

Care In Mind Limited

Ashurst

Inspection report

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Bolton
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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

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 three 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

People were safeguarded from the risk of abuse. Staff had completed appropriate safeguarding training and the young people felt safe. There were systems in place to monitor and manage risk within the home. All the young people had comprehensive risk management plans with all relevant information included. Medicines were managed safely and a number of checks were in place to help ensure they remained safe. All required infection prevention and control measures were in place.

Staff were recruited safely and there were sufficient staff to meet people's needs. Staff were supported via a thorough induction, an on-going training programme and very extensive management and clinical support.

The culture at the home was positive and inclusive. People's needs were thoroughly assessed and care plans included appropriate health and personal information. This was reviewed and updated regularly. Staff worked with other agencies and professionals to ensure the young people's needs were met appropriately. The young people were treated with respect and compassion by all staff. They were supported to be as independent as possible and to express their views and wishes about their care and treatment.

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's individual communication methods were understood and supported by staff. The young people were supported to maintain healthy relationships and to follow their interests and hobbies.

The provider had quality assurance systems in place and the results of these were analysed to inform continual improvement to service provision.

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

Rating at last inspection

This service was registered with us on 30 March 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns around risk management within the service. We,

therefore, brought forward the inspection to look at these risks.

Although the young people were at risk of harm, due to their complex mental health needs, these risks were mitigated appropriately. Please see the Safe section 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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

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 Care Act 2014.

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 one inspector on site and an inspector who reviewed information remotely.

Service and service type

Ashurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with all three people who currently used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, the deputy manager, the clinical service manager, the residential service manager, a senior support worker, the psychologist and the clinical nurse specialist.

We reviewed a range of records. This included electronic care plans for all the people currently using the service. We also looked at multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted five professionals who regularly visit 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 for 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

- There were appropriate systems and processes in place to help safeguard people from the risk of abuse.
- The young people told us they felt safe at the home. One young person said, "I feel safe, looked after and cared for."
- There were clear records of safeguarding concerns, with actions and learning documented.
- Staff were aware of how to report any concerns and there was a 'speak up' policy and procedure to encourage people to report any issues.
- The service used the 'Safewards' model, which was an approach to working safely with people who have mental health issues and to reduce conflict and containment where possible.

Assessing risk, safety monitoring and management

- The service had clear and robust procedures in place to monitor and manage risk.
- Due to the nature of the complex mental health needs of the young people, the risks of self-harm were ever present and very high. We spoke with the management team about how these were managed on a day to day basis. They were able to explain, in detail, how these risks were addressed and mitigated.
- The young people's risk management plans were detailed and provided a comprehensive picture of risk, both present and historical. All staff members were aware of how to react to any immediate threat to life or well-being. However, the records could be further strengthened by the addition of a 'front sheet' containing clear steps on the actions needed in the event of an emergency. The registered manager agreed with this suggestion and took on board the need for this.
- The service used 'break away' techniques' rather than restraint and all staff were fully conversant with this. Staff received training in ligature management and knew exactly when and how to intervene.
- The estates team were working through an anti-ligature programme with regard to the environment to ensure this was as safe as possible.
- All required health and safety certificates and checks were in place within the home.

Staffing and recruitment

- Staff were recruited safely. We saw evidence of thorough checks to ensure staff were suitable and qualified to work with vulnerable people.
- There was a fit and proper persons policy and procedure with regard to recruiting members to the board to ensure they were of good character and fit for the position.
- There were appropriate staffing levels to ensure people's needs were met safely. There was an on-call support team available at all times.
- The home had a staff deficit contingency plan in place to ensure there were always adequate numbers of staff.

- Staffing levels were flexible to ensure they met the young people's individual needs. For example, extra staff may be deployed if a young person required accompanying to an appointment or with an activity.

