

Milewood Healthcare Ltd

Ash Tree House

Inspection report

24 The Bungalows
Grangetown
Middlesbrough
Cleveland
TS6 7SQ

Tel: 07970810947

Date of inspection visit:
16 March 2016

Date of publication:
06 May 2016

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

We inspected Ash Tree House on 16 March 2016. This was an announced inspection. We informed the registered provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we wanted to make sure the people who lived there would be in when we visited.

Ash Tree House is situated in a residential area of Grangetown, Middlesbrough. The service is a residential care home that provides care and support for up to three people with a learning disability. There are three flats within the property all with bedroom, kitchen facilities and en-suite bathroom. There is a communal lounge/diner and a kitchen and office on the ground floor as well as one flat. The additional two flats are on the first floor.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe. Staff were able to tell us about different types of abuse and were aware of the action they should take if abuse was suspected. There were systems and processes in place to keep people safe. Appropriate checks of the building and maintenance systems were undertaken.

Each person had an assessment of their individual needs which identified any risks. Risk assessments were in place to reduce the risks identified and covered areas such smoking, going out in the community, choking and behaviour that challenged. Person centred plans were developed with people who used the service to identify how they wished to be supported and looked after.

Staff told us that they felt supported by the registered manager, deputy managers and the registered provider. There was a regular programme of monthly staff supervision in place and appraisals took place on an annual basis. Records of supervision were detailed and showed the registered manager and the deputy managers discussed with staff their performance and development needs.

Staff had been trained and had the skills and knowledge to support the people they cared for. People told us and we observed there were enough staff on duty to provide support and ensure that their needs were met. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

People told us they were happy and well looked after. There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion and humour, were patient and gave encouragement to people.

We saw that people were involved in planning the menus and were provided with a choice of healthy food and drinks. People were also involved in shopping for and cooking the foods they had chosen. Staff had undertaken nutritional screening to identify specific risks in relation to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. People had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

People's independence was encouraged and they were involved in making decisions about the activities they would like to take part in. Staff encouraged and supported people to access activities of their choice within the community.

At the time of the inspection nobody was using an advocate, but procedures were in place to arrange this should one be needed.

The registered provider had a complaints policy and procedure. People told us they knew how to complain and felt confident that staff would respond and take the appropriate action.

The registered provider had effective quality assurance systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and supportive culture. We saw that the registered provider and the registered manager carried out regular audits of the service and an action plan would be put in place where improvements were needed. We saw the registered provider sought feedback from both people who used the service and the staff and relatives.

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 

Is the service safe?

Good

The service was safe.

Staff knew how to recognise potential abuse and said that they would report any concerns regarding the safety of people to the registered manager.

There were sufficient staff on duty to meet people's needs. Safe and robust recruitment procedures were in place.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Is the service effective?

Good 

Is the service effective?

The service was effective.

Staff had been trained and had the knowledge and skills to support people who used the service. Staff received regular supervision and appraisal. Staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with a choice of healthy and nutritional food and staff had undertaken nutritional screening to identify specific risks.

People had access to healthcare professionals and services. People had a hospital passport.

Is the service caring?

Is the service caring?

This service was caring.

People were offered support by caring professional staff who respected their privacy and dignity. The staff were friendly and supportive to people.

Staff took time to speak with people and to engage positively with them.

People were encouraged to be independent but offered support when needed. People were involved in making decisions about their care. The staff in the service knew people well, what they needed and how they wanted their care to be provided.

Good ●

Is the service responsive?

Is the service responsive?

The service was responsive.

People were assessed and were involved in decisions about their care and support plans. These plans were person centred and reviewed on a regular basis.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities which they had chosen.

People we spoke with knew how to make a complaint or raise a concern. They were confident their concerns would be dealt with and a response given.

Good ●

Is the service well-led?

Is the service well-led?

The service was well led.

The service was well-led. Staff told us they were well supported by their registered manager, registered provider and deputy managers and felt able to seek advice and support at any time and through monthly one-to-one meetings and staff meetings.

There were effective quality assurance systems in place. Staff

Good ●

told us that the home had an open, inclusive and supportive culture.

There were effective systems in place to seek feedback from the people who used the service and the staff.

Ash Tree House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

An adult social care inspection manager visited Ash Tree House on 16 March 2016. This was an announced inspection which meant that the staff and provider knew that we would be visiting. We gave the registered provider short notice (the day before) that the inspection would be taking place.

