

# Heart of England Mencap

## Ash Grove

### Inspection report

56 Ash Grove  
Evesham  
Worcestershire  
WR11 1XN

Tel: 01789298709  
Website: [www.heartofenglandmencap.org.uk](http://www.heartofenglandmencap.org.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Ash Grove is a residential care home providing personal care to up to 6 people. The service provides support to younger people with a learning disability and autistic people. At the time of our inspection there were 8 people using the service. People were cared for in 1 adapted building with bedrooms over 2 floors.

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:

Staff supported people to be independent and have the maximum possible choice and control over their own lives. Staff provided people with care in the least restrictive way possible and in line with their best interests; the policies and systems in the service promoted this practice. The service worked with people to plan for when they experienced periods of distress so that their freedom was restricted only if there was no alternative. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had received training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs effectively and keep them safe. People were able to communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

#### Right Culture:

Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviour of the management and staff.

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 16 October 2018).

### Why we inspected

We received concerns in relation to the management of medicines and alleged financial and emotional abuse. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

### Recommendations

We have made a recommendation about submitting statutory notifications.

### 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ash Grove

## 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

This inspection was carried out by 2 inspectors and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ash Grove 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. 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 48 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider had sent us in the provider information return (PIR). This is information providers

are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We reviewed 5 people's financial records, 5 people's medication records and 4 people's care plans. We reviewed staff recruitment documentation and looked at a variety of records relating to the management of the service, including audits, policies, and procedures. We spoke with 1 person using the service and 4 family members/carers about their experience of the service. Following our inspection, we contacted 8 members of staff and the local authority to obtain their opinion on the quality of the service provided to people.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Prior to our inspection we received information about alleged financial abuse of people using the service. We checked records relating to finances of 5 people using the service. Effective systems were in place to ensure people's money was safe and they always had access to it when they wanted it. People and their relatives told us they had no concerns regarding people's finances. One person's relative told us, "They help [person] manage her finances. If [person] had a choice, [person]'d buy everything, they are teaching [person] priorities, toiletries etc. [Person] has a bus pass. [Person] sometimes goes to a charity shop and buys something."
- 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. A member of staff told us, "If I witnessed any abuse, I would report it to the manager straight away."
- The registered manager had investigated concerns raised and these were referred to the appropriate authorities.

Assessing risk, safety monitoring and management

- Care plans were updated with detailed guidance, so staff were able to support people safely. Some people had epilepsy and there was clear information about symptoms the person could display when they experienced a seizure. Care plans included clear instructions on which medicines to use for different seizures.
- Staff managed the safety of the living environment and equipment in it well through checks and actions to minimise risk.

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.

- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible.

#### Staffing and recruitment

- The service had a sufficient number of staff, including for one-to-one support. As a result, people were able to take part in activities and visits how and when they wanted. People received the right level of support. Our observations and records confirmed this. One person's relative told us, "There's always plenty of staff, been a few new ones in the last year."
- Staff were recruited safely. A range of pre-employment checks were carried out on all applicants to ensure they were fit and suitable. An enhanced check with the Disclosure and Barring Service (DBS) was mandatory for all applicants.
- Every person's record contained a clear one-page profile with essential information and 'dos' and 'dons' to ensure that new or temporary staff could see quickly how best to support them.

#### Using medicines safely

- Prior to our inspection we received concerns that people were administered double doses of their medicines. We reviewed 5 people's medicine administration records and multiple protocols for medicine administered as required (PRN). We found no evidence to support those allegations. People's relatives confirmed they had no concerns regarding the management of medicines. One person's relative told us, "Medicines are regimented, [person] has dosset boxes, the pharmacy make them up, they provide all tablets in the box. I fill in the form when she stays with us at the weekend. [Person] knows if something is not right, she'd tell you if not given medication."
- The service ensured people's behaviour was not controlled by excessive or inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

#### Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- Visits to the service were carried out in line with current government guidance.

#### Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near-misses which helped keep people safe.
- There were systems in place to review and learn from any incidents.
- Although there were hardly any incidents within the service, when these did occur, they were appropriately recorded and reported. Incidents were reviewed by the registered manager and any learning was shared with the staff team.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Training records confirmed staff had received training on equality and diversity.
- Staff saw people as their equal and created a warm and inclusive atmosphere. One person's relative told us, "He likes a laugh and a joke, carers carry on with him, that's [person]."
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities.

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

- Staff supported people to express their views using their preferred method of communication. Staff took their time to understand people's individual communication styles and develop a rapport with them.
- People's views and choices about their care were sought and documented within their care records. We saw evidence that staff considered people's preferences and promoted their choice. For example, people's views were recorded about what food and drink they liked and the activities they liked to attend.
- People were supported to access independent, good quality advocacy.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this. People moved freely around the service and were able to spend time alone in their bedroom when they wished.
- Staff protected and respected people's privacy and dignity. We observed staff supporting and speaking with people in a respectful and engaging manner. A member of staff told us, "I always tell them what I'm doing and make sure it's okay to do so."
- Information about people was kept confidential. We saw information about people was stored securely in the office.

# 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. The rating for this key question 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

- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. A member of staff told us, "I am able to raise my concerns with my registered manager, service manager and deputy manager, they are easy to go to."
- Managers and staff put people's needs and wishes at the heart of everything they did. People's relatives were positive about the support provided by Ash Grove and people's outcomes. For example, 1 person's relative told us how staff managed to identify a specific condition that made the person anxious.

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

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The provider and registered manager were aware of their responsibilities to act openly, transparently and apologise if things went wrong.

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

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff were able to explain their role in respect of supporting individual people without having to refer to documentation.
- We saw that the service provider had submitted statutory notifications as required. A statutory notification is information about important events, which the provider is required to send us by law, such as allegations of abuse and serious injuries. However, on one occasion the notification was submitted 2 months after allegations of abuse had been raised by a member of staff. This incident was fully investigated by the provider with witness statements obtained and the alleged victim interviewed. There was no impact of the delayed submission on the safety of the alleged victim.

We recommend the provider submits statutory notifications without delay.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and those important to them worked with managers and staff to develop and improve the service. People's relatives told us they were able to discuss good and bad practice at the service. One person's relative told us, "I have not come across bad practice. Only good, we agree as a team. They got ideas and I got mine to help [person]."
- Team meetings also took place and records of the meetings were reviewed. A member of staff told us, "Team meetings are needed to discuss all aspects of Ash Grove. We benefit from them by being kept updated."
- People and their relatives were offered annual reviews of people's care and support.

Continuous learning and improving care; Working in partnership with others

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The provider worked in partnership with the local authority and a number of different health and social care professionals to meet people's needs.