

Milewood Healthcare Ltd

Ash Tree House

Inspection report

24 The Bungalows
Grangetown
Middlesbrough
Cleveland
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Tel: 01642456962

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Ratings

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

Summary of findings

Overall summary

About the service

Ash Tree House is a residential care home providing accommodation to people who require personal care for up to 6 people. The service provides support to younger and older adults who have a learning disability and/or autistic people. At the time of our inspection there were 3 people using the service.

People's experience of the service and what we found:

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.

Right Support

Staff supported people to have the maximum possible choice, control and independence and they supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff focused on people's strengths and promoted what they could do. Staff supported people with their medicines in a way that promoted their independence and achieved positive health outcomes. People had a choice about their living environment and were able to personalise their rooms. The service did not always provide people with care and support in a safe, clean, well equipped, well-furnished and well-maintained environment. However, an extensive refurbishment plan was in place with work due to commence in January 2024. The registered manager took action to address immediate issues.

Right Care

Staff understood how to protect people from poor care and abuse. Staff had 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 and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Risks to people were assessed. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

There was a positive and open culture at the service where the registered manager led by example. Staff knew and understood people well and were responsive, supporting them to live a quality life of their choosing. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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

Rating at last inspection

The last rating for this service was Good (report published 10 September 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and the time since the last inspection.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Recommendations

We have made a recommendation in relation to infection, prevention and control and maintaining a clean, safe environment.

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Ash Tree House

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

The inspection team consisted of 1 inspector.

Service and service type

Ash Tree House 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. Ash Tree House 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 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

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

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. We used the information the provider 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 engaged with all 3 people who lived at the service and spent time observing and listening to interactions between people and staff. We spoke with the registered manager, regional manager, acting manager, deputy manager and a senior support worker.

We conducted a visual inspection of the building and looked at a wide variety of records. These included people's care and medicine records, monitoring documentation, staff files and audits used to monitor the service.

Following the inspection site visit we contacted 2 relatives to ask their views on the service provided. We also spoke with a further 2 support workers.

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. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. Any safeguarding investigation reports were shared with the local authority and CQC.
- Staff had received safeguarding training and were aware of the process to follow if they had any concerns.
- People felt safe living at Ash Tree House. A relative told us, "I think it is very safe. [Person's name] appears to be very happy living at Ash Tree House."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well, promoting positive risk taking. Staff followed guidance and took action to mitigate any identified risks.
- People were aware of risks posed to them and understood why risk management plans were in place.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. The registered manager investigated incidents and shared lessons learned.

Staffing and recruitment

- There were sufficient staff on duty to ensure people received the support they required.
- Support was provided by a consistent team of staff who knew people well.
- Safe recruitment processes were followed. All appropriate pre-employment checks had been completed prior to employment commencing. This included new staff shadowing experienced staff to ensure they were familiar with people and their needs.

Using medicines safely

- Medicines were stored, recorded and administered safely.
- Staff had received medicines training and had their competencies assessed.
- People had an understanding of the medicines they took and why they needed them. Regular medicines reviews had taken place with relevant professionals.

Preventing and controlling infection

- People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices.
- We found items, such as bedding that needed replacing and areas of the service that were old and worn which would prevent effective cleaning. We discussed this with the registered manager. Immediate action was taken to address the bedding issues. The regional manager provided us with a copy of the provider's

refurbishment plan which evidenced plans in place to address the shortfalls found.

We recommend the provider takes action to ensure items are replaced where required, and effective audits are implemented to ensure good infection, prevention and control practice.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Is consent to care and treatment always sought in line with legislation and guidance?

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the MCA. Best interest decisions were in place and where needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has 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

- There was a positive and open culture at the service. People and relatives spoke positively of the staff team and the support provided.
- The provider had systems to provide person-centred care that achieved good outcomes for people. Records demonstrated how people had been supported to meet their goals.
- Observations showed people and staff had built positive relationships. People engaged openly with staff and the registered manager throughout the inspection. One person said, "[Registered manager] has been here years. She knows everything that one! And she never forgets anything."

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 their responsibilities under the duty of candour.

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

- The provider had a clear management structure in place that monitored the quality of care provided.
- Audits had been completed on a regular basis. Staff were encouraged to take ownership of embedding improvements whilst improving their own knowledge and skills.
- Staff spoke highly of the registered manager and their approach. Comments included, "[Registered manager is good. She has quite a lot to deal with but she is good at delegating and having oversight. I have been able to learn a lot from her. And I like that she is 'hands on' so she knows all the residents really well."

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Regular 'residents meetings' took place where people were encouraged to express their wishes in relation to meals, activity and décor of the home. Their views had been listened to and acted upon. One person explained how they wanted a buffet on Boxing Day so staff had been supporting them to purchase items for this.
- The provider often held events for people who used their services, and these were used to encourage people to build new friendships and be actively involved in the community.

Continuous learning and improving care; Working in partnership with others

- The provider had created a learning culture at the service which improved the care people received.
- The registered manager had a support network which included a regional manager, acting manager and deputy managers. They all worked well together to drive forward improvements across all homes they were responsible for.
- The home had good links with other professionals. They worked together to ensure people's needs were met. Advice provided by professionals had been listened to and actioned.