

# Milewood Healthcare Ltd

# Rowan House

## Inspection report

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

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.

### About the service

Rowan House is a residential care home providing personal care to 3 people at the time of the inspection. The service can support up to 9 people.

### People's experience of using this service and what we found

#### Right Support

Staff supported people to have the maximum possible choice, control and independence. People took part in activities and pursued their interests in their local area. People were encouraged by staff to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

#### 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. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

#### Right Culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff placed people's wishes, needs and rights at the heart of everything they did.

We have recommended the provider reviews their quality assurance systems to ensure all risks are identified and actioned in a timely manner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

This service was registered with us on 09/12/2020 and this is the first inspection.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Rowan 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.

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

One inspector, an inspection manager and a member of the CQC medicines team carried out the inspection.

#### Service and service type

Rowan House 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 sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does 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 one person who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the deputy manager. We observed interactions between staff and people who lived at the home, to try to understand people's experiences of living at the home.

We reviewed a range of records. This included three people's care records and three 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. We walked around the building to check that it was appropriately maintained and promoted a safe living space for people.

#### After the inspection

We made a referral to our partners in the fire service. We continued to seek further information and assurances from the provider.

# 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

- 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.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Aspects of the environment had not been effectively monitored for risk. We raised this with the provider during the inspection and they were quick to address this and provide assurances.

Staffing and recruitment

- The service had enough staff to support people in an individualised way. People were able to take part in activities and outings as they wanted.
- Staff recruitment had been completed safely and the appropriate checks had been carried out. Where the service used agency staff, consideration had been given to how this might impact people.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- People received support from staff to make their own decisions about medicines.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included assessing the risk of a person taking medicines themselves.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people about their medicines.
- People were supported by staff who followed systems and processes to administer and record medicines safely. Medicines were stored securely but the temperature at which medicines were kept was not monitored properly. We fed this back to the provider who gave assurances this would be addressed.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff

supported people to follow them. The service had good arrangements for keep premises clean and hygienic.

- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- The service monitored and reported the use of restrictive practices.
- Staff and management recognised incidents and reported them appropriately. Managers reviewed these and completed a debrief to share any lessons learnt.



# 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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- People told us they were supported to meet their goals and achievements. One person told us, "I am hoping to move into own place, and they are helping me achieve this."
- One relative we spoke with said, "[Relative]'s life has changed in a positive manner since being at the service."

Staff support: induction, training, skills and experience

- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice.
- Staff were suitably trained for their role and had good knowledge of people's needs and how they were best supported. One staff member told us, "The induction process was very good and it gave me time to watch and bond with people and staff."
- Staff received regular supervision and told us they felt supported in their role.

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

- The service had a flexible approach to mealtimes which met people's needs and promoted independence. Staff supported people to be involved in choosing, preparing and cooking their own meals.
- People could have a drink or snack at any time and were given advice and support about healthy eating. One person had been supported by the service to make changes to their diet and told us this had positively impacted their life.

Supporting people to live healthier lives, access healthcare services and support

- People were referred to healthcare professionals as appropriate and had regular reviews with their GP..
- We found not all people in the service had a healthcare action plan or health passport. This is used by healthcare professionals to ensure professionals support people in the way they need.
- People were encouraged and supported to play an active role in their own health and wellbeing. This means people were empowered to make their own decisions and prepare them for independent living.

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).

- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Staff actively encouraged and empowered people to make their own decisions about their care and support.
- One relative told us. "They wouldn't make him or force him to do everything; they work around him. He is in control of his care."

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and suitably maintained environment.
- People had been encouraged to personalise their rooms with furnishings and personal belongings. However, there was little evidence people had been included in decisions to the interior decoration or design of their home. People we spoke with, and their relatives were happy with their rooms but said, "They got what they were given."

# 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

- Staff saw people as their equal and as a result, people were at ease, happy and engaged in their care. One staff member we spoke with said, "The people here are like family, we get out with them all the time and get to learn and grow as people."
- We observed respect, warmth and compassion from staff when interacting with people. Relatives told us their relatives were happy.
- The staff were passionate about equality and inclusion and had encouraged people to partake and try new activities which would not usually be available to them. For example, they had worked with a local martial arts club to adapt and facilitate a class for people.