Using medicines safely

- Medicines were managed safely. The home kept emergency supplies, such as oxygen and a defibrillator, securely stored and regularly checked
- The medicines were stored in an extremely secure way and there were very clear processes for ordering, administration and disposal.
- All staff completed training and regular competence checks and records of these were complete and up to date.
- There was a very clear process for medicines errors and medication reflections were completed following any error.
- Medicines counts were done daily and audits on a weekly, monthly and quarterly basis. Any issues were identified and followed up with appropriate actions.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The service ensured lessons were learned when anything went wrong.
- All incidents were recorded clearly and audited regularly. These were analysed by the provider for any patterns or trends and feedback was given to the individual homes on any follow up actions required.
- Reflective practice was done on a daily basis and staff support given immediately following any incidents. Staff were all open to learning lessons and continually improving their practice.
- The registered manager was receptive to any suggestions. For example, we suggested some of the language used in documents could be seen as 'victim blaming'. The registered manager immediately contacted the provider's best practice facilitator to arrange training for all staff in this area.

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

- Assessments were detailed, holistic and provided assurance the home was able to safely meet the complex presenting needs of the young person.
- Assessments took place over a length of time, with numerous meetings and discussions with the young person and professionals involved in their care.
- The registered manager was careful to look at the dynamics within the home and how a new person could fit in to the existing structure.
- Care plans included all relevant information about the person's care and support needs. They were written very much with the young person and included their views and wishes.

Staff support: induction, training, skills and experience

- Staff at Ashurst were extremely well supported. There was a thorough induction programme and on-going appropriate training throughout their employment.
- Appropriate and comprehensive training with regard to risk was completed by all staff.
- Staff we spoke with told us the service would source bespoke training, if requested or needed, to promote their professional development. One staff member said training is 'not just box ticking'. They felt training was person-centred and appropriate.
- Staff were encouraged to progress within their careers with the provider. One staff member, who had applied for a promotion and not been successful, showed us a plan provided by the provider. This was a comprehensive document outlining how to be successful in the future and offering support where experience and knowledge may be lacking.
- Staff were fully supported with supervisions, appraisals, debriefs following incidents, reflective practice and well-being interventions. All staff we spoke with felt the company was excellent in offering support.

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

- The young people were supported with nutrition and hydration. If there was an issue with this, it was fully recorded within the risk assessments and mitigation techniques and methods outlined.
- The young people were encouraged to shop for their own food, plan and cook their own meals. They also took responsibility for washing up after meals.

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

- Although there were a number of clinical staff within the company, who provided a significant amount of support, the service also worked with other agencies and professionals.

- The young people's social workers remained involved throughout their stay and visited them regularly.
- The young people were supported with health care appointments. Professional teams at the local hospital provided input and support when required.
- The service had contact with the local police when young people went missing to help ensure they were found in a timely way.

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

- The premises were homely, spotlessly clean, very well maintained and decorated.
- There was plenty space for people to maintain a safe distance when needed.
- The young people's rooms were personalised and pleasant.
- There was a good amount of outside space which the young people were able to make use of when the weather permitted.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The young people's care plans indicated their mental capacity and this was monitored constantly as it could fluctuate depending on their changing mental health status.
- There was evidence of best interests discussions and decisions when required and the documentation for these was clear.
- There was a staff member who was the MCA champion at the home, leading on all issues relating to this.

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

- The young people told us they were well treated and supported and we observed staff treating people with respect and compassion. One young person told us, "They [staff] actually care. Whenever I am going through a hard time, they spend time and listen. I haven't had people who listen. They give me more support than anyone else has."
- There was an equality and diversity champion amongst the staff, but all staff spoken with were committed and passionate about the way people should be treated.
- There was an LGBTQ notice board with lots of information and support for people with diverse identities.

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

- The young people were supported to be involved in all care planning, reviews and decision making.
- There was good evidence within all the care records of the young people's views and wishes being expressed and respected.
- Records were written 'to the young person' in a way they could understand what was written about them. This helped them to understand the rationales that underpinned why certain decisions had been made.
- House meetings took place regularly where 'mutual expectations' were agreed on. These expectations were outlined on a board for the young people to see and be reminded of whenever they needed to be.

Respecting and promoting people's privacy, dignity and independence

- The young people were given a certain amount of privacy, but understood the need to 'check in' with staff to ensure they were safe and well.
- Staff endeavoured to encourage the young people to do things for themselves and to think and talk about their actions. This helped them take responsibility for their own lives and to move forward positively. One young person told us, "The best thing about being here is the level of independence and freedom, [which is] more what I wanted."

