

Ashfield Court Care Home

Enter and View visit

November 2025

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General information

Address	Ashfield Court, 3 Tewit Well Road, Harrogate, HG2 8JG
Provider	Maria Mallaband Care Group
Date of visit	26 November 2025
Care Quality Commission rating	Good 25 February 2025
Care home manager	Les Marshall
Contact number	01423 580882

Healthwatch North Yorkshire Authorised Representatives:

- Jill Pouncey (Team Lead and Healthwatch volunteer)
- Wendy Hunwick-Brown (Healthwatch volunteer)
- Sheena Murthick (Healthwatch volunteer)

The Healthwatch North Yorkshire team would like to thank Les Marshall and their team for their cooperation and support in facilitating the visit.

Disclaimer

This report is not a representative portrayal of the experiences of all residents, friends and family, and care home staff, but an account of what was observed on the day of the visit and shared with us by those who completed our survey. Note: Some of the residents Healthwatch spoke with have cognitive impairment which can impact their ability to answer the questions.

Background

Who is Healthwatch?

Healthwatch is an independent champion for people using local health and care services. It listens to people's experiences to help improve care.

What is Enter and View?

An enter and view visit allows Healthwatch to see the quality of a health or social care service in-person. These visits provide an opportunity to hear from residents, their families, and staff while also observing the care environment.

Visits are conducted by trained Healthwatch staff and volunteers (authorised representatives) who have the legal right to enter health and social care premises.

During the visit, the team collects feedback and makes observations, which are then compiled into this report. The report is then shared with the care home, Care Quality Commission, North Yorkshire Council, Healthwatch England and is made available to the public via our website.

The process for selecting which sites to visit includes two main factors:

1. To provide representative coverage across North Yorkshire.
2. To visit those care homes that have not recently been visited by the Care Quality Commission (for over 2 or more years) and rated as 'Good' or 'Outstanding' previously by the Care Quality Commission.

1. Healthwatch visit to Ashfield Court Care Home

Notification and location

In preparation for the visit, Healthwatch North Yorkshire let Ashfield Court Care Home know that they were visiting sometime between **Monday 24th November and Monday 8th December 2025**.

Questionnaires were sent to the care home in advance for staff and family members to complete, which were distributed by the care home.

Ashfield Care Home, Harrogate, is registered to provide nursing and residential care.

At the time of the visit there were 35 residents out of a possible occupancy of 42. Healthwatch North Yorkshire heard from:

- **8** people who live there.
- **3** of their friends or family members.
- **5** members of staff.

During our visit we spoke with a cross-section of residents. Most were older adults, which reflects the typical demographic for this type of service. Both men and women contributed feedback. No specific data on ages or ethnic background was available, though those we spoke to were representative of the wider home population. With 37 residents present on the day, the number of responses we received was particularly low for a home of this size in terms of family and friends as well as staff responses. The number of residents that we spoke to was an expected number as many residents remain in their rooms or have differing levels of capacity to have conversations.

Key findings

Positive feedback

- The home was clean and well maintained. Residents could personalise their rooms, and we saw examples that had been attractively redecorated to reflect individual preferences.
- Staff were friendly, kind and positive in their interactions with residents, with good rapport evident throughout the visit. The home benefits from a long serving workforce, including a deputy manager with 30 years' service, supporting continuity of care. Residents said staff were helpful with dressing and daily routines, and several commented that they felt well looked after.
- Residents appeared well presented, with clean clothing and good personal hygiene. The laundry service was viewed positively by residents and staff and was described as well managed.
- Meals looked appetising, and residents were satisfied with the quality and choice of food, including traditional dishes and alternatives such as curry and pasta. Residents chose meals in advance, supporting individual choice.
- A range of activity resources was available, including arts and crafts materials, games and exercise equipment. Residents also spoke positively about a recent outing to a garden centre.
- The home is equipped with hoists to support safe moving and handling, and no safety concerns were observed. All bedrooms include an ensuite toilet and sink and were of adequate size to meet residents' needs, supporting comfort and dignity.

