Review of compliance

Voyage 1 Limited Elliott House	
Region:	Yorkshire & Humberside
Location address:	Rotherham Road Great Houghton Barnsley South Yorkshire S72 0EG
Type of service:	Care home service without nursing
Date of Publication:	October 2012
Overview of the service:	Elliott House is a care home registered to provide residential accommodation for personal care for up to 6 people with learning disabilities. The accommodation includes four bedrooms with en-suite facilities along with two self contained apartments. The home is situated within the village of Great Houghton, near Barnsley. The home is managed by Voyage 1 Limited.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Elliott House was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 September 2012, checked the provider's records, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People with learning disabilities are not always able to tell us about their experiences. We used informal observation during our inspection visit and found staff members treated people with respect, dignity and maintained their privacy. We found people looked clean, tidy and had their personal care and welfare needs met.

During our inspection visit we talked to two people. People liked their bedrooms, the food and the various activities they were involved in. One person explained how they had enjoyed their recent holiday to Skegness with two members of staff. We talked to one relative who used the service by telephone during our inspection. Some comments captured included, "they're brilliant [staff] and lovely people", "I can't praise them (Elliott House) enough" and "I've put my trust in all of them (staff)".

What we found about the standards we reviewed and how well Elliott House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected. The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs

and supports their rights

People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People with learning disabilities are not always able to tell us about their experiences. We used informal observation during our inspection visit and found staff members treated people with respect, dignity and maintained their privacy. We talked with two people who used the service and none expressed any worries relating to their equality, privacy and dignity. The relative told us they were kept well informed about their family members care and said "They (the staff) tell me everything and anything that has happened straight away by telephone".

We reviewed a sample of recently completed 'annual service review questionnaires' which had been completed by people who used the service (with assistance), relatives, members of staff and other interested parties. The questionnaire included questions relevant to this standard. People who responded thought privacy and dignity was respected, and said they received information when needed. For example, a questionnaire completed by a family member noted, "the service and information is very very good".

Other evidence
We found people who used the service and their relatives were able to influence and be involved in aspects of their care and welfare. For example, 'service user house

meetings' were held every month within the home. The meetings were recorded with pictures to help people understand the agenda items. There was guidance setting out how these meetings should be conducted. A review of a number of meeting minutes showed agenda items covered areas such as 'let us know what you think', house safety, money, new purchases, ideas for activities/holidays and updates from previous meetings.

The registered manager explained how people who used the service and family members were involved in individualised support planning. Each person who used the service had a nominated key worker and co-key worker who were responsible for holding a monthly meeting with each person to discuss their individual support needs.

There was a 'service user guide' written in an accessible format available for each person who used the service which outlined general information about the home and services offered.

We found staff had attended various training sessions relevant to this standard such as equality and diversity. We talked to three members of staff who were able to explain how they were able to ensure people's privacy and dignity were maintained and treated with respect.

The registered manager explained that two members of staff were nominated as 'dignity champions' and we found a dignity notice board was maintained within the sensory room. We talked to one of the dignity champions who told us there were no issues or challenges regarding maintaining people's privacy and dignity.

Our judgement
People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected. The provider was meeting this standard.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We used a period of observation to see how members of staff interacted with people who used the service. We saw staff treated people with dignity and respect by using a positive, friendly and kind approach. We were able to observe positive examples of communication between people and staff who utilised appropriate conversation, eye contact and touch. We found people looked clean, tidy and had their personal care and welfare needs met.

During our inspection visit we talked to two people. People liked their bedrooms, the food and the various activities they were involved in. One person explained how they had enjoyed their recent holiday to Skegness with two members of staff. Another person told us they "liked most of the staff", got to see a doctor when they needed one and felt staff looked after them well. The same person also gave examples of activities they had enjoyed within the last week such as going to the cinema.

We talked to one relative who used the service by telephone during our inspection. They explained how their family member had received poor care prior to living at Elliott house and went on to say "[It's the] best thing that's ever happened to [them] in [their] life". The relative also explained how their family member got all the care and activities they needed. Some comments captured included, "they're brilliant [staff] and lovely people", "I can't praise them (Elliott House) enough" and "I've put my trust in all of them (staff)".

We reviewed a sample of recently completed 'annual service review questionnaires'

which had been completed by people who used the service and relatives. These questionnaires showed people had been positive about various aspects of care. Some comments captured included "[X] has continued to thrive at Elliott House and now has a life full of activities that [X] likes to do" and "we are extremely happy with care at Elliott House … recent holiday photo's showed [X] looking relaxed and happy. This is all we could have hoped for".

During our inspection we talked to an independent 'holistic therapist' who had visited to provide a session of reflexology for a person who used the service. The therapist told us they visited Elliott house fortnightly and thought the home had a "very warm and friendly environment". They explained staff were friendly and kept them well informed about people who used the service.

Other evidence
The registered manager explained they were in the process of changing people's care documentation to a new set of records introduced by the provider. The aim of the change was to streamline and modernise the care documentation to ensure they would be more person centred. The manager had a timetable setting out the process of transfer for the four people currently residing at the home.

The registered manager showed us how the process had commenced with one person's care records. We found there had been a review of support needs involving the person who used the service, along with other people who the person had chosen to be involved. This stage noted a range of person centred information which identified areas where individualised 'support guidance' (support plans) will be required. The new support guidance included an integrated risk assessment to ensure support plans and related risk assessments were more accessible for people and staff.

