

Adico Care Ltd

# Ashbridge Lodge Residential Care Home

## Inspection report

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London  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Ashbridge Lodge is a residential care home providing personal care to up to 5 people. The home supported adults over the age of 65 and under the age of 65, people living with dementia and people with mental health conditions. At the time of our inspection there were 5 people using the service.

### People's experience of using this service and what we found

People were kept safe within the home and were protected from the risk of potential abuse.

Risk was assessed and regularly reviewed by the registered manager with the involvement of relevant health professionals. Relatives were assured their family member was kept safe. Health and safety was monitored within the home and audits were completed.

There were enough staff to provide safe care and support to people and the provider followed safe recruitment practices.

The home was clean and infection control practices were followed in line with the policy to reduce the risk of spreading or acquiring an infection.

People were supported to receive their medicines on time and registered manager regularly audited medicines and addressed any errors immediately.

People's needs were assessed before they began to live in the home and equipment needed was obtained with support of health professionals. Staff received appropriate training relevant to their role and regular supervision and appraisal.

People's nutrition and fluid needs were met. Consent to care was requested by staff before providing support and staff understood to respect people's decisions. Best interest decisions were made on behalf of people to ensure they received care and support promptly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives liked staff and told us staff were kind and respectful. Equality and diversity was respected and people's privacy and dignity was maintained. People's preferences were respected and care was planned around each person's needs.

People's communication needs were met by the home and resources were available to support people to understand information presented to them. Relatives were actively encouraged to be involved and visit their

family member. People could take part in different activities if they wished.

People's end of life wishes were discussed if people and their relatives wanted to.

The atmosphere within the home was calm and staff were seen to be happy working with people. Staff felt well supported by the registered manager and relatives were also pleased with the level of communication and support from the registered manager.

There were effective monitoring systems in place to check the quality of the home. The registered manager was open and transparent if anything went wrong within the service. Learning and development was important to the registered manager and they ensured their staff had the opportunity to develop further.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 10 November 2022 and this is the first inspection.

The last rating for the service under the previous provider was good, on 1 November 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Ashbridge Lodge Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

Ashbridge Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not

asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and provider, 3 staff members, 4 people who lived at the home and 3 relatives. We reviewed 3 people's care records including risk assessments and medicine records. We looked at 3 staff files in relation to recruitment and staff supervision, and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- People told us they felt safe at the home. One person said, "Yes, I do feel safe here."
- Relatives told us their family members were protected and kept safe at the home. One relative said, "I feel comfortable [person] is here." Another relative said, "I'm reassured by staff, I'm glad [person] has a member of staff with them at all times."
- Staff understood their safeguarding responsibilities and received training in adult safeguarding, records confirmed this. Staff were aware of the processes to follow if they needed to escalate safeguarding concerns to social services or to the Care Quality Commission.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments were up to date and regularly reviewed. People were supported to live safely within the home and access the local community without restriction.
- Observations confirmed identified risk was being reduced, for example, people at risk of falls were supported with extra monitoring and one to one support from staff.
- Additional risk assessments included monitoring the risks associated with strokes and people's mental stability. Actions for staff to follow were clear and reduced the potential risk of harm.
- Health and safety within the home was monitored and records confirmed fire safety, electrical appliance testing, water checks including temperature and gas safety were carried out to keep people safe.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- People told us they could find someone to help them when required and relatives told us there was always a member of staff around to support them when they visited. One person said, "If I call staff, they come to help me."
- Records confirmed there were enough staff on each shift. The registered manager informed us recruitment was ongoing to ensure they had enough staff ready to meet people's needs.
- The provider operated safe recruitment processes. Records showed information provided by staff was verified to ensure the suitability of staff to work with people.
- Records viewed confirmed the registered manager checked staff identity, references, employment history and whether staff had the right to work in the UK.
- The registered manager also carried out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The

information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported to receive their medicines safely and on time.
- Staff received medicines training and the registered manager checked their competency before they could administer.
- Medicines were safely stored and records confirmed medicine administration records were completed after people had taken their medicine.
- Medicines given to people on an "as required" basis were documented and the reasons when to administer were clear for staff to follow.
- Medicine audits were completed to ensure people were supported to receive their medicines as prescribed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

Relatives told us they were able to visit their family member freely and there were no restrictions on visits.