Before the inspection we reviewed all the information we held about the service. We did not ask the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection there were two people who used the service. We spoke with both people who used the service. We also spoke with the registered manager, one of the directors from Milewood Health Care Limited, two deputy managers and two support workers. Before the inspection we contacted a social worker who was linked to one of the people who used the service to find out their views.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We looked at both people's care records, six recruitment records, the training chart and training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. One person told us, "Yes of course I feel safe here." Another person said, "I like the staff I feel safe with them."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and staff told us they had seen and read them. This ensured staff had the necessary knowledge and information to keep people safe and protect them from abuse. The staff we spoke with were aware of the different kinds of abuse and what to do/who to go to, if they suspected or witnessed abuse

The registered manager said abuse and safeguarding was discussed with staff during monthly supervision and staff meetings. Staff we spoke with confirmed this and they told us they had completed safeguarding training. We also saw records to confirm this. Staff told us that they felt confident in whistleblowing (telling someone) if they were concerned.

We saw records of weekly checks on water temperature of baths, showers and hand wash basins. We saw that water temperatures were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler and fire extinguishers. We saw measures were in place to minimise the risk of legionella. This showed that the registered provider had developed maintenance systems which would help protect people who used the service.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for people who used the service. A PEEP is to provide staff and emergency workers with the necessary information to evacuate people who need support to leave the building in the event of an emergency. Staff told us they knew what to do and how to help people in the event of an emergency..

People had risk assessments which were reviewed on a regular basis. Risk assessments were tailored to meet the needs of the individual and covered areas such as smoking, going out in the community and behaviour that challenged. This helped staff to keep people safe from harm. The registered manager and staff told us that they strived to minimise risk whilst promoting and maintaining independence. We spoke with staff who were aware of the risks to people and the steps they needed to take to protect people.

We looked at two staff files which demonstrated that the registered provider had a robust and effective recruitment system. The files we looked at included an application form, interview notes, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

From what we saw and the people and staff members we spoke with, we could see there were enough staff with the right experience and skills to meet the needs of the people who used the service. At the time of the inspection there were two people who used the service. During the day and evening there were two staff members on duty. On night duty there was one staff member who went to bed and slept, however, could be called upon if needed. The deputy manager only lived a few minutes away from the service and they told us they could be called if needed. The registered manager told us that staffing was dependent on the people who lived at the service however generally they worked on a one staff to three people ratio. At the time of the inspection one person required staff on a one to one basis and this was provided. We saw when people needed help and support that staff were available. When people who used the service asked to go out staff were available to take them. We saw during the day of the inspection visit both people went out at different times when they requested to.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. Medicines were kept in a locked cupboard in each person's flat and administered there with the person as needed.

We checked the medicine administration records (MAR) together with receipt records and we saw that people received their medicines correctly. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. People told us they received their medicines on time and they knew what their medicines were for.

All staff who administered medication had been trained and their competency was checked by observation on an annual basis and in addition the registered manager would observe practice of individuals on an ad-hoc basis. Staff confirmed this.

Additionally there was written guidance available to support staff handling medicines to be given 'as required'.

Arrangements were in place for the safe and secure storage of people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that any medication errors would be picked up and actioned and that people received their medicines as prescribed.

Is the service effective?

Our findings

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Is the service effective?

Good

Our findings

The two people we spoke with during the inspection told us that staff were effective and knew how to support them. One person said, "They are very good they know how to support me."

Staff had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they had completed mandatory training and other training specific to their role. We saw that staff had completed training considered to be mandatory by the service. This included: safeguarding vulnerable adults, fire, infection control, medicines administration, health and safety, moving and handling and working with people with challenging behaviour. We viewed the staff training records and saw staff were up to date with their training. We saw that staff had also undertaken additional training in care planning, epilepsy, equal opportunities and diabetes. Where there were gaps in training plans were in place to update.

Staff we spoke with during the inspection told us they felt well supported and that they had supervision on a monthly basis. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. Staff worked across the three services in the area owned by the registered provider and those staff eligible had received an annual appraisal. We spoke to one member of staff who told us that they had commenced work a month before and had completed a week long induction. This included reviewing the service's policies and procedures, completing training in among others fire, MAPPA (multi agency public protection arrangements) and safeguarding. They told us that they also met people who used the service and shadowed more experienced staff.

One staff member told us, "We get a lot of support, managers always available, got a good working team." Another staff member told us, "whenever I need support deputy managers or [registered manager] will come, always there if I need them even if they are not on shift."