Recommended areas for improvement

1. Signage and fire safety

Signage throughout the home would benefit from being clearer and more visible. Current signage is often small, poorly positioned or lacks contrast, which may make wayfinding difficult for residents and visitors unfamiliar with the building. Bedroom door signage could be more personal and recognisable for residents. Fire evacuation information on residents' doors is lengthy and policy focused, so an easy read version could support understanding.

2. Information for visitors

Consider providing clear, accessible information about staff roles and who is leading the home on a given day. Visitors are welcomed warmly, but having this information visible could help residents and visitors, particularly those with cognitive difficulties, to recognise staff and understand who is responsible for different aspects of care. This could be done subtly, such as a discreet notice or small information booklet, while maintaining the home like environment.

3. Visitor experience in bedrooms

Several residents commented on the lack of seating for visitors in their rooms. Consider ways to make seating more readily available in residents' rooms, where space and mobility needs allow. Folding chairs are available and can be brought into rooms as needed, but a simple solution in each room could improve the visiting experience without compromising safety or mobility.

Observations

Environment

The home is an older building that has been adapted and extended over time, resulting in a varied layout with multiple corridors, smaller rooms, stairs and changes in floor level. There is no dedicated reception area and entry is via the Conservatory, which is used as a communal lounge and a main access route for visitors and staff. A staff workspace is also located in the conservatory and was observed to be tidier during the second visit.

The main entrance is secure, and residents are supported to leave the building in line with individual risk assessments, with some residents able to access outdoor areas independently.

Signage within the home is limited. Bedroom doors display formal nameplates positioned at a low level, and there is minimal signage to identify communal areas or provide directional guidance. Fire safety information is displayed as written text; presenting this information in a clearer and more accessible format may support residents' understanding.

It was noted by Healthwatch volunteers that some areas of the home appeared dated, which management informed them that they are currently in the process of having the home re-carpeted in all the communal areas.

The home does not have a dedicated visitor car park, and most visitors rely on on-street parking, which may be some distance from the entrance. The availability of a designated drop-off area directly outside the home is helpful, particularly for visitors with mobility needs. Clear information for visitors about this option could further support accessibility and ease of arrival.

Healthwatch asked residents about the cleanliness of the home. The home is clean and well maintained. However, décor is predominantly white, bland and appeared dated, with older-style curtains and furnishings. Ensuite bathrooms are small, offering limited space for assisted personal care.

Accommodation

Residents' accommodation varied in size due to the age and layout of the building, but rooms were generally adequate and all included a small ensuite toilet and sink. These ensuites were described as compact, offering limited space for assisted washing. Rooms were clean, tidy and well maintained, and residents are able to personalise their spaces; the team saw examples of rooms that had been "beautifully redecorated" to individual preference.

Room identification was less effective. Bedroom doors were marked with formal nameplates displaying residents' full names at a low level. The team noted that more personalised signage could support easier recognition. Inside rooms, notices such as key-worker information were usually printed in black on white paper and pinned to walls at a high level, making them difficult to see.

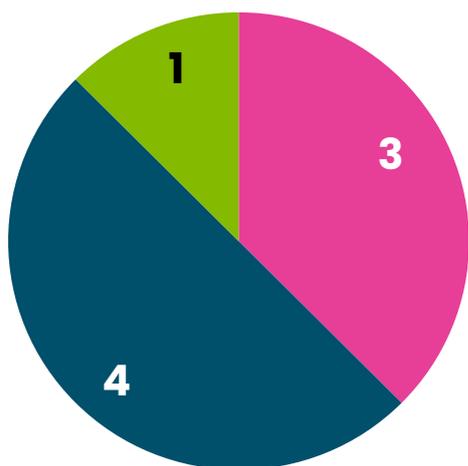
Emergency information inside residents' rooms was found to be unclear. Fire instructions appeared as a dense, photocopied policy document rather than a practical guide. One volunteer noted, **"It was not a clear, helpful evacuation plan."** Residents are supported to stay in their rooms until assistance arrives, but the signage could be presented more clearly.

Quality of life

General happiness

Residents were asked whether they were happy living in the care home and how much choice they had over their daily life. (By choice, this meant could they get up/go to bed when they want, can they go where they like in the home, and do they choose what to wear each day).

