Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Elliott House

Rotherham Road, Great Houghton, Barnsley, S72 0EG

Tel: 01226756319

Date of Inspection: 11 November 2013

Date of Publication: November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Voyage 1 Limited
Registered Manager	Ms. Victoria Oxley
Overview of the service	Elliott House is a care home registered to provide accommodation and personal care for up to 6 people with learning disabilities. Each person has their own bedroom with en-suite facilities. The home is situated within the village of Great Houghton, near Barnsley. The home is managed by Voyage 1 Limited.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 November 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

People were asked for their consent before care or support was provided and staff acted in accordance with people's wishes.

We found the care provided to people did not meet their care and welfare needs. For example, there was little evidence of structured, stimulating activities for people and some people looked unkempt. People we spoke with said they were happy living at Elliott House and they told us, "I like it here. I like my 1:1 staff" and "I like living here with my friends." There were contrasting views from the two family members we spoke with. One family member said, "We're really pleased with the care [our family member's] receiving. They've come on leaps and bounds since being in there [Elliott House]. They let [my family member] phone me. It's better than the last place. They're not neglected. All the staff have patience." Another family member said, "[Family member] seems quite happy and the care seems fine, but when we visit they aren't always clean and presentable and their clothes have spillages from meals down them."

On the whole, people were cared for in a clean, hygienic environment.

The service operated an effective recruitment procedure.

There was a complaints system available. People and family members we spoke with said they would raise concerns if they needed to.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 21 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at the arrangements in place to ensure staff obtained people's consent to the care they were provided and that staff acted in accordance with their wishes. We spoke with three people using the service, two family members, five members of staff, reviewed three sets of care files and observed care practice.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) are key pieces of legislation to safeguard decisions made about people where they lack capacity.

We looked at three people's care plans to see if consent to care was recorded. We found documents in people's files relating to consent to different decisions about their care, including a decision making profile and decision making agreements.

There was training available for staff in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Thirteen of the twenty three staff employed at Elliott House had received the training. The provider may wish to note some staff lacked knowledge and understanding of the MCA/DoLS. Discussions with staff identified that whilst staff said they would always ensure people consented to their care and treatment by asking their consent in their day to day lives, three of the five staff we spoke with were unclear of the processes involved in the decision making process, for more complex decisions and should a person lack capacity. Staff said if this happened they would refer to the person in charge. This might mean that staff make decisions on behalf of people that may not be within the legal framework.

When we spoke with staff they confirmed that most people were able to give consent in their day to day activities.

We observed that staff did ask people for their consent before care or support was provided and that staff acted in accordance with their wishes.

In our discussions with people it was clear that before they were provided with any care or support they were asked for their consent. They told us that staff do not impose any restrictions on them.

We also spoke with two family members. They told us as far as they're aware there are no restrictions imposed on people and they were sure if that was the case their family member would tell them.

Care and welfare of people who use services ✖ Action needed

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the systems in place to ensure people received an assessment of their needs and that care was planned and delivered in accordance with those needs to ensure their welfare and safety. To do this we spoke with three people using the service, two family members, five members of staff, reviewed three sets of care files and observed care practice.

Staff were able to describe the different care needs of people living at the service. This evidenced that they knew people well and that care was provided in accordance with people's individual preferences and abilities and their diversity was recognised and respected.

The staff we observed were good at engaging with people who used the service and had developed relationships with them. Our observations when staff spoke with people was that staff had a clear knowledge of people's individual likes and preferences.

People using the service told us about the lives they led at the service. Their comments included, "I like it here. I like my 1:1 staff" and "I like living here with my friends."

One person described how they might use behaviour that challenges, when they don't like something or get angry. They told us they had medication for this, but that most staff just talk to them and they decide if they needed the medication. This showed people were involved in the planning and delivery of their care.

We observed that people went about their daily lives and moved around the home as they wished. We saw that not everyone looked well presented, for example, their hair needing washing or there were spillages down people's clothes. Staff told us those people were people who presented behaviour that challenged when personal care was provided, or that, personal care, such as a bath was refused. This was not always supported by information in the person's plan of care to assure us that the decision was the person's decision or that the person lacked capacity to make those decisions and the decision

made by staff in their best interest.

People told us their birthdays and events through the year were celebrated. One person had just been for a weekend away with staff. Another person told us they liked watching TV, baking and shopping. On person said they 'don't do much, but spoke of enjoying painting, shopping and visits from their family. One person said that activities can be restricted if there wasn't a driver available.

There was little activity taking place at Elliott House to stimulate people and enhance their wellbeing. This included those people where a substantial amount of time was commissioned to provide this for them and one of the person's key facts identified supporting the person in social activities. Staff told us people were offered lots of activities to take part in, but people often refused. In people's monthly recording workbooks from 1 November 2013 until 10 November 2013, it was recorded one person had spent most of their time watching TV. We noted that in a monthly keyworker meeting for the person a conclusion that engaging the person in activities was not working. There was no update in the person's support guidelines of action taken to try and address this.

In another person's monthly recording workbook there was evidence of the person listening to the radio and watching TV and having a visit from their family. The person had not left the bungalow to engage in any activity. The detail in the person's plan of care was insufficient to support that was the planned care for the person, in regard to meeting their welfare needs.

We spoke with two family members. One family member said, "We're really pleased with the care [our family member's] receiving. They've come on leaps and bounds since being in there [Elliott House]. They let [my family member] phone me. It's better than the last place. They're not neglected. All the staff have patience." Another family member said, "[Family member] seems quite happy and the care seems fine, but when we visit they aren't always clean and presentable and their clothes have spillages from meals down them."