We reviewed four sets of care records of people who used the service. We found the documentation was completed to a reasonable standard and included a range of support plans and risk assessments. Daily records were maintained for each person who used the service via a "monthly recording booklet". These booklets required staff to complete entries for various parts of the day under headings such as "getting ready for the day" and "what did I do this evening". We found these records had been completed clearly by members of staff. People had their weight monitored monthly where possible and we found other observation charts had been completed where this was necessary.

All people who used the service had separate 'health action plan' folders. These contained a range of information relating to people's physical and mental health needs. Our review of these records showed people had been able to access a range of health care professionals whose advice about aspects of care had been followed by the home. Each person who used the service had an individualised 'all about me' record which set out their key preferences and care needs. This document would accompany people who used the service should they require admission to hospital.

We were told people who used the service were able to take part in a range of activities based on their own preferences and needs. We found an activities plan was completed each week and where possible its completion was lead by the person who used the service.

We talked to three members of care staff who explained how they were supported to

meet people's needs and felt they were able to give good care to people. Training records showed staff members received various forms of training to help ensure they had the necessary skills to meet people's needs, such as training which covered managing challenging behaviour and de-escalation techniques.

Our judgement
People experienced care, treatment and support that met their needs and protected their rights. The provider was meeting this standard.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We talked to a relative of one person who used the service who said the staff have "always looked after [X] … I have no worries about [X] being safe". One recently returned 'annual service review questionnaire' completed by a relative stated "[I am] reassured that [they] are taken care of and no harm will come to them".

Other evidence
We have no information of concern relating to any reported safeguarding concerns for this location. We contacted the local authority safeguarding team prior to the inspection who raised no areas of concern regarding the reporting of safeguarding concerns.

The provider had a 'safeguarding vulnerable people' policy and the registered manager confirmed the home adhered to the "Safeguarding Adults Procedures for South Yorkshire". We reviewed documentation relating to a safeguarding alert raised by the registered manager during April 2012. These records demonstrated how the relevant authorities had been informed and a detailed 'safeguarding adults log' showed how regular communication had been maintained with social services and relatives.

Staff training records showed that staff at the home had received safeguarding adults training. The registered manager explained members of staff had undertaken the provider's safeguarding training and also accessed training provided by the local authority. We talked to three members of staff who confirmed they had undertaken safeguarding training and demonstrated awareness of what they should do should a concern arise.

The registered manager confirmed no people currently residing at the home were under the protection of 'deprivation of liberty safeguards' (DoLS). We checked how people's personal finances are managed and found the home had a system to appropriately manage people's monies.

Our judgement
People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was meeting this standard.

Outcome 14:
Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
We spoke to people using the services but their feedback did not relate to this standard.

Other evidence
During our inspection visit we found staff had undertaken a range of mandatory training sessions in areas such as fire safety, first aid, safeguarding adults, infection control, food hygiene, manual handling, health and safety and medications awareness. The training accessed from the provider was monitored via an electronic system which identified when updates in training were required. The registered manager explained members of staff also accessed various training sessions provided by the local authority. We found other training was offered to enhance staff skills, for example, staff were currently accessing dementia awareness training. We talked to three members of staff who confirmed what training they had accessed during the current year.

We found staff members received regular supervision sessions along with an annual appraisal. We reviewed a sample of these records to confirm these were undertaken. All three members of staff we talked to confirmed they received regular supervision sessions every six to eight weeks. The registered manager explained an additional process available known as a 'significant discussion'. This involved a meeting to discuss specific occurrences which had involved staff. We reviewed a sample of these records and saw they were used for both positive and negatives occurrences relating to staff performance.

Our judgement
People were cared for by staff who were supported to deliver care and treatment safely

and to an appropriate standard. The provider was meeting this standard.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
We spoke to people using the services but their feedback did not relate to this standard.

Other evidence
During our inspection visit we reviewed how quality of care is monitored and safety maintained. We found the home manager had responsibility to ensure a range of checks were undertaken each month both by themselves and members of staff. These covered areas such as administrative matters, health and safety, equipment, environmental and medications. These were set out in schedules and were completed daily, weekly or monthly dependent on the type of audit check to be completed. The homes external pharmacy provider had completed a medications audit every three months.

We reviewed the quality assurance folder and found the operational manager had completed monthly visits to conduct 'service reviews'. These reviews focused on reviewing all documentation relating to one person who used the service. Other checks made during these visits included a review of medications recording sheets, staff training needs and other areas. Our review of these showed the operational manager had made recommendations following visits and these recommendations had been actioned.

The provider's 'quality assurance team' had conducted an unannounced inspection 20th September 2012. We reviewed the detailed assessment and found it covered a range of areas relating to our 16 essential standards. Where improvements had been

identified the provider had set out an action plan with timescales for the areas of improvement to be addressed.

We found annual service review questionnaires had been undertaken of people who used services, relatives, staff and other interested parties. These questionnaires focused on specific areas of care, for example, privacy and dignity, cleanliness, overall care, and the quality of food.

We found the home held regular staff meetings which were documented. We reviewed a sample of staff meeting minutes and these showed how staff were kept informed of areas where the registered manager expected members of staff to maintain and improve the quality of care for people who used the service. We talked to three members of staff who confirmed staff meetings took place. One member of staff explained how the meetings allowed eachother to openly discuss issues and identify solutions. Other staff meetings involved meetings between the manager and senior care staff and the registered manager also attended meetings with other home managers.

The home had accident and incident reporting processes in place. There was a range of environmental and other risk assessments which had been reviewed. We found the provider had quarterly health and safety meetings which involved attendance by nominated members of staff from various homes.

Our judgement
The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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