#### Learning lessons when things go wrong

- Systems were in place to learn after accidents and incidents.
- The registered manager was transparent if anything had gone wrong within the home and encouraged staff to be transparent to support learning and prevent occurrences in the future.
- Records confirmed the registered manager spoke with staff with regards to any incidents and staff confirmed this.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Relatives confirmed they were involved in the care planning process. A relative said, "I was involved in the care planning, it was good as I know what [person] likes."
- Records confirmed an in-depth assessment of people's health needs and preferences was completed to ensure the home could meet individual needs.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- People told us staff were good at the service. Relatives spoke positively of the care and support staff provided to their family member. A relative said, "They are really good, they know what they are doing."
- Staff told us training was effective and helped them understand how to support people. A member of staff said, "I take a lot from the training and we do apply it, for example, I've given first aid. Having yearly training really helps."
- Records confirmed staff completed training relevant to their role and received regular supervision and an annual appraisal with the registered manager. A member of staff said, "Supervision is good, we get to say how we are feeling and discuss any concerns."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet.
- People told us they liked the food provided and were offered choices. One person said, "I eat good food here." Relatives were pleased with the variety of food provided.
- Staff offered people choices at meal times and records confirmed dietary requirements were respected.
- People were supported to eat their meals safely and guidance from health professionals was followed to ensure people's meals were healthy and safe for them, for example, low salt meals and providing food pureed for those who required it to reduce choking risks.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaption, design and decoration of the premises.
- People's rooms were decorated to their individual taste with personal pictures and belongings on display if they wished.
- Relatives commented the home could be more homely. This was addressed with the

registered manager and provider and they confirmed they had a plan to redecorate the home as part of their long term strategy to help refresh the décor.

- The home was accessible, a stair lift was also available in the event someone needed to use it while residing on the higher floors.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives, access healthcare services and support.
- Relatives told us they were aware of health appointments their family member had to attend and were updated with information by the home. A relative said, "Oh yes, [registered manager] rang me to tell me about [person's] a scan, they always follow up with me health wise."
- People living at the home were supported to access health care support promptly, for example, GP's, district nurses, speech and language therapists, the mental health team, psychiatrists, social workers and a dentist.
- The home had prepared hospital passports in people's care plans, this provided important information about people's health needs, likes and dislikes and how to communicate with people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act.
- Staff respected people's choices, a member of staff said, "We ask for consent for personal care, if they say no we respect it but we will try and ask later." The same member of staff said, "We offer people a choice of clothes to wear and support people to dress according to the weather."
- Records confirmed consent forms were in place and where needed best interest decisions were made on behalf of people, involving their families and health professionals.
- The registered manager applied for DoLS and authorised DoLS were reviewed for accuracy by the registered manager.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect and were well supported with equality and diversity.
- People liked the staff team and when asked told us they were treated kindly. One person said, "Yes, the staff are nice here." Another person said, "Yes they are kind."
- Relatives told us staff were caring at the service. A relative said, "I'm pleased with everything here, all the staff are so friendly whenever I come by." Another relative said, "I can see [person] loves it here and trusts them [staff]."
- Staff spoke kindly about people and enjoyed helping them. A member of staff said, "I talk to [people living at the home] like they are my family, nicely and calmly." Another member of staff said, "It's all about helping them [people], they are vulnerable, making sure they are ok is so rewarding and the main priority".
- Staff received equality and diversity training to help them understand people were respected as individuals and not to discriminate against them based on any protected characteristic. The registered manager said, "We welcome everyone, we see no difference in anyone."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care.
- Records confirmed people were asked about their views by staff during key worker sessions. This was an opportunity for people to express their wishes about their care and daily activities they wanted to participate in.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- Relatives told us their family members dignity was maintained at the home. A relative said, "I'm so pleased, [person]'s room is always clean and tidy and they are always clean." Another relative said, "I never tell them I'm coming, whenever I come [person] is always fresh and clean, it's so important for their dignity".
- During personal care staff told us they closed doors and to maintain people's dignity and we observed staff knock on people's door before entering.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was planned around their individual needs.
- Records confirmed care plans were personalised and provided staff with information to ensure they delivered care in line with people's likes and dislikes. For example, people stated whether they preferred a shower or bath while receiving personal care.
- Care plans were reviewed annually or if they needed to be updated sooner. People and their relatives were involved in planning care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met by the home.
- Records confirmed people's communication needs were assessed by the home to ensure people could understand information presented and be understood by staff.
- The registered manager had access and had previously used different resources to support people's communication needs. They told us, "We can obtain an interpreter, we have used a teddy bear to make sounds to help people and we can use Makaton if we need to use signs to communicate."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.
- People were encouraged to take part in activities they enjoyed. One person told us they were going out for a walk and we observed staff taking them out.
- Each person had an activities planner, this gave people structure to know what they were doing each day. For example, some people went to their local church and visited the local park.
- Families were encouraged to visit and relatives told us they enjoyed coming to visit their family member. A relative said, "I came to visit and it was [person's] birthday we had a nice time."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- People told us they were happy and did not have any complaints. Staff knew to advocate on behalf of people if a complaint needed to be made.
- Relatives told us they knew how to make a complaint but had not needed to as yet. A relative said, "I've never had any grievance with the home and [person] has been there a long time." Another relative said, "I can always go to [registered manager] if anything happens they will sort it out."
- Compliments were welcomed at the service and records confirmed health professionals had documented good practice when seen.