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

- Care plans were personalised and included a high level of input from the young people with regard to their needs and preferences.
- There was 'getting to know you' information on one of the walls, with contributions from the young people. Regular one to one engagement and general discussions took place with the young people to ascertain their on-going needs, feelings and wishes.
- All the young people were consulted around the creation of a compassionate touch plan. They were supported to agree what physical touch they would tolerate and find acceptable and soothing when in emotional distress. This could be empowering for young people, many of whom had experienced sexual abuse and therefore may be triggered by physical touch. It also helped to set healthy boundaries for practitioners.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about each individual's various methods of communication.
- Some of the young people were able to verbalise their feelings, others opted to write in a book or wear a wrist band to indicate when they were feeling down or needed some intervention or support.
- One young person told us about their different ways they used to express their feelings. They told us, "It's hard to express my feelings, I get overwhelmed. We have an emotions box where we can write emotions and put them in." Another young person told us about the different coloured bands they used on their wrist, to express different needs and emotions. A third said, "I use text messages, write in a book or talk. I'm not afraid to speak up." Staff were aware of all the young people's communication methods.

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

- The young people were encouraged to maintain healthy relationships with family and friends. They were supported to manage any destructive or unhealthy relationships to help them maintain their own well-being.
- Staff supported the young people to follow their hobbies and interests, such as playing the piano, listening to music, going out for walks and drives. They also provided educational sessions which the young people

could participate in.

- One young person had secured an apprenticeship and was very happy to be doing this. They told us they had hosted a 'prom', attended by young people from this service as well as sister services. They had, with some support, managed the budget, invitations, flowers and cooked the food. This had been very positive with regard to their self-esteem.

Improving care quality in response to complaints or concerns

- There were no complaints recorded at the service but there was an appropriate procedure to follow and a log in place to record any issues.
- We saw a number of compliments given to the service. One professional had commented, "Very friendly and welcoming staff and environment. Specialist service and support being provided. Kept well informed of young person's progress via monthly reports, medical reviews and frequent emails."
- Another professional, during a Care Programme Approach meeting, stated the support was 'excellent' and the communication from the team to social worker was 'outstanding'.

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

- The culture at the home was positive and inclusive. All the young people were listened to and their individuality respected by staff. One young person said, "Here, you are not judged or seen as crazy. I have learnt a lot about myself by being here. I am happy here, it is the best placement I have been in. I'm not rushing to move out."
- Staff we spoke with felt the young people were listened to. One staff member said, "The young people say what works and doesn't which is good for relationships."
- Healthy boundaries were established between staff and the young people. A health professional told us that when they visited, "There appeared clear boundaries from the staff regarding how they worked with individuals, and were able to chat openly about how at times boundaries were needed to be re-established, to ensure the young person understood that they were caring staff, rather than friends."

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 understood the need to be open and honest. All staff, including managers, were encouraged to constantly reflect on their practice and supported to ensure standards continually improved.
- All the management team were aware of their responsibilities and were very committed to providing a high-quality service.
- The service responded positively to suggestions, concerns and comments made.

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

- The management and staff had a clear understanding of their roles and understood the requirements relating to these roles. There were well-defined guidelines for staff around maintaining professional boundaries whilst offering a good level of support.
- Notifications of untoward incidents were submitted to CQC as required.

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

- The staff engaged well with the young people, via one to one discussion, group meetings and informal chats.
- Staff reported being well supported by the management team and we saw evidence of staff support

following incidents, reflective practice, supervisions and team meetings.

- All staff felt confident to approach any of the managers to discuss concerns or make suggestions. One staff member told us, "The company responds well to feedback, a new version of the care plan has been implemented due to feedback. I can talk to anyone and make suggestions. I am well supported in my job. There is a good support network."
- Clinical staff were always on hand to ensure support for non-clinical staff when required.
- Health and social care professionals involved with the service were positive about the care and support offered. One health care professional told us, "I found the staff open and welcoming. The house was clean and warm, with presence of several staff. The young person described being happy with their care, they felt safe, yet with more responsibility given to them for their own safety, and saw this as a positive measure."

Continuous learning and improving care

- The provider had a number of audits and checks in place and the results of these were analysed to inform continual improvement to service provision. The audits included areas such as medicines management, documentation, environmental checks, incidents, accidents, safeguarding concerns and complaints.
- Feedback was sought regularly from the young people who used the service.