Milewood Healthcare Ltd

Ash Tree House

Inspection report

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Tel: 07970810947

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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

This inspection took place on 20 August 2018 and was announced. 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 and we wanted to make sure the people who lived there would be in when we visited.

The service was last inspected in March 2016 and was rated good. At this inspection we found the service remained good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Ash Tree House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It accommodates up to five people with a learning disability in one adapted building. At the time of our inspection five people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications.

Risks to people were assessed and actions taken to reduce the chances of them occurring. The premises were clean and tidy and the provider had effective infection control processes in place. Plans were in place to support people in emergency situations. People were safeguarded from abuse. Medicines were managed safely. There were enough staff at the service to keep people safe. The provider's recruitment processes reduced the risk of unsuitable staff being employed.

People's support needs and preferences were assessed before they started using the service to ensure Ash Tree House could provide the care they needed. Staff were supported with regular training, supervision and appraisal. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported with food and nutrition. Staff at the service worked closely with a range of healthcare professionals to monitor and promote people's health. The premises had been adapted for the

safety and comfort of the people living there.

People spoke positively about staff at the service and said they received caring support. Throughout the inspection we saw staff providing kind and compassionate care. Staff were supported to maintain their independence and live as full a life as possible. People were treated with dignity and respect. People were supported to access advocacy services where needed.

People received personalised support based on their assessed needs and preferences. Support plans were regularly reviewed to ensure they reflected people's current support needs. People were supported to access activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints. At the time of our inspection nobody at the service was receiving end of life care. Policies and procedures were in place to arrange this should it be needed.

The provider and registered manager carried out several quality assurance audits of the service to monitor and improve standards. Feedback was sought from people, relatives and staff. The service had links with a number of community agencies and organisations for the benefit of people living at the service.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 was planned to check 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.

This inspection took place on 20 August 2018 and was announced. 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 and we wanted to make sure the people who lived there would be in when we visited. The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team, other professionals who worked with the service to gain their views of the care provided by Ash Tree House.

We spoke with three people. We did not use the Short Observational Framework for Inspection (SOFI) as people were able to speak with us. SOFI is a way of observing care to help us understand the experience of people cannot always communicate verbally.

We looked at two care plans, two medicine administration records (MARs) and handover sheets. We spoke with six members of staff, including the registered manager, deputy manager, an area manager and support workers. We spoke with one external professional who works with the service. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Good

Is the service safe?

Our findings

Policies and procedures were in place to keep people safe. Risks to people were assessed and actions taken to reduce the chances of accidents or incidents occurring. These encouraged positive risk taking, whereby people were supported to live as full a life as safely as possible. Assessments were regularly reviewed to ensure they reflected people's current level of risk. Accidents and incidents were monitored to see if changes could be made to help keep people safe.

Regular checks of the premises and equipment were carried out to ensure they were safe to use. During our inspection we saw a door being repaired to ensure it was safe. Relevant maintenance and safety certificates were in place, including for gas and electrical safety.

The premises were clean and tidy and the provider had effective infection control processes in place. People were included in cleaning their own rooms, and communal areas were regularly deep cleaned. One person told us, "I've just been having a tidy up. I like it clean."

Plans were in place to support people in emergency situations. These included personal emergency evacuation plans (PEEPs) and a provider contingency plan to help provide a continuity of support if the service was disrupted.

People were safeguarded from abuse. The provider's safeguarding policy contained guidance to staff on the types of abuse that can occur in care settings and how these should be reported. Staff told us they would not hesitate to report any concerns they had. One member of staff said, "I'd report any safeguarding concerns straight away." Records confirmed that incidents were dealt with in line with the provider's policy and appropriately reported.

Medicines were managed safely. Staff received medicines training and we saw them encouraging people to be actively involved in managing medicines. For example, we saw staff encouraging one person to rub some cream into their arm for themselves. Details of people's medicine support needs were recorded in support plans and medicine administration records (MARs). MARs we looked at had been appropriately completed without errors.

There were enough staff at the service to keep people safe. We asked one person if there were enough staff and they smiled and gave a thumb up gesture. A member of staff we spoke with said, "I'd say there are enough staff. It's busy with things coming up but it all gets covered." Staffing levels were based on the assessed level of support people needed, which was regularly reviewed. For example, rotas we looked at showed additional staff worked when people were supported to go out to appointments.

The provider's recruitment processes reduced the risk of unsuitable staff being employed. Applicants were required to complete an application form and employment history, attend an interview, provide reference details and complete a Disclosure and Barring Service Check (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults.

Good

Is the service effective?

Our findings

People's support needs and preferences were assessed before they started using the service to ensure Ash Tree House could provide the care they needed. These assessments involved people, their relatives and other professionals involved in supporting them. An external professional we spoke with said staff at the service were good at sharing knowledge on people's support needs.

Staff received a wide range of training to ensure they had the knowledge and skills to meet people's assessed needs. This included training in first aid, manual handling and supporting people with behaviours that can challenge. Records showed that training was either up-to-date or planned, and was regularly refreshed to ensure it reflected the latest knowledge and best practice. One member of staff told us, "The training is really good, and it gets refreshed every year."

Staff were supported with regular supervision and appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of meetings showed they were used to discuss staff knowledge and welfare. One member of staff said, "They're really good. I can get off my chest what I need to."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The 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. At the time of our inspection nobody at the service had an authorised DoLS in place but applications had been made for people where staff felt these were needed. Detailed records of best interest decisions made on people's behalf were in place. Throughout the inspection we saw people being offered choices and staff we spoke with understood the principles of the MCA.

