



**Enter and View visit report**

**Ascot House Care Home**

26<sup>th</sup> August 2015

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## Acknowledgments

Healthwatch Sandwell would like to thank the management of Ascot House Care Home, staff, residents and visitors for their contribution to our Enter and View visit.

## Disclaimer

Please note that this report relates to findings observed on the specific date of our visit. 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.

## Visiting Team

The team of authorised representatives carrying out this visit were Mr John Clothier and Mr Paul Higgitt. They were accompanied by our staff support officer Ian McGarry.

## Purpose of the visit

- A program to examine the delivery and quality of care provided at Residential and Nursing homes in Sandwell
- To engage with service users of care homes and understand how dignity is being respected in a care home environment
- Identify examples of good working 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.

## Methodology

**The visit was announced to the home four hours prior to our arrival.**

Whilst our team were in possession of the latest Care Quality Commission (CQC) Inspection report, we were not basing our visit on the content of this report.

Ascot House care home is a large detached Victorian property, situated in Joinings Bank in Oldbury. From outside it has the appearance of a family home. The home looks well maintained and tidy, access is via a driveway to the side of the building that leads to the rear entrance accessed through controlled gates for security and safety. There is a garden area to the rear of the property.

Ascot House is owned by Edge View Homes Ltd which also has similar care homes in Birmingham, Redditch and Kinver.

## Summary of findings

At the time of our visit, the evidence is that this home provides a good quality of care.

- The care plans are very comprehensive and reflect the residents complex needs.
- The need to rehabilitate residents to a more independent life in the community is given a high priority.

## Recommendations

This home provides a standard of care which could act as a benchmark for other homes in similar situations.

We do not have further recommendations to make.

## Service Provider response

Thank you very much for the way in which you visited us. We all felt very comfortable with your visit.

## Results of Visit

### Residents

At the time of our visit there were 6 residents, all of whom have learning difficulties and/or long term mental health needs. Some had been involved with the criminal justice system and are monitored by the Home Office. All are medium term residents, some being assessed with a view to more independent living and some are likely to remain as long term residents. Almost all the residents had been detained under section 3 of the Mental Health Act. One of the unexpected results of this is that residents who have been detained in the past have an adequate budget to fund outside activities while those who have not are left with limited “pocket money”.

We had the opportunity to interview 2 residents; the first resident liked being at Ascot house, he had built up good friendships with the staff and had a passion for angling. This passion was supported by the home who have given him the use of two sheds in which to store his equipment. He also maintained the garden area and showed us several pots in which he had grown the flowers. Another resident planted the vegetables.

### Staff

The staff ratio is 1 to 1 which means that during the day there are 6 staff members on duty with 2 staff on duty during the night. There are no agency staff employed and other staff needs are met by the company in-house bank. This ensures consistency of staffing which is essential in view of the complex needs of the residents.

The manager was immediately aware of the problems with one of the bank staff and taken action to remedy it.

The turnover of staff is usually very minor but there have been recent changes with 4 vacancies expected.

On arrival our team met with the manager who gave a full account of the resident’s needs. She showed us a large, loose leaf file of one residents care plan. This showed the comprehensive nature of the plan and how it was regularly updated.

The manager described the staff training plan which was a mixture of in-house, online and outside provision. It was mentioned that training provided by Sandwell Metropolitan Borough Council was not as good as that provided by other authorities

e.g. Birmingham and Worcester; however Sandwell Council does offer safeguarding and DoLS<sup>1</sup> training. The manager confirmed that equality and diversity training was difficult to obtain.

Support workers were trained up to the equivalent of NVQ<sup>2</sup> level 3.

There is good communication between the manager and staff.

Because of the small number of staff who are frequently accompanying residents on outside visits; staff do meet regularly but informally.

A member of staff was interviewed who confirmed the all the details given by the manager of the working practices and training. This staff member has been employed here for 9 years and planned to continue to do so.

## Visitor and Relatives

In advance of our visit questionnaires were sent to the home for any friends or family members to complete. Unfortunately we did not receive any back as feedback.

Many families do not keep in contact with the residents. It is therefore very important that the manager has a greater responsibility for ensuring good holistic care which she appears to fulfil.

## Environment

The property was well maintained; however we felt that some redecoration would be beneficial. We were advised that the resident's rooms were in the process of redecoration.

Any issues with safety were immediately addressed.

The carpets are due to be replaced shortly.

The resident with an interest in the garden improved the general environment of the home.

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<sup>1</sup> Deprivation of Liberty Standards

<sup>2</sup> National Vocational Qualifications

## Interaction between Residents and Staff

There was a very friendly atmosphere at the home and we witnessed good interaction between staff and residents.

## Promotion of Privacy, Dignity and Respect

All residents have their own individual privacy in their own rooms.

Residents have a television in their rooms and can choose to have their own service installed. If a multi-disciplinary team sanctions it they can have computers in their room.

The staff can go into the rooms with a key but other residents cannot. The residents can leave their rooms, the door is alarmed so that the staff know when the door has been opened.

During the staff recruitment process the residents escort applicants around the home.

## Involvement in Key Decisions

Residents are involved in decision making wherever possible and are given a shortened and pictorial version of their care plan. They are able to comment on this and suggest changes. One resident didn't like this simple approach and tore his version of the care plan up until they made it less child-friendly, which they have done.

## Assessments of Needs and Care Planning

There is a comprehensive care plan which shows evidence of detailed assessment of needs.



## Ongoing Medical Care

All residents are medically cared for by a local GP. He attends the home when necessary and also carries out an annual health check.

Medication is required for a number of the residents. This is dispensed with 2 signatures and 2 copies of the treatment sheet. This is a greater degree of checking than is legally required. The manager who is involved in dispensing medication is nurse trained.

Residents have eye and teeth checks at the Lyng Health Centre.

A Consultant Psychiatrist attends weekly to check all the residents - this is an additional service paid for by the company.

All the residents are under the care of the learning disability team.

At times help is required from psychology service, social workers and community psychiatric nurses. The wait for psychology service is about 16 weeks. Obtaining social worker support is difficult and usually a separate social worker is involved in each "crisis" with no continuity of care. Staff turnover is high which also hinders consistency of care by these services.

## Concerns/Complaint Procedure

The home received a number of minor complaints from one or two family members. These were investigated and no major problem found. These complaints were logged.

## Food

The home has been awarded 5 stars by Sandwell Metropolitan Borough Council for food hygiene.

The home employs a chef that provides the meals. There is a pictorial menu available that illustrates the choice of food available.

Residents are served other food if they wish.

Residents are also encouraged to cook for themselves under supervision.

During our visit both residents interviewed said that the food was good.

No alcohol is allowed in the home but there is no restriction on residents drinking outside of the home; although advice is given if this appears excessive. The staff aim to keep illicit drugs out of the home and have sometimes had to check family and visitors to ensure that this restriction is adhered to.

## Activities

One of the noticeable features of this home was the enthusiasm to support regular activities for the residents outside the home. This is very important in rehabilitation towards more independent living.

There were numerous examples of outside activities including football matches, pop concerts and “Butlin’s” holidays. The home has a car to facilitate this.

The home had a well-planned system for developing independence in outside activities. Residents were accompanied to local shops and then went on their own after the shop had been checked and the situation was monitored by the resident ringing back from the shop. Later on the residents visited the local shop on their own which we witnessed during our visit.

## 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.