

Care In Mind Limited

Ashurst

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashurst is a small 'care home' providing accommodation to up to 5 people who require nursing or personal care. The service provides support to young people with complex mental health needs. At the time of our inspection there were 3 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: People were supported by staff who had a strong understanding of how to promote people's independence. Staff supported people to work towards achieving their goals by working in accordance with robust care plans. People told us they felt supported by staff and the management team. People were able to personalise their rooms with personal items important to them; the provider also provided a budget to people so they could choose how their rooms were decorated. The provider consistently reviewed and reflected on the approach staff took in supporting people during times of anxiety and distress to inform continuous improvement.

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.

Right Care: People received support from external healthcare professionals when needed and this was requested in a timely manner. People felt safe at the service and staff's presence was noted throughout our inspection visit. People's care and support was tailored around their preferences. Staff had a good understanding of safeguarding and support was provided to people safely. People's medicines were administered safely; however, record keeping needed improvement. We have made a recommendation relating to medication records.

Right Culture: The provider ensured a person centred approach to care planning, support and care was promoted throughout the service. People's protected characteristics were considered at all times. The provider had worked proactively with local safeguarding professionals to ensure they were meeting the requirements to share safeguarding incidents in line with local and national guidance and legislation. We observed evidence of reflective work being carried out. The provider had quality assurance systems in place which ensured checks within the service were completed regularly. However, audits were not always consistent with our findings at this inspection. Staff induction records contained significant gaps. We have made a recommendation in relation to governance systems and staff induction records.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 7 January 2022).

Why we inspected

We received information which highlighted a review of risk management and service governance was needed. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same.

We found no evidence during this inspection that people were at risk of harm. Please see the safe, effective and well-led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashurst on our website at www.cqc.org.uk.

Recommendations

We have found areas where the provider needs to make improvements. We have made recommendations related to medication recording systems, induction records and audits. Please see the safe, effective and well-led sections of this report.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Ashurst

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Ashurst 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. Ashurst is a care home with 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 August 2023 and ended on 8 September 2023. We visited the location's office/service on 23 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 people to understand their experience of care and support provided. We spoke to 8 staff including the nominated individual, the registered manager, the deputy manager and senior support and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including 2 people's care records, medication administration records and associated documentation. We also looked at other records relating to the management of the home and risk management. We looked at safety information and certificates, staff rota's, accident and incident forms, meeting minutes, audits and policies. We also reviewed 6 staff files in relation to recruitment, staff supervision, competency assessments and training.

Alongside our visit to the service, we used remote technology such as video calls to enable us to engage with staff and electronic file sharing to enable us to review additional documentation.

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were generally managed safely and people received their medication as prescribed. However, records relating to the administration of people's medicines were sometimes completed inconsistently. Medicines were stored safely; however, stocks of people's medicines did not always reconcile with the stated balance of tablets recorded in people's records.
- The provider used electronic medication administration records (eMAR's) to record the administration of people's records. We found gaps within people's records on occasions where people had declined their medication and staff had not recorded the correct entry for this.
- We checked the stocks of people's medicines to ensure they reconciled with people's records. We found stocks were consistently not accurately recorded; this was usually only by a minimal amount however, on one occasion we found there were 50 more tablets than the recorded stock. We felt this issue related to the governance of the service please refer to the well-led section of this report.

Although we felt issues identified with the management of medicines were related to governance, we recommend the provider implements systems which improve record keeping and checks on stock.

- Medicines were stored safely; this included the storing of controlled drugs in securely locked cabinets and daily checks on fridge temperatures to ensure the correct storage of any medication which required storing at specific temperatures.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and staff had a good understanding of how to raise safeguarding concerns and who this information should be shared with. Staff had received safeguarding training and the provider had developed good relationships with safeguarding partners.
- People told us they felt safe at the service. One person said, "Yes, I feel safe, I know I can speak to management if I have any concerns. Whenever I have, they've done something about it."
- Staff had a good understanding of the providers expectations relating to safeguarding. One staff member said, "All concerns would come through to (the management team) from a safeguarding form and then (the management team) escalate that where they need to. Obviously, it might require sharing with the local authority as well."
- The provider had worked proactively with safeguarding professionals to ensure they were meeting the expected thresholds for raising safeguarding alerts and referrals. This ensured they were working in accordance with local safeguarding policy.