How much choice you have over your daily life?



- I have as much choice over my daily life as I want
- I have adequate choice over my daily life
- I have some choice over my daily life, but not enough

Overall, residents expressed a generally positive level of happiness and control over their daily lives. Survey responses showed that **38% felt they had “as much choice... as I want,”** while **50% reported having “adequate choice.”** Only one resident (13%) felt they did not have enough choice. Several comments reflected satisfaction with day-to-day independence. One resident shared, **“Have own phone so can contact my family when I want. Even those in Australia,”** highlighting good access to communication and personal autonomy.

Some feedback related to personal preferences rather than concerns about choice. For example, one resident said, **“Would prefer less curry option on the menu and would like an extra chair in my room for visitors,”** suggesting small adjustments that could further improve their experience.

A small number of comments reflected that limitations were due to personal health needs rather than the home itself. One resident explained that **“because of health issues she isn’t able to do the things she wants to do,”** while another noted, **“Needs wheelchair and help to move about so not able to do as much as he would like.”**

Overall, from the eight residents that we heard from they are largely content and feel adequately supported, with some individual preferences that could be explored further.

Food and drink

Residents and friends and family were asked to share their views on the food and drink. Our representatives observed a mealtime in the home.

Feedback from residents about food and drink was generally positive. Survey results showed that **63% of residents said, “I get all the food I like when I want,”** and **38% said “I get adequate food at OK times.”** No residents reported concerns about adequacy or timeliness of meals. Comments reflected a range of personal preferences. One resident said, **“Don’t like curry,”** while another commented, **“Enjoys the curries on the menu, food is good quality and plenty of it.”** A further resident noted, **“the food is good quality,”** and another stated, **“I’m on a soft diet due to my condition so food adapted to need,”** demonstrating responsiveness to dietary requirements.

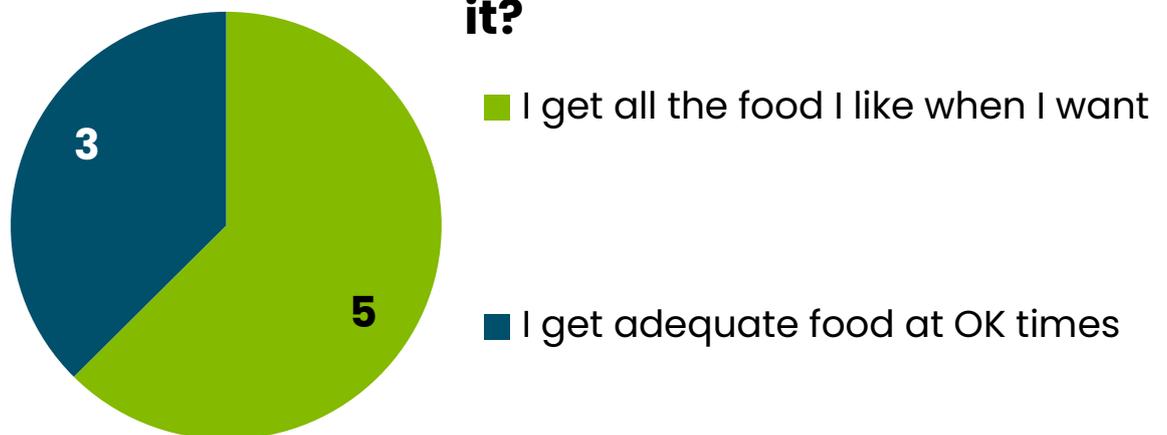
Healthwatch representatives observed three residents eating in the assisted dining area, all of whom **“had help to eat and drink,”** indicating

that staff were attentive during mealtimes. Meals appeared appetising, and staff were present throughout to provide support. Healthwatch representatives also noted that there were limited drink refilling stations around the home for residents to help themselves to, which could be helpful to the residents.

Feedback from the three family and friends was also positive, with all reporting **“Yes, they get all the food they like when they want it.”** Additional comments included, **“The food could be hotter,”** and **“I think it’s ok,”** suggesting some minor areas for improvement but no significant concerns. Families did not raise issues relating to choice, availability, or dietary adaptation.