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act 2005 (MCA). 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. The registered manager and staff that we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA and how to undertake decision specific capacity assessments and when people lacked capacity to make 'best interest' decisions.

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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of the inspection there was one person who was subject to a Deprivation of Liberty Safeguarding (DoLS) order and this had been reviewed in February 2016 when they had transferred from another service. There were no conditions attached. Staff we spoke with had a good understanding of DoLS.

Staff told us that menus were decided with people who used the service every Sunday. We saw an example of the menus recorded in the persons file and also a pictorial menu which one person had done. They showed us the menu on the wall which was in pictures and words and they told us they were proud of it. We saw that people were provided with a varied selection of meals. People who used the service were helped with the preparing and cooking of all meals in their own flat. The registered manager and staff told us that staff and people who used the service go shopping for food together. Staff said that they tried to encourage people to have a healthy diet however sometimes the person wanted a takeaway or snack that was their choice so healthy food and lifestyle was encouraged but not forced upon people. Staff told us and people confirmed that they had takeaway of their choice every Friday. On the day of the inspection we saw that people went food shopping with staff. One person told us, "they try to promote healthy eating, I do like a takeaway, a London pizza," which they explained was a pizza with chips in it. Another person said, "my favourite is pasta with garlic." Staff told us that they also do taster sessions with people so they can try new foods and people confirmed this.

We saw that staff monitored people's weight. We asked the staff what risk assessments or nutritional assessments had been used to identify specific risks with people's nutrition. Staff told us that they closely monitored people and completed nutritional assessment documentation. We saw that staff completed the Malnutrition documentation (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese.

People were supported to maintain good health and had access to healthcare professionals and services.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician, GP and podiatrist.

People had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Is the service caring?

Our findings

The two people who used the service told us that they were very happy with the care, the staff and the support they received. One person said, "Very pleasant, very caring, very understanding." This person also said, "Done me a lot of good moving here I'm a changed person."

During the inspection we sat in the communal lounge/dining area and observed the interactions between staff and people who used the service. There was a lot of laughter and banter over the day and it was clear that people who used the service were very comfortable with staff and had a good and friendly relationship with them. One person who used the service had pet names for staff. One person told us, "I am more happy and content, they treat me with respect and they always try to guide me in the right direction." We saw that staff interacted well with people and provided them with encouragement. Staff treated people with dignity and respect. We saw that staff took time to spend with people and encouraged and supported them. One staff member told us, "I love my job, love the clients." Another staff member said, "Every day is different, amazing I love my job." Another staff member told us, "Really rewarding I love my job, helping service users to get back on their feet, I have a positive attitude, positive day, positive service users." And another staff member told us, "The best thing is working with the service users when you see them enjoying themselves, you do, and you go home feeling you've achieved something."

During the visit one of the directors from the company visited and it was clear from the welcome they received from the people who used the service that they knew them well. The director took one person out for a coffee to a local supermarket and when they returned the person had bought flowers for a parent they were seeing the following day and a CD. They were clearly pleased with these purchases and the trip out. The staff told us that it was not unusual for senior people from the company to come out and see people and interact with them. We spoke with the director and they said that this was something they would do in all the services and that they get to know the people and undertake regular visits to all their services. Staff on duty and the people who used the service confirmed this. The people who used the service asked the director for a computer for the service. The director agreed to this as they felt this could have health benefits and gave the example of the Wii fit. This showed that staff cared about the people who used the service. The registered manager and staff that we spoke with clearly knew people well. It was evident from discussion that all staff knew their personal history, preferences, likes and dislikes. We saw that people chose how to spend their day and had choices over things like meals and activities and how they spent their time and who with.

Staff encouraged people to maintain relationships with family and friends and one person told us they were looking forward to seeing a relative very soon. We witnessed one person telephoning their relative which they told us staff encouraged and they appreciated.

We saw that people were supported in the decisions they made throughout the day and how they spent their time.

Staff told us how they respected people's privacy and dignity. They said that where possible they encouraged people to be independent and make choices. One staff member said, " They told us how they respected people as individuals and decisions that they made. During the inspection we witnessed a staff member telephoning the director and asking to speak to the person they had taken out. They then asked the person if they had permission to go into their room and put their shopping away for them. This meant

that the staff respected people's privacy and dignity.