Assessing risk, safety monitoring and management

- The provider had robust risk assessments in place to provide staff with clear guidance on how to respond to accidents and incidents and manage risk safely.
- Accidents and incidents were reviewed by the service management team and provider to identify any consistent themes which led to incidents occurring. The provider implemented systems which provided the management team with multiple opportunities to reflect with staff on how accidents and incidents were managed.
- People were also encouraged to reflect on accidents and incidents, what had caused them and to discuss ways in which accidents and incidents could be managed by people and staff moving forwards. There were clear expectations set for people and staff and who was responsible for managing accidents and incidents at various stages.

Staffing and recruitment

- There were enough safely recruited staff to support people. Appropriate recruitment checks were in place to ensure the suitability of staff to work with vulnerable people. This included checks relating to right to work, DBS and each staff's employment history.
- The provider recorded comprehensive notes of candidates' interviews to demonstrate a robust recruitment process. We reviewed a number of staffs' interview records and found they covered key aspects of providing support generally and in relation to the providers' least restrictive model of care.
- Staffing levels were sufficient to meet the needs of people living at the service. We reviewed staff rotas and people's assessed dependency for when they required support. We found staffing levels reconciled with people's assessed needs. Additionally, the registered manager advised if more staff were needed for any reason, this could be added with provider approval.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
 - We were assured the provider was supporting people living at the service to minimise the spread of infection.
 - We were assured the provider was admitting people safely to the service.
 - We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured the provider's infection prevention and control policy was up to date.
- We were not able to speak to any relatives during this inspection; however, no concerns relating to people visiting the service were raised by people or external professionals.

Learning lessons when things go wrong

- The provider had robust systems in place to reflect and identify lessons learnt when things had gone wrong. This was the case for both the management team and staff within the service, and at provider level.
- Systems in place included safeguarding reflections, data governance audits and reflective practice sessions. We reviewed evidence of these being utilised effectively to discuss the staff teams' approach particularly in relation to Care in Mind's least restrictive approach to managing risk and support.
- People were also encouraged to feedback on where they felt lessons could be learnt. Sessions available to people included various meetings and 1 to 1 sessions.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider had robust systems in place for the development of staff; however, within the service there were significant gaps within the records related to staffs' induction process. We reviewed training records which evidenced this was a record keeping issue. However, some of the gaps we found in induction records were related to specific areas, such as medication record keeping, where we found inconsistencies during this inspection. We felt gaps across induction and development records were related to the governance within the service. Please refer to the well-led section of this report.
- The provider had implemented a robust induction process which included training key to the provision of support at Ashurst and comprehensive induction workbooks to be completed by staff, mentors and managers. We found staff had completed their training programme; however, staffs induction booklets contained significant gaps. For example, staff who were recruited in 2022 and 2023 had sections missing within their medication assessment workbook.

We recommend the provider ensures induction records and medication assessment records are completed consistently.

- Staff received support from the registered manager and had access to regular training. Staff feedback was positive and they told us they had received adequate training and support to be effective in their roles. One staff said, "I feel supported and have a really good relationship with [registered manager]. I know I can turn to them at any point."

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

- The provider ensured comprehensive assessments relating to people's physical, mental and emotional health and wellbeing were completed. These included information people had shared relating to their preferences of how they should be supported, this ensured assessments were person centred.
- People's needs were assessed with consideration of protected characteristics including age, sexuality and religion or beliefs. We found care plans provided staff with detailed guidance on how to support people in accordance with their protected characteristics.
- Reviews of people's care and support needs were completed consistently by staff with their involvement. There were a number of ways people could provide their feedback in relation to how they felt their care and support was going. These included 1 to 1's and group sessions.