Overall, residents and relatives expressed satisfaction with the quality, choice, and appropriateness of meals, while observations confirmed that assistance at mealtimes was provided where needed.

Do you get the food you like when you want it?



Activities and social contact

We asked residents, staff, friends and family about access to meaningful activities and social contact, and our representatives also observed how these were supported during the visit.

Feedback indicated that while some activities are available, take up is generally low, and the programme may not be meeting the needs or expectations of all residents.

Two residents told us they mainly spend time in their rooms and would only come out **“if there was something of interest going on.”**

Representatives did not observe any activities taking place during the visit. However, they were informed by the manager that the scheduled daily activity had already been completed earlier that morning, prior to their arrival at 11am. Although no live activities were observed, representatives did see evidence of residents’ arts and crafts displayed around the home. An activity calendar was available and covered a full month, giving the impression of a busy programme of activities. One recurring theme was the mention of a recent outing to a garden centre, which staff and residents highlighted repeatedly and in high regards.

Staff reported that some residents choose not to participate, although others indicated they would take part more if a wider variety of opportunities were offered. Overall, while evidence of activity provision exists, there is scope to increase the frequency, visibility, and diversity of sessions to help reduce isolation and encourage greater social contact for residents.

Quality of care

Resident care, health and wellbeing

We asked residents and their friends and families about the quality of care, access to health checks and observed whether the residents appeared well cared for during our visit.

Residents and their relatives told us that the overall standard of care at Ashfield Court is positive, with many highlighting good access to health services and supportive staff. Survey responses show that residents generally feel well cared for, with appearance and presentation during the visit reflecting this. Residents were observed to be clean, appropriately dressed, and comfortable, with staff engaging with them warmly.

Residents reported strong access to routine healthcare. For GP support, 7 out of 8 residents said they were able to see a GP when needed, and the same number reported good access to eyesight and dental checks. Six residents also confirmed they could access hearing checks. Comments indicated that some health professionals, such as district nurses, visit regularly, and where appointments require travel, staff accompany residents. One resident shared that they had recently been taken to a hospital appointment by a staff member and that they **“have a laugh”** together when going out, suggesting both practical and emotional support.

Feedback from family and friends was more mixed. For GP access, 2 out of 3 relatives felt their loved one could receive support when needed, although one noted that the GP **“won't visit so sends a nurse practitioner.”** In response to this, the care home manager highlighted that the GP attends every Tuesday and on the very rare occasion of an urgent review, if the GP is unavailable, a Nurse Practitioner is sent. Access to eyesight checks received one yes, one no, and one not-applicable response. Dental and hearing checks showed lower levels of confirmed

access, with only one “yes” across both categories and several relatives selecting “not applicable.” One family member commented that taking their relative to a dentist had become **“a struggle”** and that no dentist visits the home. Another relative reported they were unsure whether their loved one was receiving all necessary checks.

Despite occasional uncertainty among relatives, no concerns were raised about the quality of daily care. Residents appeared well cared for, with staff described as kind and supportive. A resident who receives dressings commented positively on the district nurse’s regular visits, indicating good coordination between the home and external health services. Overall, residents felt their care needs are met, and observations during the visit support this. While relatives identified some gaps or uncertainty around specific health checks, especially dental and hearing services, there was no suggestion that this affected residents’ wellbeing. Staff involvement in escorting residents to appointments and maintaining good relationships further reinforces the home’s commitment to promoting health, comfort, and dignity.

Safety and staff levels

Residents, friends and family, and staff were asked whether they feel there are enough staff, and Healthwatch asked the residents if they felt safe in the home.

All eight residents who responded stated that they felt there were enough staff in the home to care for them. The three family and friends shared the same view, with **100%** agreeing that staffing levels were sufficient. No comments were submitted describing any concerns or gaps in staffing from relatives.

