

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Ashview

River View High Road, Vange Basildon, SS16  
4TR

Tel: 01268583043

Date of Inspection: 20 December 2012

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Meeting nutritional needs** ✓ Met this standard

**Management of medicines** ✓ Met this standard

**Safety and suitability of premises** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Ashview House Limited
Registered Manager	Mrs. Barbara Childs
Overview of the service	Ashview House provides care and accommodation for up to 13 people who have learning disabilities and/or physical disabilities. There are currently eight people living at Ashview House.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We reviewed all the information we have gathered about Ashview, looked at the personal care or treatment records of people who use the service, carried out a visit on 20 December 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We spoke with most of the people who use the service during our visit in December 2012. Some of the people who live in Ashview House had limited communication so they shared their views through body language and facial expressions.

All of the people that we spoke with either indicated or told us that they were happy. One person said, "It's good here, I like the staff and we do lots of things. I go on holidays and went to Blackpool this year."

We looked at a sample of care files and found them to be detailed and informative. They had been regularly reviewed and updated to reflect any changes. We found that staff had been trained and had received regular updates in their training. Staff told us that they felt well supported to do their work.

The records showed that regular quality assurance surveys had been undertaken. The manager had carried out regular audits and the provider visited monthly to check on the quality of the service.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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During our visit in December 2012 we looked at the home's 'Who We Are and What We Do' document. The manager told us that it incorporates the home's statement of purpose. It provided people with clear information on what the home could and could not offer. The manager told us that it was in the process of being reviewed and that people who use the service would be involved in the review.

The last person to move in to Ashview House did so in April 2008. They told us that they had received information about the home before moving in. The manager told us that people wishing to live in Ashview House would be offered the opportunity to make several visits to ensure that the home could meet their needs and the needs of others already living there.

People had expressed their views and were involved in making decisions about their care and treatment. The records showed that they had participated in planning all areas of their care. One person had written their care plan and had chosen all of the photographs that were in it. People told us that they planned their meals at the weekend and helped with the weekly shop. People that were able to had signed and dated their care plans.

People told us that they regularly accessed the local community. One person said, "I go out to college and I go shopping in Basildon and I often go to Pitsea market." Other comments included, "We go out a lot", "the weather does not matter, we still go out in the bus." We observed staff interaction throughout our visit and found that they treated people respectfully. People spoken with told us that staff treated them with dignity and respect.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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During our visit in December 2012 we found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The most recent admission to the home took place in April 2008 and all of the pre-admission documents had been archived.

The manager told us that all prospective new residents would receive a thorough pre-admission assessment. They provided a copy of the home's pre-admission assessment that would be used for any future admissions. The document looked at the full range of individual's needs and preferences.

We looked at a sample of care plans (my plans) and found them to be detailed and informative. They were in a large print and pictorial format and included a range of information about the individual. They detailed people's likes and dislikes and their daily routine. They included information on the person's religious and cultural needs and their goals and dreams. There were monitoring charts in place where necessary. Each of the care files that we looked at contained a health action plan. They had been fully completed and detailed a range of health related matters.

All of the care plans that we looked at were person centred and described the levels of support required. They clearly informed staff of what and what not to do when supporting the individual. There were risk assessments together with management plans for any areas of identified risk. All of the care plans and risk assessments that we viewed had been regularly reviewed and updated to reflect any changing needs. Staff spoken with had a good understanding of the care and support plans and the levels of help that individuals required.

The daily record sheets were detailed and informative and described how people had spent their time. They provided pictorial information on how the person was feeling, what they had eaten, what they had been doing and any appointments that had taken place. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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During our visit in December 2012 we looked at the home's weekly menu sheet. We found that it contained a good variety of healthy meals. The manager told us that people who use the service decided what meals they wanted on a weekly basis. People told us that they did this at the weekend and planned their shopping needs for the coming week.

People were supported to be able to eat and drink sufficient amounts to meet their needs. There was plenty of good quality food in store and the cupboards, fridges and freezers were clean and tidy. People told us that they were happy with the food they received.

