

# Care In Mind Limited

# Ashurst

## Inspection report

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Bolton  
BL1 5HW

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

# Summary of findings

## Overall summary

Ashurst is a residential care home which provides support and rehabilitation for up to five young people with complex mental health needs. At the time of the inspection there were four young people being supported at the home. The home is located in the area of Heaton in Bolton. The young people are supported by a team of residential and clinical staff.

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

Concerns had been raised about the staffing levels at the service, following a number of staff, including the registered manager, leaving their employment. This was currently being addressed by prompt and appropriate actions to recruit appropriately skilled and suitable staff. In the interim the service was being overseen and supported by the senior management team. Numbers were sufficient, due to bank and regular agency staff being utilized.

There had been some concerns around training. A thorough induction process was in place, and there was a comprehensive on-going training programme to help ensure staff maintained the required level of skills and abilities required.

Risk management had been flagged as a concern. Procedures for managing risks were robust and the service ensured risks were monitored, managed and reviewed regularly. Risk assessments were very detailed and included triggers and early warning signs for staff to be aware of. There was clear evidence that the young people were involved in all aspects of their care and support. All required infection control and prevention measures were in place.

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.

Staff were clear about their roles and responsibilities and were able to explain their duties. The quality of service provision was checked regularly via a robust auditing system, governance reports and responses. The provider was open to continuous learning and improvement.

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 the service was good (published 7 January 2022).

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about staffing, training, risk management and governance. The overall rating for the service has not changed following this targeted inspection and remains good.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

# Ashurst

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to look at concerns raised around staffing, training, risk management and governance.

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

The inspection was carried out by two 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 without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. One of the senior management team had taken on the role of acting manager and there were two deputy managers in place. Interviews were taking place to recruit a new registered manager and the senior management team were confident they would have someone in place very soon.

#### Notice of inspection

This inspection was unannounced.

### 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 three people who currently used the service about their experience of the care provided. We spoke with eight members of staff including the head of residential services, residential service manager (acting manager), specialist doctor (psychiatrist), clinical nurse specialist, training lead and three support workers.

We reviewed a range of records. This included electronic care plans for two of the people currently using the service. A variety of records relating to the management of the service, including policies and procedures were reviewed. We observed a staff handover, a weekly keyworker meeting and general interactions throughout the day.

# 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 this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check concerns we had about staffing, training, risk management and governance. We will assess the whole key question at the next comprehensive inspection of the service.

### Staffing

- The inspection was prompted in part by concerns raised about staffing levels. The service was using regular agency and bank staff to ensure numbers were sufficient, following a number of staff leaving their employment, including the registered manager and deputy manager.
- The young people felt a little unsettled due to the lack of a consistent, permanent staff team. However, they did report feeling well supported. One young person said, "I feel like I have settled in but it is hard getting used to new staff. The permanent staff are good, they are good staff, they are trying their best."
- Existing staff were also concerned about the lack of a consistent team. A staff member told us, "Staffing levels are a problem as there is not a full team." However, they added, "I feel confident staffing is now being sorted out." Another staff member said, "There are a lot of good support workers here. Some staff are burnt out. I believe in the model of care and feel it could be good if fully staffed."
- In response to issues with staffing, the provider was actively recruiting to the post of registered manager and, in the interim, the residential service manager was overseeing the service, supported by the training lead and two deputy managers.
- Some new support staff had been recruited, but were still going through the induction stage.
- Staff reported a thorough induction process was in place, which included appropriate training and shadowing of experienced staff. The training programme was on-going and records evidenced compliance with training required by the provider.
- A new staff member told us, "[Initial] training was good, pitched at my level and understandable for everyone. The team has been amazing, I feel confident with staff around."

### Assessing risk, safety monitoring and management

- Concerns about risk management at the service had been raised. We found risks were well managed and people's safety and well-being prioritised. The service had robust procedures in place for monitoring, assessing and managing risk, led by the in-house clinical team.
- Each individual's risk assessments were very detailed and included triggers and early warning signs for staff to be aware of. Risk assessments were regularly reviewed and updated.
- The young people's care plans were written by the staff team in conjunction with the individual and there was clear evidence of their involvement in all aspects of their care and support. One young person told us, "There are some staff I feel really comfortable to talk to if I have any issues. I am the most comfortable here than I have been anywhere."
- Staff were able to contact clinical staff quickly when needed, for example, where an incident had occurred,

or where a new risk had been identified.

- There were regular discussions and updates between clinical and residential staff to help ensure all were aware of any incidents, new risks or changes.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 this key question was rated good. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check concerns we had about staffing, training, risk management and governance. We will assess the whole key question at the next comprehensive inspection of the service.

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

- There was currently no registered manager at this service. However, this was being addressed as a matter of priority.
- Staff we spoke with were clear about their roles and responsibilities and were able to explain their duties. However, they were feeling overwhelmed and looking forward to having a full and consistent staff team in the future.
- The quality of service provision was checked regularly via a robust auditing system, governance reports and responses.
- Support staff generally felt communication was an issue between them and the management team. Staff supervisions had been resumed, but were sometimes cancelled when there were other priorities. One staff member said they had regular supervisions, but with different supervisors, which wasn't helpful when comparing progress with previous months. The senior management took these comments on board and agreed staff communication would be prioritised going forward.
- The company's training lead had been brought into the service to ensure staff had thorough de-briefing and reflection sessions following any incidents.

Continuous learning and improving care

- The provider was open to continuous learning and improvement and actively engaged with partner agencies, stakeholders and other professionals to discuss concerns and look at the way forward.
- All incidents were documented, monitored and analysed on a monthly basis to look at individual and general patterns and trends. Actions were put in place to address any issues identified for the individual and/or relating to the environment.
- Staff response and confidence in dealing with incidents was also analysed. Extra training and support needs were identified and addressed where required.
- Following concerns being raised, the provider engaged proactively with CQC to discuss the issues. As a result of the discussions, investigation and reflection by the provider, a number of improvements had been made to help ensure the standards of care remained high. For example, some of the staff training was adjusted to make it more meaningful, arrangements for supporting staff following an incident had been reinforced.