Ashamber House is a clean, tidy and homely care home
- The staff team are incredibly dedicated
- There is clear evidence of person-centered care
- Staff receive regular opportunity for continuous professional development

2.5 Results of visit

Ashamber House is a care home for up to 6 people who have been discharged from hospital and require support and accommodation for mental health issues. The home is staffed by 4 staff during the day and 1 overnight with an additional member of staff present until 10pm. This is subject to the needs of the service users.

There was no signage outside or inside which would indicate it is a care home which we felt was entirely appropriate for the setting. We were very warmly welcomed and made to feel like family visitors as opposed to official ones. We were asked to sign in.

Medical Support

The staff take people to see their GP when there is a need. A doctor has come out to the house, but that is unusual. Service users attend the dentist when they need to. Some admit to being scared of the dentist so choose not to go. There is also access to podiatry services for those with diabetes.

Activities and Family involvement

Staff inform us that residents can be reluctant to make plans, but they need only ask if they would like to do anything or go anywhere. Examples of recent trips that



have been requested are a visit to Somerset, one trip to Birmingham for a football match and there was a recent outing to Reading.

Residents inform us that the staff organize games, and some residents go out every day into town for a coffee. Some enjoy shopping and going to the gym. Shopping for new clothes was a popular activity.

Some residents are not in touch with family members and these reasons are not always known. One resident is taken to visit their family every other month and others have overnight visits at home. Residents tend to not want family members involved in their care.

Mealtimes

We heard that residents make their own food. They make their own menu choices and go shopping with their £30 per week allowance. Help is given to residents when it is required. Five out of the six are independent when it comes to meal preparation. Some residents told us they ate pre-prepared meals.

Resident Feedback

We spoke with 3 residents about their experiences of living at Ashamber House. 2 out of the 3 said they liked living here, with one saying she wanted to go home as she didn't like it. 2 out of the 3 said they felt safe living here with the 3rd saying she did not feel safe anywhere which was nothing to do with the house. All 3 said they got on well with the staff saying there is always someone to talk to.

Residents said that they felt supported in the home and would not change anything about it. One resident told us she liked the peace and quiet and that she had her own room with a double bed. She told us she enjoys being here and would be on her own otherwise.

“The staff are friendly, I can chat when I want to”

Residents told us that they visited their GP when feeling unwell, and sometimes the Dr came to the house. Two residents told us they chose not to attend the dentist.

When it came to medication (which is looked after and dispensed by staff) we heard from one resident that they were happy for the staff to manage it, and another told us she wasn't happy as she wanted a break from her medication.

Staff Feedback



When we asked what the best thing about working at Ashamber was staff told us they worked with a brilliant team who can help and support each other.

“The staff and service users, that’s what keep you going”

They told us they received lots of training which covers all you need to know and do. All the staff we spoke to had completed or were working on an NVQ. Mandatory training is reviewed annually such as safeguarding and staff feel it’s good to be reminded and updated. Staff informed us that all training needs are catered for, even specialist requests linked to specific service users.

When it came to finding out what residents did and didn’t like, staff stated they would ask them, give choices and find out more about them. Staff told us it was all about the residents. Each staff member we spoke to was able to explain person centered care and told us how the residents care plans were written alongside residents and jointly reviewed with them. Staff include their observations, but the care plan is written in a way the resident is happy with.

We heard that residents cultural and religious needs were met where needed and that transport and support can be provided should anyone require it - currently it is not needed.

When it came to engagement with resident family members, staff told us they had good relationships with family members who were involved with resident care. There are no restrictions on visiting times provided they are reasonable. Family members are welcome to hold parties in the back garden. One member of staff told us how important it was to keep family issues out the home so as to focus support on the resident in question.

All the staff we spoke to showed a sound understanding of the whistleblowing policy saying they know who and how to report any concerns and the importance of speaking up.

Staff were able to explain mental capacity and informed us that all residents at Ashamber House had capacity, but they would make an assessment if staff were concerned.

Staff were clear about the importance of promoting independence with residents. They provide information and choices for residents and encourage them to take responsibility for many different aspects of their lives, for example doing the washing up after mealtimes, or sorting out their clothes for the laundry. Staff will give support and advice where appropriate when encouraging residents to live independently, as well as providing plenty of encouragement.



On the whole staff felt very happy about Ashamber House and were very positive about the staff and residents. The only suggestions for changes were to increase the number of bathrooms so residents didn't have to share and staff would also like to see more made of the garden as they feel as a space it is underutilized.

“I love it here. People are amazing - service users and manager. Feel supported all the time”

2.6 Recommendations

We have no recommendations for Ashamber House.

2.7 Service provider response

We are happy with the report and thank you for coming out as we like to have views from others which will always help to improve an even higher level of support and person centred care.

Thank you again.