We looked at three people's files to confirm an assessment process had taken place and that care was being delivered in accordance with their plan of care. This included a monthly recording workbook including information of the care provided to people each day. We also looked at people's health action plans. We found that full and accurate information about the care provided to people as described by people using the service and staff was not always recorded in people's files.

For example, in one file an 'ABC chart' (this is a chart for recording people's behaviour) was completed. There was no information of that behaviour in the monthly recording workbook where it states the staff should record if an ABC chart is completed. This meant staff may not be aware of the full aspects of that person's daily life.

In another file, we saw the support guidelines did not reflect what we had seen or what the person told us. For example, the support stated the person was cared for in bed as they were refusing to get out of bed. We saw that the person was mobile and had received a shower that morning, which meant, the planning and delivery of care provided was not in accordance with their support guidelines.

In a third file we looked at there was no written information of the type of hoist or sling to be used for the person, which may mean that incorrect equipment was used. This meant there was a risk of injury to both the person and member of staff. In the person's monthly

recording workbook, there was recorded evidence of behaviours that challenged, but no confirmation that a behavioural report had been completed. We checked this with staff. One had not been completed. This meant full information is not available about the person, to monitor their support plan in regard to behaviour that challenges.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We looked at the systems in place to ensure people were cared for in a clean environment and protected from the risk of infection. To do this we undertook a tour of the home and its environment, spoke with five members of staff, spoke with two family members, observed care practice and reviewed records.

We spoke with two family members as part of our inspection. One family member told us they always found the home clean when they visited and staff always asked people to wash their hands if they'd been to the toilet. The second family member told us their family member's room wasn't a 100% clean when they visited and they have had to use wipes to wipe sticky patches from under the bed.

The responsibility for the standard of cleanliness and hygiene was the responsibility of care staff. Discussions with staff evidenced they were aware of their own responsibilities in making sure the environment was kept clean and hygienic and this was designated to them at the start of each shift, to be completed before their shift finished.

We observed staff cleaning the environment as needed throughout the day, for example, mopping floors, cleaning dining tables and washing up.

Staff were able to describe how they promoted cleanliness and the prevention of infection in their day to day work, including the use of Personal Protective Equipment [PPE] when delivering care to people. There were inconsistent responses from people using the services about whether staff wore PPE when attending to their personal care needs. The provider may wish to note, staff did not routinely wear disposable aprons when providing personal care, which presents a risk of the spread of infection.

When we spoke with staff they told us they had received training in infection control. This included using colour coded equipment for cleaning different areas of the home, which is good practice and hand hygiene. Staff's training was confirmed when we looked at the staff training matrix.

We found the home was free from offensive odours and furnishings and fittings were dust free. All areas of the home that we looked at were clean, tidy and hygienic. Pedal bins were provided for the disposal of waste. Hand washing facilities were accessible and

paper towels were available.

We saw that one person's wheelchair was ingrained with dirt. The provider may wish to note the weekly wheelchair safety checklist dated 6 November 2013 stated 'wheelchairs, clean and free from dirt/grime/spillages'

We found laundry equipment available and appropriate systems in place for the safe cleaning of people's laundry to minimise the risk of the spread of infection. The provider may wish to note, there was a risk of the spread of infection because people's dirty laundry was not immediately placed in laundry baskets prior to being taken to the laundry for washing.

We found that systems were in place for the management of legionella and controlled waste.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the systems in place to ensure the service carried out an effective recruitment procedure. To do this we spoke with a member of staff and checked two staff files to check the required documents and checks had been made before staff commenced employment.

Discussions with one staff member evidenced a recruitment process was carried out before they commenced duty. Staff described how they completed an application form, had a telephone and face to face interview and that a Disclosure and Baring Service (DBS) check and references were obtained before they started work. On appointment they said they had received a two week induction.

The files that we checked confirmed recruitment checks were carried out for staff. This included obtaining references, identification, DBS, a full employment history and medical questionnaire.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We checked that a complaints system was in place and brought to the attention of people using the service and other stakeholders and that people's comments and complaints were listened to and acted on. To do this we spoke with three people using the service, two family members, five members of staff and reviewed records.

When we spoke with people using the service, one person raised concerns and agreed those concerns could be passed on to the service to be investigated. They told us they would speak out and tell staff of any concerns, but they hadn't done so in this instance. They also confirmed they could raise concerns at their keyworker meetings. The provider may wish to note that one person did not feel that their comments and complaints were listened to. They said, "Some staff don't listen."

One family member told us they wouldn't know how to raise concerns, but they hadn't got any. They were sure if their family member had any they would tell them and then they would raise them with staff. Another family member told us they hadn't raised any concerns, but would do if necessary.
The provider may wish to note the information available for people within the home about how they might complain should they be dissatisfied with the service was not in a place that would attract people's attention to it.

Staff told us people were asked if they had any complaints at their monthly keyworker meetings and during any reviews. There were also monthly resident meetings where complaints and compliments were part of the agenda.

We found that key worker monthly meetings that took place with the person using the service. The pro-forma had the question 'are there any compliments/complaints/suggestions. The provider may wish to note, the responses recorded for the three key worker monthly meetings we looked at, did not suggest that people were asked that particular question, because the response recorded did not correspond to compliments/complaints/suggestions.

When we spoke with staff they all said that if a person using the service raised any concerns they would pass those concerns on to management.

There was no record of any complaints being made to the service.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The delivery of care did not always ensure that people's individual needs, in regard to their welfare were met (Regulation 9 (1) (a) & (b) (ii))

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 21 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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