

***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: 09 May 2013

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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

**Safeguarding people who use services from abuse** ✓ Met this standard

**Management of medicines** ✓ Met this standard

**Supporting workers** ✓ 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

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 9 May 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We observed care within the service to help us determine what it was like for people living at Ashview House. We found that staff interactions with people who live at the service were positive. One person told us "I am very happy here, the staff are good and always help me."

We found that staff had been well trained and saw that they had a good understanding of people's individual needs. People were treated respectfully, their individuality and diversity understood. People enjoyed good levels of activity and were able to access the local community.

We found that the provider consulted with people and families and also monitored the service to ensure that standards would be maintained.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People's diversity, values and human rights were respected. When we visited we saw the staff on duty speaking with people who used the service in a polite manner. Most members of staff sought to engage with the person and seek their consent before providing any support or personal care.

People expressed their views and were involved in making decisions about their care and treatment. People we spoke with told us that they were treated well and respected by all staff. One person told us "The staff are good to me and they help me a lot."

We observed staff supporting people to make choices about how they spent their time and choices of meal from the menu. When asking about the choice of meals offered at Ashview House one person said, "I only have ask for whatever I want and they do it for me."

One person told us how they have been enrolled into a new programme being held within the company. It involves people who use the service being trained to become 'Quality checkers.' Once the induction and training is completed the person will be going to other services within the company to check on the quality of the service for those people who live there. One person told us "I went to Folkestone head office for my induction and I am really looking forward to going to other places to see what they are like."

People were supported in promoting their independence and community involvement. One person told us "I go to Pitsea and Basildon on my own now as I have a new wheelchair." People told us about many different activities that they attend in the community, this included going to the cinema, music evenings and also attending church.

**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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Each person was noted to have a support plan in place detailing their specific care needs and how they were to be supported by staff. The support plans for two out of eight people were viewed. Records were noted to include information necessary to deliver the person's care and it was evident that these were detailed and person centred. In addition we found that risk assessments detailing risks to people's health and wellbeing were recorded including the actions to be taken to reduce risk. The provider may find it useful to note that people's support plans had not been reviewed and updated since April 2012. This means that there was a potential risk that information contained within each person's support plan may not include the most up-to-date information and staff may provide care and support that was not appropriate.

Records showed that people who used the service were supported to maintain their healthcare needs. We saw that staff arranged for people to be seen by their doctor when they became unwell or their medical or mental health condition required a review. There was evidence to show that people were supported to access and visit local healthcare services, for example, speech and language therapy, physiotherapy and consultant psychiatry. There was a clear audit trail detailing appointments undertaken, actions taken and outcomes.

The atmosphere within the service was calm and relaxed and staff interactions with people who lived there were noted to be positive. Staff were able to demonstrate a good understanding of people's care and support needs. We spoke with three people who used the service. They told us that they were happy living at Ashview House and found the care and support to be appropriate and to meet their needs. Comments included "It's fine here" and "I am able to access the community and choose the activities I want to do." Staff were seen to treat people with respect and in a friendly way.

Each person was noted to have an activity plan summarising a programme of meaningful activities undertaken throughout the week. This included access to social and leisure activities based within the local community and Ashview House. Records also showed that people who used the service were able to attend adult education classes.

**People should be protected from abuse and staff should respect their human rights**

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**Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

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We looked at the arrangements in place for protecting people from the risk of abuse.

We saw that the service had appropriate policies and procedures in place to safeguard people using the service. There was also a policy around whistleblowing to help assure staff that they could raise concerns about poor practice without fear of repercussion or recrimination. This showed us that staff were supported to recognise abuse and to report any concerns.

Staff spoken with told us that they had undertaken safeguarding training and they had information about how to report any concerns to the local authority social services safeguarding team. The provider had systems in place for monitoring accidents, incidents and near misses to protect people from the risk of harm or injury. This showed us that the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

**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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We found that medicines were stored securely for the protection of people who use the service. The temperature of the areas used to store medicines was monitored and recorded each day and within recommended guidelines. However we found at the time of our inspection that the temperature of the area where surplus medication supplies were stored were not being monitored. The manager contacted us following our inspection and confirmed that corrective action had been put in place.

The manager told us that at the time of our visit on 09 May 2013 there were eight people living at Ashview House. Systems were in place to record when medicines were received into the service, when they were given to people and when they were disposed of.

We looked at the records for each person using the service on the day of our inspection. These records were generally in good order, provided an account of medicines used and demonstrated that people received the majority of their medicines as prescribed. However we found for two people that one of their prescribed medications was being administered as PRN 'as and when required' and this was not in line with the prescriber's instructions. The manager contacted us following our inspection and confirmed that corrective action had been put in place and people's GP had been contacted to request amendments to the prescriber's instructions. We also found that where people's medication was administered later than detailed on the medication administration record the specific time was not recorded. The manager contacted us following our inspection and confirmed that corrective action had been put in place and guidance for staff had been introduced. One person spoken with confirmed that they received their prescribed medication each day and it was received in a timely manner.

The staff training records showed that all staff who administer medication had up to date training. The manager confirmed at the time of our inspection that there were no arrangements in place for staff to be assessed as to their continued competence to administer medication. The manager contacted us following our inspection and told us that systems were now in place to ensure that this would be undertaken for the future.

**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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People we spoke with said that they liked and got on well with staff working in the service. Comments such as, "The staff are good and always help me," and, "They are lovely." were made.

Staff received appropriate professional development. Staff told us that they felt supported in their role and had access to good levels of training to develop and update their skills.

Training records viewed confirmed this. Records showed that staff received good levels of training so that they would be skilled in meeting people's needs and could work safely. This training included epilepsy, moving and handling and also communication. Staff were trained in different methods of communication, this included Makaton which is a communication technique that uses speech, facial expression, gestures, signs and symbols to convey information.

We saw from staff records that when new staff started work they were supported to go through a robust induction process to equip them for their role and provide them with knowledge, skills and orientation to the service. We spoke to a new member of staff and they told us "The induction was for twelve weeks and I have had lots of training within that time." and "We have to keep up to date with our training at all times and the manager will always check to see if we have completed our training."

We saw evidence that regular staff meetings were held and this gave staff the opportunity to discuss any matters that may have. We saw evidence that staff were given regular supervision and appraisals including observations; this enabled staff to express any concerns they may have.

Staff we spoke to told us "I feel supported here, especially around training." Another person told us "My manager is very approachable and will resolve any issues I may have had."

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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

### Essential standard

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)

### Regulated activity

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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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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