Ashlake Lodge Limited

Ashbridge Lodge Residential Care Home

Inspection report

5 Ashbridge Road
London
E11 1NH

Date of inspection visit:
31 August 2017

Date of publication:
18 September 2017

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

We inspected Ashbridge Lodge Residential Care Home on 31 August 2017. This was an announced inspection. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in. At the last inspection on October 2015 the service was rated as Good. We found the service remained Good at this inspection.

Ashbridge Lodge Residential Care Home is a care home providing personal care and support for people with learning disabilities. The home is registered for five people. At the time of the inspection they were providing personal care and support to four people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The experiences of people who lived at the service were positive. People and their relatives told us they felt the service was safe, staff were kind and the care they received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

Risk assessments were in place which provided guidance on how to support people safely. There was enough staff to meet people's needs. Medicines were managed in a safe manner. There were sufficient numbers of suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. We saw people were able to choose what they ate and drank.

Person centred support plans were in place and people and their relatives were involved in planning the care and support the received.

People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

People had access to a wide variety of activities within the community. The provider had a complaint procedure in place. People and their relatives knew how to make a complaint.

Staff told us the registered manager was approachable and open. The service had various quality assurance and monitoring mechanisms in place. These included surveys, audits and staff and resident meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains Good.

Is the service effective?

Good

The service was effective. Staff undertook regular training and had one to one supervision meetings.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts and eat nutritious meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Ashbridge Lodge Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 August 2017 and was announced. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the home, the local Healthwatch and the local borough safeguarding team. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of one inspector. During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We spoke with two people who lived in the service and one relative during the inspection. We also spoke with the provider, the registered manager, and two support workers. We spoke with two relatives after the inspection.

We looked at three care files, staff duty rosters, four staff files, a range of audits, minutes for various meetings, four medicines records, finances records, training information, safeguarding information, health and safety folder, and maintenance records.

Good

Is the service safe?

Our findings

People who used the service and relatives told us they felt the service was safe. One person told us when asked if the service was safe, "Yeah." A relative said, "Yes I do because when we have situations like when [relative] had a fall, they [staff] were very thorough what caused it and how to prevent it." Another relative told us, "I think [relative] is safe."

The service had safeguarding policies and procedures in place to guide practice. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the manager. One staff member told us, "I'd immediately report to [registered manager]." Another staff member said, "First thing go to manager to report. He should deal with it and report to CQC and social services." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. One staff member said, "I would report to CQC if nothing done. It's called whistleblowing."

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local safeguarding team. The registered manager told us there had not been any allegations of abuse since our last inspection. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

Individual risk assessments were completed for people who used the service and reviewed regularly. Staff were provided with information on how to manage these risks and ensure people were protected. Records showed some of the risks considered were challenging behaviour, gardening, domestic tasks, personal care, road safety, eating and drinking, falls, finances and medicines. For example, one person was at risk of choking when eating. The risk assessment gave clear guidelines how staff were to manage this risk. The risk assessment stated, "Staff to make sure [person's] food is cut into small portions. Staff to ensure [person] drinks with a straw." Observations and discussions with staff showed staff were aware of risks for this person. Staff we spoke with were familiar with the risks that people presented and knew what steps were needed to be taken to manage them. Risk assessment processes were effective at keeping people safe from avoidable harm.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. Records showed that incidents were responded to and outcomes and actions taken were recorded.

Financial records showed no discrepancies in the record keeping. The service kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were signed by two members of staff and we saw records of this. This minimised the chances of financial abuse occurring. One relative told us, "I would say [staff] are very careful with [relative's] money." Another relative said, "[Provider] always gives me the receipts. I trust them." This meant the service was supporting people with their money safely.

Medicines were stored securely in a locked cupboard. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. Medicines records showed the amount held in stock tallied with the amounts recorded as being in stock. Training records confirmed that all staff who administered or handled medicines for people who lived in the home had received appropriate training. People who required "pro re nata" (PRN) medicines had detailed guidelines in place. PRN medicines are those used as and when needed for specific situations. Reasons for giving PRN medicines were documented in the medicine folder for people. This meant people were receiving their medicines in a safe way.

