

Pathfinder Ashness Care Limited

# Ashness Lodge

## Inspection report

286 Philip Lane  
London  
N15 4AB

Tel: 02088010853

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

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ashness Lodge is a residential care home providing personal care to up to 5 people. The service provides support to adults with mental health needs. At the time of our inspection there were 4 people using the service. The service is provided from 1 building over 2 floors.

### People's experience of the service and what we found:

People told us they felt safe living at the home. Medicines was managed safely. Staff were recruited in a safe way, which meant people could be assured that staff had been vetted before starting in their role. Staff understood how to prevent the spread of infections. Care plans outlined people's needs and risks of harm were mitigated as much as possible. Staff understood how to protect people from abuse as there was a clear safeguarding process in place.

Managers and leaders were well equipped to manage the home. There was clear oversight from senior leadership. Governance processes were effective and robust, and concerns could be picked up and addressed without delay. Staff told us they were well supported and could speak up if they needed to. People and staff were involved in the service delivery.

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.

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

The last rating for this service was Good (published 22 July 2018).

### Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Ashness Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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?

Good

The service was Safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was Well-led.

Details are in our well-led findings below.

# Ashness Lodge

## 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 team consisted of 1 inspector.

#### Service and service type

Ashness Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashness 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 the 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 the information we held about the service to plan our

inspection.

During the inspection

We spoke with 2 staff including the registered manager. We spoke with 1 person using the service. We observed staff interactions with people and reviewed care plans, risk plans, medicine records and care notes. We also reviewed a range of audits, maintenance, meeting minutes and staff records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- We asked staff to explain safeguarding. A staff member said, "It is protecting the people we support, prevent abuse, which can be institutionalised, sexual, financial, physical, working with the client listening to their view's, observations, report anything to the management. Whistle blowing is to report to other organisations if needed."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People's care records outlined several risk factors and guidance for staff to follow to mitigate the risks of harm as much as possible. Staff kept accurate, complete, legible, and up-to-date records, and stored them securely.
- A person told us they liked living at the home and felt safe. We observed the home environment and found it was clear of hazards and risk plans were followed by the staff on duty.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. The provider operated safe recruitment processes.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The numbers and skills of staff matched the needs of people using the service. Staff recruitment and induction training processes promoted safety. Staff knew how to consider people's individual needs, wishes and goals as outlined in their support plans.
- We observed staff offering people support. Staff were not rushed; they were patient and had time to provide the support that was needed.

Using medicines safely

- People were supported to receive their medicines safely. However, some staff competency checks were out of date. We spoke to the registered manager about this, and they informed us this would be addressed. Following our inspection, we were sent up to date competency checks.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

- We checked people's medicine records and found they were accurate and up to date.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had a good understanding of preventing the spread of infections. A staff member said, "Infection control, we had training in this, we use personal protective equipment, like gloves, aprons, cleaners come into the home weekly, we make sure we wash our hands."
- We observed the home environment and found it to be clean and free from any malodours.

#### Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance. People and staff told us that anyone could visit the home at any time and staff encouraged people to have visitors.

#### Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider had a system in place to review any concerns or issues. Team meetings were held regularly, and clinical meetings were held monthly. We saw minutes of meetings which showed topics discussed such as people's mental health. There was clear oversight of the service from the leadership team.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). The provider was working in line with the Mental Capacity Act.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained 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.
- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights, and enabled them to develop and flourish. Management was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- Staff felt respected, supported, and valued by senior staff which supported a positive and improvement-driven culture. Staff told us they were able to raise concerns without any fear of what might happen as a result. A staff member said, "Yeah we can talk to the manager, in meetings, each time allocated to you we can raise concerns if needed speak up without fear or favour."

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; continuous learning and improving care

- The provider understood their responsibilities under the duty of candour. The provider made improvements to the service which meant people received good care and support.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate. The registered manager told us, "The duty of candour is about transparency, for example we had a medicine error, we contacted the safeguarding team, contacted the family member, spoke to the person and apologised."
- The provider kept up to date with national policy to inform improvements to the service. Clinical meetings were held regularly to discuss people's progress. The registered manager told us that people's mental health was stable over a long period of time. This was an achievement in the service as staff worked in a way which met people's needs, learning from past incidents.

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 had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed. Governance processes, for example audits, were carried out regularly, were effective and helped provide good quality care and support.



- The registered manager understood when and what to notify CQC and the local authority about. CQC had received statutory notifications in a timely manner.

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.
- Staff encouraged people to be involved in the development of the service. We saw that people had regular one to one meeting with staff and discussed ways to improve the service.
- We saw in meetings minutes that staff had opportunities to be involved in service delivery. Staff told us they could make suggestions, and these were taken seriously. Staff said they felt valued and listened to by the management team.

Working in partnership with others

- The provider worked in partnership with others. For example, the local authority and health care professionals. This meant the service could be improved and achieve better outcomes for people,