Staff echoed this confidence, with all five staff respondents (**100%**) also reporting that staffing levels were adequate. One staff member commented, **“There seems to be enough staff as far as I can see,”** while another noted that, **“We have good staffing levels particularly for the**

early shift.” Staff did highlight the added complexity of working in an older building, explaining that, **“The nature of the old building means that they need are assessed as needing more than in modern purpose-built homes.”** Despite this, they did not feel the layout compromised their ability to deliver safe care.

No respondents (residents, relatives, or staff) identified any concerns or negative impacts linked to staffing levels.

Overall, feedback indicates that the home is viewed as well staffed, contributing to residents’ sense of safety, comfort, and wellbeing.

Raising concerns and issues

Residents, family, and friends

Healthwatch North Yorkshire wanted to know if a resident, friend or family member had any concerns about the service, would they know what to do. Healthwatch also asked if they had been happy with how a concern had been dealt with in the past.

Healthwatch North Yorkshire explored whether residents, family members, and friends would know how to raise concerns about the service. Overall, confidence in the process was high. Among residents, seven reported that they would know what to do if they had a concern, while one resident said they would not. This indicates that most residents feel informed, though there may be a need to strengthen communication for those who are unsure.

Family and friends were unanimously clear on how to raise an issue, with all three respondents stating they would know what to do. One family member said, **“Yes, I would arrange a meeting with the manager or team leader,”** demonstrating awareness of the home’s internal procedures.

Others responded **“not applicable,”** suggesting either they had not had concerns before or did not wish to elaborate further.

Residents provided a mixture of comments, some linking their concerns more broadly with daily life. One resident shared that they could contact family independently when needed, noting, **“Have my own phone so can contact my family when I want.”** While not directly a comment about raising concerns, it suggests residents use informal channels of support and communication.

Healthwatch did not receive detailed feedback from residents or families about whether past concerns had been resolved to their satisfaction. However, the high proportion of residents and relatives who felt they knew how to raise an issue suggests that the home’s processes are visible, understood, and accessible to most people.

Nonetheless, the one resident who reported not knowing what to do highlights the importance of ensuring that information about complaints, safeguarding, advocacy services, and escalation routes (such as evacuation) is consistently shared and easy to understand. This may include clearer signage, accessible written information, and regular reminders during resident meetings or reviews.

How do staff feel?

Healthwatch North Yorkshire asked staff about working in the care home.

Overall, feedback was very positive, with all five respondents **(100%)** stating that they **enjoy working at the home.** One staff member commented, **“I’ve worked in a few homes in this area, and this is a good**

one,” reflecting a strong sense of satisfaction and comparison favourably with other settings.

Staff were also unanimous (**100%**) in feeling that they receive all the **relevant training** needed to carry out their roles effectively. This suggests that the home maintains a good standard of mandatory and ongoing training, supporting staff competence and confidence.

However, several staff identified areas they felt could improve their working environment or the support they receive. One member of staff highlighted the intense pressures during COVID-19 outbreaks, stating, **“Twice when hit with covid, it had been very hard to keep providing the best care with staff sickness... I managed to cover most shifts but feel no appreciation from the company.”** This indicates a perceived lack of recognition during periods of heightened strain.

Environmental improvements were also suggested, with one respondent requesting **“better furniture and decoration.”** Another staff member expressed concerns about limited opportunities within their role, stating, **“There is limited opportunities for me to work in the role I have so I do whatever is needed.”**

While no direct comments were received about communication or involvement in service changes, the general satisfaction with training and the overall working environment suggests that staff feel reasonably supported. However, the themes of appreciation, recognition, and role development indicate areas where the provider could strengthen staff engagement and wellbeing.

Overall, staff appear committed, motivated, and positive about working at Ashfield Court, while also identifying opportunities for the organisation to enhance support, career development, and working conditions.

Overall rating

Healthwatch asked residents, family and friends of residents and care home staff how they would rate the home out of 5 (the best).

Residents (3.5):



Family and Friends (3.6):



Staff (3.5):



Overall Response (3.5):



Acknowledgements

Healthwatch North Yorkshire would like to thank the manager, staff, friends and families of residents, and residents for letting us access the care home, and for sharing their views with us. Thanks also to our dedicated volunteers who helped support this visit.



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