Sufficient staff were available to support people. People and their relatives told us there were enough staff available to provide support for them when they needed it. Any vacancies, sickness and holiday leave was covered by staff working at a nearby home by the same provider. Staff rotas showed there were sufficient staff on duty. One relative told us, "Always at least two [staff] on. Don't think they need more. They have staff around the corner on hand." Another relative said, "It's never been a concern." One staff member told us, "Sometimes you could do with more. It's not very often. [Registered manager] would arrange cover." Another staff member said, "During the day it's ok with two of us. [Registered manager] can always get someone from [nearby home] to cover."

The service followed safe recruitment practices. Staff recruitment records showed relevant checks had been completed before staff had worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

The premises were well maintained and the registered manager and provider had completed a range of safety checks and audits. The service had completed all relevant health and safety checks including fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, water regulations and emergency lighting. The systems were robust, thorough and effective. This meant the provider had systems in place to ensure the safety of people on the premises.

Good

Is the service effective?

Our findings

People and their relatives told us the staff were very good and supported them well. One person said, "I get on with them [staff]." One relative told us, "They look after [relative]. Very supportive." Another relative said, "I have no reason to believe [staff] are not equipped enough." A third relative told us, "Staff seem fine."

New staff went through an induction process when they began working in the service. This included completing an induction pack which was signed off by management and the staff member. Records showed that new staff completed the Care Certificate with guidance from a senior member of staff. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life.

Staff we spoke with told us they were well supported by management. They said they received training that equipped them to carry out their work effectively. Training records showed staff had completed a range of training sessions. Training completed included basic life support, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), infection control, food hygiene, health and safety, fire safety, safeguarding adults, medicines, manual handling, epilepsy, risk assessments, equality and diversity, pressure area care, diabetes awareness, dementia and nutrition and hydration. One staff member told us, "You learn things. Probably has improved my job at times. Training is yearly." Another staff member said, "It is on-going. Dementia and diabetes are the last two I have done."

Staff told us they received regular formal supervision and we saw records to confirm this. Topics included actions from previous supervision sessions, people who used the service, training, appraisals, key working, safeguarding, health and safety and fire procedures. One staff member said, "It is good because you get to air your opinions." Another staff member said, "We discuss any issues. It's a good thing." Annual appraisals were completed and people who used the service could feedback on staff performance. All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

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 Act 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. The registered manager had a good understanding of the requirements of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Applications had been made to the local authority when a DoLS was needed. The service informed the Care Quality Commission (CQC) of the outcome of the applications in a timely manner. This

meant the home was meeting the requirements relating to consent, MCA and DoLS.

We heard staff offering people choices and gaining consent from them throughout the day. This consent was recorded in people's care files and reviewed as a part of the regular care plan review process. We saw that people could access all shared areas of the home when they wanted to. Observations showed people going back and forth to their bedrooms, the lounge, kitchen, and dining room. People could go visit the local community with support from the staff. One person told us, "They [staff] ask me if I want a shower or a wash." This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction on their liberty as possible.

People told us they enjoyed the food provided by the service and were able to choose meals they liked. One person when asked about the food said, "The food is alright. I enjoy it." A relative told us, "The food is basic but they are well fed. It is plentiful." We saw people had access to fruit and drinks throughout our inspection. Staff told us and we saw records that people planned their food menu however they could decide on the day if they wanted a meal of their own choice. People's food choices were recorded in their care files and these were known by staff. Information also included likes and dislikes. For example one care plan stated, "I like my fish and chips. I like having a cup of tea after having my meal."

People's health needs were identified through needs assessments and care planning. One person told us, "If not well I would go and see the doctor." A relative told us, "Visits to the GP are looked after by the home. If anything changes they contact me." Another relative said, "The chiropodist comes every six weeks to do [relative's] feet." A third relative told us, "If [relative] needs a doctor they will take [relative]. An optician comes in." Records showed that all of the people using the service were registered with local GPs. Records showed health appointments were being recorded which included health care professionals such as GPs, dentist, chiropodist, optician and psychiatrist. Records of appointments showed the outcomes and actions to be taken with health professional visits. People were supported to attend annual health checks with their GP and records of these visits were seen in people's files. People had a 'Hospital Passport', which was a document in their care file that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital. During the inspection one person was unwell. Observations showed a staff member call an emergency medical team for guidance. A member of the emergency medical team attended the home within an hour to support this person. This meant that people were supported to maintain their health.