When we spoke to a social worker connected with the service they told us that one person who had moved into the service had been encouraged and supported to have a healthier diet and the staff had helped them in food preparation and taking more exercise. They said, "The staff have been great." They also said that the staff had, "a real positive impact" for the person who used the service. This meant that the staff encouraged and supported people who used the service to adopt a healthy lifestyle and diet.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

Staff and people told us that activities were planned each week with the person on a one to one basis for the following week. One person told us, "I like to go to the cinema, Stockton market and Middlesbrough." During the day of inspection we saw this person go out to the market and came back and was keen to show the staff their purchases. Another person told us they liked fishing, going to visit relatives, cards and computer games and going out for a pint. During the inspection we saw this person on a couple of occasions playing cards with the staff and they told us they wanted to beat one particular member of staff because they always won. The games that followed and went on throughout the day caused a great amount of laughter and friendly banter mostly initiated by the person who used the service.

Staff told us that people liked to go out in the community and take part in various personal interests. We were told how people liked to go shopping, play football and go for a coffee or a pint.

While the director was in the service the people who used the service requested a computer to play computer games and the director agreed to look at purchasing one for them.

During our visit we reviewed the care records of one person who used the service. This person had an assessment, which highlighted their needs. Following assessment person centred plans had been developed with people who used the service. Person centred planning provides a way of helping a person plan all aspects of their life and support. The aim of this type of plan is to ensure that people remain central to any plan that may affect them care and support plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. People told us they had been involved in making decisions about care and support and developing the person centred plans.

When we spoke to a social worker connected with the service they told us that a person who used the service had been anxious about moving from another similar service to Ash Tree House. They liked to take part in some sports but were self-conscious and the staff came up with solutions so that they could practice at the home before joining in the community. The social worker said, "This was refreshing for staff to come up with suggestions."

Staff demonstrated they knew people well. They knew about each person and their individual needs including what they did and didn't like. Staff spoke of person centred planning. Staff were responsive to the needs of people who used the service.

Staff told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff told us they had undertaken training in first aid. We saw records to confirm that this training was up to date. Staff we spoke with during the inspection confirmed that this training had provided them with the necessary skills and knowledge to deal with a medical emergency. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

Staff told us people who used the service were given a copy of the easy read complaints procedure when

they moved into the service. We looked at the complaint procedure, which informed people how to make a complaint. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager, deputy managers or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff.

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously.

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Discussion with the registered manager confirmed that any concerns or complaints were taken seriously.

Is the service well-led?

Our findings

The service has a registered manager. They were also responsible for the management of two other nearby care homes owned by the provider. Staff and people who used the service told us that the registered manager was supportive and approachable. A staff member we spoke with said, "We are very much supported, [registered manager] is the type of person who would be there for you day or night, and the management team." Another staff member said, "They treat me like I make a difference and then I will make a difference, they give me confidence."

One person who used the service said, "Yes [registered manager] is very helpful, very professional." Another person said, "[registered manager] is good, supportive and always there."

The registered manager told us as they were responsible for the management of three services. In addition there were two deputy managers to support with the management of the service. We spoke with the deputy managers who were very clear of their roles and responsibilities. The registered manager said, "Leadership here is firm but fair...I need good staff, the service users are my priority and keeping everybody safe." The registered manager also told us that the company were expanding and they were planning to expand the service by two more flats to accommodate a total of five people but would go no bigger than that. The registered manager told us about their values which were communicated to staff. The registered manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. They told us that they had an open door policy in which people who used the service and staff could approach them at any time. The registered manager told us the importance of good team work

Staff we spoke with said that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Observations of interactions between the registered manager and staff showed they were open, inclusive and positive. We saw that they provided both support and encouragement to staff in their daily work. The views of people who used the service and staff were sought at both regular meetings and in surveys. We were provided with a copy of the questionnaire being sent out to people and relatives for 2016 and this was an easy read document and responses were indicated by a smiley face for a positive response and a range in between down to a sad face for a negative response.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that staff meetings took place monthly and that they were encouraged to share their views. We saw records to confirm that this was the case. The registered manager told us that they also had meetings with the deputy managers bi-monthly and the deputy managers confirmed this. Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.

We found that the registered manager and staff had a good and effective quality assurance process in place. The registered manager told us of various audits and checks that were carried out on the environment and

health and safety. We saw records of audits undertaken which included infection control audit six monthly, medicines monthly and operations and health and safety alternate months. This helped to ensure that the home was run in the best interest of people who used the service.

The registered manager told us that senior management, (the registered provider) carried out regular visits to the service to monitor the quality of the service provided. We saw records of these visits which always included speaking to staff and the people who used the service and health and safety, safeguarding and complaints. The last visit was February 2016. We saw evidence of action plans as a result of these visits.