Regular temperature checks had been made on the home's fridges and freezers. There was a cleaning schedule in place. The provider might find it useful to note that this had not been fully completed. The manager told us that this was a new system of recording and staff had not got used to the process yet. We found that both kitchens and all of the appliances were clean.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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During our last visit in September 2011 we found one of the medication administration record sheets (MARS) to be incorrect. The medication audits that had been taking place had not been consistently completed. We also found some out of date medication. A compliance action was made and the provider submitted an appropriate action plan to address the issues raised.

During our visit in December 2012 we carried out a random check of the home's medication system. We found it to be correct. The manager told us that regular medication checks had taken place and the records confirmed this. The manager regularly checks staff's competence to administer medication. Staff spoken with told us that regular tablet counts had taken place to ensure that all medication was accounted for. Medication errors had been dealt with appropriately.

All staff who administers medication had received training. The manager told us that in addition to on-line and local pharmacy training staff were enrolled on a 13 week distance learning course. Appropriate arrangements were in place in relation to obtaining medication and its safe administration.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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During our last visit in September 2011 we found the home to be in need of repairs. The upstairs flooring was badly damaged, the bath panel was broken and much of the paintwork was scuffed and dirty. A compliance action was made and the provider submitted an appropriate action plan.

During our visit in December 2012 we found that the home had been refurbished. There was new flooring throughout and doors and walls had been redecorated. A quiet room had been made off of the upstairs hallway. Staff told us that the room was very popular. It had been decorated to reflect the current season and included a Christmas tree and fire place with Christmas decorations. Staff said that the room was changed at the start of each season and decorated accordingly.

The manager told us that the home had a disaster plan for use in an emergency situation. They said that in the event of an emergency people would be taken to a local care home until other arrangements were in place. They told us that their plan included a list of local wheelchair accessible hotels.

We looked at the home's fire records and they were all up to date. Regular fire drills had taken place. The fire officer had visited in October 2012 and was satisfied with the home's fire safety arrangements. The maintenance records showed that repair work had been carried out in a timely manner. We checked a random sample of safety certificates and they were all in place and up to date.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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### **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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### **Reasons for our judgement**

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During our inspection in December 2012 we talked with staff and they told us that they had received regular supervision. They said that they felt well supported by the manager. One staff member spoken with said, "The manager is very supportive and responds well to any issues that I raise either in my supervision or at any other time."

Staff meetings had taken place on a regular basis and the notes showed that a range of issues had been discussed. They included care practices, activities, the key worker role, training, medication, whistle blowing and confidentiality. Staff spoken with confirmed that they had attended regular staff meetings and they told us that they had been encouraged to discuss issues freely.

Staff received appropriate professional development. The training records showed that staff had received training in the past year that included moving and handling, food safety medication, report writing, first aid, infection control, equality and diversity, safeguarding adults and the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff had received training in more service specific subjects such as dementia, epilepsy, brain injury, diabetes and nutrition. Staff spoken with said that their training was good; they said that they had received regular updates.

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## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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During our visit in December 2012 the manager told us that regular audits of systems and practices took place. They said that they regularly audit the care plans, medication and health and safety. The manager had not kept a written record of her findings. The provider might find it useful to note that no records of audits had been kept. This meant that it may be difficult to establish where improvements are needed.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The manager told us that they made decisions about the day to day running of the service. They said that they would refer to their line manager if necessary.

The manager told us that they had been without a deputy for some months and that they were behind with their administrative duties such as filing. A new deputy manager started work on the day of our visit. They told us that they were looking forward to working at Ashview House and to improving the quality of the service.

The last quality assurance survey for Ashview House took place recently. The manager told us that the views of people who use the service and their relatives had been sought. They said that surveys had been sent to other professionals but that the uptake was not good.

People who use the service and the home's staff were asked for their views about the care and treatment provided by Ashview House and their views were acted on. Regular meetings had been held for the people who use the service. The notes of the meetings showed that a range of issues had been discussed that included activities and meals.

The November 2012 meeting notes showed that people had discussed the possibility of having artists paint directly onto walls in Ashview House. The Disability Inclusion Society operates a maintenance creative programme. This is a unique programme for people with special needs who want to work creatively in their community. Professional artists work alongside people with special needs to create paintings requested by the people who live in the home. The work had started and people told us that they had chosen the themes.

The home had an up to date whistle blowing policy. It informed staff how to confidentially

raise any concerns in relation to poor practice. Staff spoken with was aware of the policy and they told us that they felt confident to use it if they needed to.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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