People were supported with food and nutrition. People's nutritional support needs and preferences were recorded in their support plans. Where necessary people were regularly weighed and had their nutritional health monitored. People were supported to maintain their independence by deciding what they wanted to eat and cooking for themselves.

Staff at the service worked closely with a range of healthcare professionals to monitor and promote people's health. These included consultant psychiatrists, learning disability nurses and community nurses. One external professional told us, "[Named person] has a fairly complex presentation, and they always make themselves available for reviews and assessments"

The premises had been adapted for the safety and comfort of the people living there. Each person had their own 'flat' within the building, consisting of a studio lounge and kitchen, bathroom and bedroom. We looked in two people's rooms with their permission and saw they had been decorated and adapted to their own taste. One person said, "I chose the wallpaper." Appropriate signage and décor was seen in communal areas.

Good

Is the service caring?

Our findings

People spoke positively about staff at the service and said they received caring support. One person told us, "The staff here are good. I like it here, it's good." Another person said, "I like it here, the staff are nice."

Throughout the inspection we saw staff providing kind and caring support. We saw one person telling staff about the trip they were taking to town to do some shopping later that morning. They discussed what the person wanted to buy and which shops they would visit. When staff supported the person to get their wallet and money ready for the trip staff joked, "don't go wild!" and the person laughed and promised they wouldn't. We saw another person sitting and relaxing in the communal lounge. A member of staff chatted with them about things they might like to do that day, but the person said they wanted to have a day "chilling" on the sofa. Staff then joked that if the person was bored they might like to work in the office for the day, which the person laughed at. Later in the day we saw one person becoming anxious. Staff sat with them and had a lengthy conversation about what was worrying them and reassuring them that everything would be okay.

Staff were supported to maintain their independence and live as full a life as possible. Throughout the inspection we saw people coming and going from the home to visit shops, services and relatives. People who said they would like to work were supported by staff to look and apply for jobs. Where people were in relationships staff supported them to see their partners and answered any questions they had on sexual health and wellbeing. The provider's 'service user charter' provided people with information on how transport would be arranged to help them attend religious services should they wish to.

People were treated with dignity and respect. Staff had close and friendly relationships but professional relationships with people. People's rooms were treated as their own flats by staff, who knocked and waited for permission before entering. People's confidentiality was maintained by staff, who only discussed their support needs away from communal areas where they would not be overheard.

One person was using an advocate at the time of our inspection, and details of this were included in their care records. Advocates help to ensure that people's views and preferences are heard. The registered manager told us how people would be supported to access advocacy services should they be needed.

Good

Is the service responsive?

Our findings

People received personalised support based on their assessed needs and preferences. An external professional told us, "I've found them to be responsive."

Support plans included detailed guidance on the help people needed and how they wanted this to be provided, including tasks they would like to complete themselves. These included areas such as social skills, personal relationships, daily living skills, personal care, choice and managing behaviours that can challenge. For example, one person's daily living skills plan stated they would like to learn how to use the washing machine for themselves and how this would be done.

Support plans were regularly reviewed to ensure they reflected people's current support needs and preferences. People were actively encouraged and supported to take part in these reviews to ensure their voice was heard. We saw records of one person taking part in a review, where photographs had been taken of them at the meeting. They would be shown the photographs at the next review to help remind them what review meetings were. Photographs also showed their achievements over the review period, for example a picture of them cooking a meal.

People were supported to communicate so they could participate in their care as fully as possible. Communication support needs were assessed when people started using the service, and the information used to help people communicate effectively. For example, one person had some pictorial prompt cards in place that they looked at when they were feeling anxious. This helped to remind them to relax and not worry. Documents such as feedback surveys, emergency evacuation routes and the complaints procedure were available in an easy read format.

People were supported to access activities they enjoyed and were free to choose how they wanted to spend their time. One person told us, "I'm off to Redcar." Another person said, "I'm going out later today to do some shopping." Sometimes people enjoyed doing group activities or trips out together, including to local attractions and amenities.

Policies and procedures were in place to investigate and respond to complaints. No complaints had been received since our last inspection of the service.

At the time of our inspection nobody at the service was receiving end of life care. Policies and procedures were in place to arrange this should it be needed.

Good

Is the service well-led?

Our findings

There was a registered manager in place, who had been registered since 2015. 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.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications.

People knew the registered manager and spoke positively about them. One person said, "[Registered manager] is nice." Staff also spoke positively about the registered manager and leadership of the service. One member of staff said, "Management is really good. It runs and works well."

The provider and registered manager carried out several quality assurance audits of the service to monitor and improve standards. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included checks of medicines, infection control, health and safety and monthly visits by an area manager. Remedial action was taken and recorded to address any issues identified.

Feedback was sought from people, relatives and staff using in regular surveys and meetings. Where issues were raised, action plans were put in place to address them. For example, new furniture had been requested in the last survey of people and during the inspection we saw staff discussing with people what kind of sofa and chairs they would like. One member of staff told us, "We have staff meeting once a month. They're useful as you can raise issues."

The service had links with a number of community agencies and organisations for the benefit of people living at the service. One person was being supported to apply for a course at a local college, which they were starting later in the year. Staff worked closely with local mental health agencies to help people live as independently as possible, for example by accessing local clubs and day services.