Good

Is the service caring?

Our findings

People and their relatives told us they thought that the service was caring and they were treated with dignity and respect. One person said, "They [staff] look after me." A relative told us, "I think [staff] are genuine. Whatever [relative] needs they accommodate." Another relative said, "[Relative] is well cared for. I have no concerns."

Observations showed people were comfortable with staff and were happy to be around them. Staff were friendly and kind in their support and responses to people, their attitude was respectful and they showed that they understood people's individual characters and needs. Throughout our visit we saw positive, caring interactions between staff and people using the service. For example, one person who used the service was upset and started to cry. A staff member hugged the person and rubbed their back whilst saying, "It's ok." One staff member told us, "You do have a relationship with them [people who used the service]. They grow to trust you." Another staff member said, "I get on with each and everyone one of them."

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person received and liaised with professionals or representatives involved in the person's life. Staff we spoke with were able to tell us about people's life histories, their interests and their preferences. One staff member said about key working, "I sit down with [person who used the service] and ask how he is feeling and anything he needs. It's all about him. It's once a month."

People and their relatives told us their privacy was respected by all staff. Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "You close the door and curtains. I wouldn't enter the bedroom without knocking." Another staff member said, "I respect them by talking to them. Give them privacy when they need it."

Our observations showed that staff asked people about their individual choices and were responsive to that choice. For example, one staff member was overheard saying to a person, "Would you like a sandwich or pizza for lunch." Another example, a staff member said to a person, "Where do you want to go today? Do you want to go out for lunch?" One staff member told us, "You talk to them and ask them what they want to do. We give them choices even if they do the same thing over and over again." One person told us, "They [staff] ask me what I want and they do it."

Care plans included information about people's likes and dislikes, for example in relation to food and social activities. Care plans included information about how to support people with communication. For example, for one person it was recorded, "I can communicate verbally but will continue to repeat myself. Staff to slowly communicate with me in short sentences that are clear."

People's independence was encouraged. Staff gave examples how they involved people with cooking, domestic tasks and doing certain aspects of their personal care to help become more independent. This was reflected in the care plans for people. For example, one care plan stated, "I am able to dress myself

independently but need staff support to choose what to wear." Another care plan stated, "Staff should encourage me as much as possible to wash my body independently and give me enough time to carry out the procedures and offer assistance when necessary." One staff member told us, "We help them become independent as possible. We ask [person who used the service] to take dishes to the sink. [Person] brings washing down." Another staff member said, "You give options everyday like choosing clothes. We try to encourage washing up and tidying the bedroom."

Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We have to recognise that people's sexuality is their choice and respect without discrimination. They would be treated equally." A staff member said, "Treat them the same with dignity and respect. Try to accommodate their needs." Another person told us, "Welcome them with open arms. Wouldn't make any difference to me."

People's bedrooms were personalised with personal possessions and were decorated to their personal taste, for example with family photographs and soft toys. People could choose what colour they wanted their bedroom decorated. Relatives confirmed this.

People were supported to maintain relationships with their family and friends. Details of important people in each individual's life were kept in their care plan file. Relatives and friends were welcomed to the service and there were no restrictions on times or length of visits. A relative told us, "I go anytime I want."

Good

Is the service responsive?

Our findings

People and their relatives told us they were involved in their care planning. One person said, "Sometimes I have a meeting." A relative told us, "I attend all the reviews. Any aspect of that I am involved." Another relative said, "We do have regular meetings. Talk about the care plan."

Before admission to the service a pre-admission assessment was undertaken to assess whether the service could meet the person's needs. An assessment of needs was usually undertaken at a pace to suit the person, with opportunities to visit the service. The registered manager told us there had not been any new admissions since our last inspection.