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

- People had control of the food and drink they bought. Support was provided with preparing food and the

provider promoted independence in this area. Advice was provided by staff if requested by people.

- What people had eaten each day was recorded in daily summaries.

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

- When people required support with accessing external professional involvement this was requested in a timely manner. This included GP Appointments, reviews with social workers and treatment from external partners following accidents and incidents.
- The provider and management team promoted a multi-disciplinary team (MDT) approach to support and care. This meant support was developed and provided in partnership with people, various external professionals and internal clinicians.

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

- The environment at Ashurst was spacious, clean and tidy, while also feeling like a lived in home for the people using the service at the time of our inspection.
- People were given a budget by the provider so they could choose how their rooms were decorated. Additionally, people were able to personalise their rooms with personal items.

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.

- The provider had robust systems in place relating to the MCA. This ensured people had general capacity assessments and decision specific best interest assessments had been completed.
- Where people required support to make decisions, best interest decisions had been made. There was a clear rationale and people's preferences had been considered. Additionally, decisions were only in place for as long as necessary. This meant the provider was working in accordance with the MCA principles effectively.

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 changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had auditing systems in place to maintain oversight of key areas of the management of the service. This included varying audits and quality assurance checks which had identified some of the areas we found inconsistencies and gaps during this inspection. However, in some cases service audits did not reflect our findings.
- We found gaps across induction and development records at this inspection. The service audits had not identified this issue consistently. Additionally, audits had identified gaps in people's eMAR's consistently; however, at the time of inspection gaps were identified and stocks of medication did not reflect the recorded amount. This meant audits in these two areas had not been effective.

We found no evidence people had come to any harm in relation to these inconsistencies. However, we recommend the provider reviews service audits to ensure they identify the gaps found during this inspection and inform improvement.

- Audits in other areas were robust and detailed and reflected the areas of consistent good practice found during this inspection. The provider ensured audits were used to inform a service action plan and the continuous development of the service.

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

- There was a positive staff culture at the service which supported good outcomes for people. Staff feedback evidenced a person centred culture had been implemented by the management team and provider. One staff said, "I like the fact we're not restrictive and it's quite different to what I've seen previously. The young people here are supported with their choices and it's important we understand them to build up trust and develop positive relationships."
- Although feedback from people and relative's available to us during this inspection was limited, we found when we were able to obtain feedback, it was positive. This was particularly the case when people told us they felt included in decisions made about their support and care.
- Information contained within records which focussed on staffs support of people evidenced people being in control of their care and staff respecting people's choices. Additionally, information within care plans, assessments and risk management plans was personalised and contained clear detail on people's choices, preferences and way in which staff should avoid offering support.

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 provider clearly understood their responsibilities in relation to duty of candour. The provider evidenced a significant amount of work which had gone into improving relationships with external partners and professionals to report concerns, accidents and incidents appropriately.
- The provider had requested regular meetings with partners including safeguarding teams and CQC to discuss any concerns in relation to their least restrictive approach.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider obtained feedback from people, professionals and staff. This was then analysed to identify areas where the service could develop. The provider included both positive and improvement comments in their analysis which ensured an accurate representation of how people's feedback was used.
- People were supported to complete diversity profiles as part of their care planning. This ensured information which was important to them was included as a key part of their support. The information included their preferred name, what hobbies people enjoyed and their aspirations.
- The provider recognised the importance of people being supported as individuals. A member of the management team told us, "(It's important) staff take a step back and consider how the young people are and how they interact; why they do things. It's important to understand their coping strategies aren't always the nicest thing for them to manage. When I'm in the service, I'm watching and learning and I rarely have any concerns (about staffs practice)."