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

- People were supported to have control over their care and their everyday life. One staff member said, "We make sure we include people in every decision, we can do this because of the staffing levels. We can do everything with them at their pace, we set goals, we have objectives and adapt care plans. Praising and skilling people to live on their own."
- People had communication care plans which detailed how they preferred to be communicated with and how they could best express their views. We observed staff communicating with people in person centred and individualised ways. Staff had taken the time to understand people's communication methods and develop a rapport with them.

Respecting and promoting people's privacy, dignity and independence

- Staff were passionate about improving people's independence and were looking for new ways to do so. For example, one staff member told us how one person had wanted to access and use public transport on their own. The staff had made this into small, manageable tasks for the person, so it felt more achievable and focused on strength and ability to achieve this.
- Staff were respectful of people's privacy and their personal bedrooms and gained consent before entering their rooms. One staff said, "It's like second nature. We always ask for permission, follow mental capacity principles, we acknowledge everyone is different. We always make sure doors are closed, windows and curtains are closed - simple things really."
- Staff we spoke with told us they were also supporting people to understand and preserve their own dignity whilst in the community.

# 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.

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; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had a member of staff employed at the service dedicated to seeking out work placements, leisure activities and widening people's social circles. This meant people had choice of a wide range of activities and were supported to attend meaningful activities.
- The service routinely sought out new skills and activities for people to try and explored how community facilities and activities could be adapted to promote inclusion.
- The provider encouraged people to meet from other services and organised events such as "Milewood's got talent". This brought together various people from different services and promoted friendship and peer support.
- Relatives told us people's lives had changed for the better. One relative said, "They have supported [Name] to make friends. [Name] likes that social interaction which he hasn't had anywhere else before."

### 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.

- People had access to information in easy-read formats and staff ensured people had the information they needed.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.
- One relative we spoke with told us, "[Relative] has a limited vocabulary but can make themselves understood. They are very tuned into [relative]."

### Improving care quality in response to complaints or concerns

- At the time of the inspection, people had not had to raise any complaints but there was information around the home to support them to do so if they required.
- Relatives told us when they had raised niggles with the team, these had been addressed appropriately.

### End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- Staff had not received any training in end of life care but told us they would work in partnership with the appropriate professionals if required.

- Care plans outlining people's preferences for end of life care were not in place. We fed this back to the provider who said they would start exploring this further.

# 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 requires improvement. This meant the leadership and governance was inconsistent and did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 delivered good quality support consistently and records regarding the care people had received were accurate and detailed.
- The service was aware of their responsibilities under duty of candour but had not yet had to act on this.
- The provider had quality assurance systems in place however these were not always effective in identifying concerns. For example, the medicines audit failed to recognise the temperature at which medicines were kept was not monitored properly and environmental risks had not always been acted upon and identified.
- People had detailed and personalised care plans which had been reviewed regularly and staff knew people well, however quality assurance systems had not recognised where information was missing. For example, one person required a specific care plan relating to a health condition which was not in place and no one had a care plan identifying their end of life preferences.

We recommend the provider reviews their quality assurance systems to ensure all areas of risk are identified and actioned in a timely manner.

Continuous learning and improving care

- Feedback from people we spoke with, relatives and staff suggested there was a culture of continued learning and improving outcomes for people. However, this had not always been captured and recorded.
- Findings from audits and incidents were not always widely shared with staff.

Working in partnership with others

- The provider was able to evidence partnership working with advocacy organisations or other health and social care organisations, such as mental health teams and dentists. This helped to give people using the service improve their wellbeing.
- People had monthly reviews of their care, which was completed in partnership with their relatives and commissioners.

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

- The provider did not formally seek feedback from people and relatives such as satisfaction surveys or

meetings. However, the service continually communicated with families and relatives felt listened to. One relative said, "We will tell them recommendations and they are always very quick to act on these."

- Staff we spoke with said they felt valued and their opinions were sought regularly. Staff were asked to complete 'evaluation forms' to develop the service monthly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team worked directly with people and led by example.
- At the time of the inspection, the registered manager was absent from the service; therefore, the deputy manager supported the inspection. People, relatives and staff spoke highly of the deputy manager and felt they could raise any concerns which would be dealt with efficiently.