Care records contained detailed guidance for staff about how to meet people's needs. Care files also included a section which had the life history of the person. There was a wide variety of guidelines regarding how people wished to receive care and support including environment, health, medicines, communication, mobility, finance, personal care, emotional needs, nutrition, family and friends, social relations and sexuality, behaviour and mental health, interests and hobbies and end of life. The care plans were written in a person centred way that reflected people's individual preferences. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. Care plans were written and reviewed with the input of the person, their relatives, their keyworker and the registered manager. Records confirmed this. Staff told us care plans were reviewed regularly. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People had opportunities to be involved in hobbies and interests of their choice. Staff told us and records showed people living in the home were offered a range of social activities. People's care files contained a weekly activities planner. On the day of our inspection one person went out to a local café and another person went shopping. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going out for lunch, cinema, shopping, listening to music, and household tasks. We also saw people could engage with activities within the home which included playing games. One person said, "I'm going out." A relative said, "[Relative] likes colouring. [People who used the service] do go on holiday." Another relative told us, "[Staff] put on music videos for him and he will wander in and out of his room." The same relative said, "They [staff] have asked me a lot about [relative's] past which tells me they are trying to have meaningful conversations with him."

Resident meetings were held regularly and we saw records of these meetings. The minutes of the meetings included topics on summer holidays, day trips, food menu, fire safety, complaints, activities and decorating people's bedrooms. This showed people were updated on changes and involved in decision making about the service provided.

There was a complaints process available and this was available in an easy to read version. The complaints process was available in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. The complaints policy had a clear procedure for staff to follow should a concern be raised. Records showed the service had one

complaint since the last inspection. We found the complaint was investigated appropriately and the service provided a resolution in a timely manner. One person told us, "I would have a little word to [registered manager]." A relative said, "I would speak to [registered manager] in the first instance, if not happy I would speak to [provider]."

Good

Is the service well-led?

Our findings

People and their relatives told us that they liked the service and they thought that it was well led. One person said about the registered manager, "He's alright. He pops in and has a little chat." A relative said, "He is very good. Very helpful with anything I bring up. Very nice man." Another relative told us, "[Registered manager's] on top of everything." A third relative said, "I really like him. We talk a lot. [Registered manager's] built my confidence on how to care for [relative] when he comes to stay with me. I think he is wonderful."

There was a registered manager in post and a clear management structure. Staff told us the registered manager was open and supportive. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "He is supportive." Another staff member said, "He's good. He tries to accommodate you. We can go to him. He is quite open." The registered manager supported staff to complete health and social care qualifications. One staff member said, "I just completed my NVQ 3." The registered manager told us they felt supported in the role. They said, "I get very good support from [provider]. She is always here. She is a hands-on person."

The registered manager demonstrated good leadership and management by gaining knowledge from external sources. The registered manager told us they had recently enrolled to complete a NVQ 7 postgraduate diploma in health and social care management. The registered manager also told us they attended local authority workshops regularly. The local authority workshops were an opportunity for providers of this type of service to share ideas and best practice. The registered manager said, "I think I am a good manager. I've contributed a lot to the streamlining of the paperwork that wasn't here. I can see it working. I'm proud of that achievement."

Staff told us that the service had regular staff meetings where they were able to raise important issues. Records showed topics on training, teamwork, key working, accidents and incidents, medicines, quality assurance, health and safety, infection control, fire safety and people's finances. One staff member told us, "We discuss service users, medication, rotas and any issues. We participate if we have anything to say." Another staff member said, "We had one last week. It's to discuss issues that come up and teamwork. Anything can come up in a team meeting."

The provider had effective systems in place to monitor the quality of the service delivery. The provider undertook monthly audits to monitor the quality of the service. Records showed this included checking recruitment, accidents and incidents, premises, fire safety, food menu, supervision, staff meetings, people's finances, medicines, care plans and risk assessments. Areas of concern from audits were identified and acted upon so that changes could be made to improve the quality of care. The provider and registered manager had also completed regular night checks on the service. This meant people could be confident the quality of the service was being assessed and monitored so that improvements could be made where required.

The quality of the service was also monitored through the use of annual surveys to people who used the service, their family members and staff. Surveys included questions about activities, food, premises,

complaints and staff. We saw that overall it was positive for all the surveys. One comment stated, "Staff are very sympathetic and understanding." People who used the service were assisted by staff to complete the questionnaire. One relative told us, "I completed a survey a couple of months ago. They come yearly." Another relative said, "They normally post the survey. I've always filled in." The service completed a summary of the surveys which included what the service learnt and actions to be completed.