#### End of life care and support

- At the time of the inspection no one living at the home required end of life care and support.
- The registered manager had completed end of life training and knew where to go to access additional support in this area.
- Records showed end of life wishes were explored with people and it was stated this was to be explored further during key worker sessions and to involve people's families. Relatives were aware they could discuss their relatives end of life wishes with the registered manager when they needed to.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.

The provider had systems to provide person-centred care that achieved good outcomes for people.

- People were observed to be happy within the home and staff were happy while working there. Relatives told us the atmosphere at the home was warm and welcoming. A relative said, "[Person] has really improved since coming here, the staff team are consistent which is good for [person], less disruption and [registered manager] always tells me everything."

- Staff were complimentary of the support given by the registered manager. A member of staff said, "[Registered manager] is so hard working, whenever we need advice they are there to help us." Another member of staff said, "There is an open door policy, I can freely approach [registered manager] with anything."

- The registered manager told us they valued their staff and showed appreciation for the work they did when supporting people by celebrating their birthday's and holding parties.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under duty of candour and to be open and transparent.
- The registered manager knew what they legally had to report to the Care Quality Commission and to inform health professionals and their relatives if something went wrong at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The registered manager and staff were clear about what was expected from their job role.
- The registered manager told us they held monthly staff meetings, records confirmed this. Staff told us these meetings provided an opportunity to discuss the needs of people in the home, any upcoming health appointments, staff supervision and staff training.
- The registered manager performed a range of audits to monitor the quality of the service. This included random spot checks during the day and also at night to ensure people were receiving safe care.
- Medicines audits were performed, and any actions were documented for the registered manager to review

with staff. Records confirmed a finance and home audit were carried out to assure the provider there were no issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Feedback from people was requested during reviews and key work sessions with staff. This supported people to share information in an environment and format that was suitable to them.
- Relatives told us they were asked to give feedback but could not recall completing a formal survey. A relative said, "I always get a call and [registered manager] asks if we are happy with everything. I can always approach them if I am worried about anything."
- Professionals and staff were asked to provide feedback on the quality of the service, records confirmed this. For example, a health professional commented on good infection control practice observed by staff in the kitchen area.

Continuous learning and improving care; Working in partnership with others

- The provider had created a learning culture at the service which improved the care people received.
- The registered manager was committed to continuous learning for themselves and for their staff team. The registered manager said, "Learning is very important to us, I check staff knowledge all the time during supervision to help them. I'm updating myself with everything including the current changes within the CQC. We continue to work on our policies and attend provider forums and work with the local authority."
- The registered manager told us they had attended a carers show for people living at the home within the local borough, this helped them to meet with other core professionals and to share best practice in adult social care.