

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

Ellershaw House Limited

Bramley Grange, Grewelthorpe, Ripon, HG4 3DJ

Tel: 01765658381

Date of Inspection: 25 September 2014

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

Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Ellershaw House Limited
Registered Manager	Mrs Sandra Kreutzer-Brett
Overview of the service	<p>Ellershaw House is registered to provide residential social and personal care for up to 12 adults with learning disabilities in a therapeutic environment, which, along with other therapies offers riding, rebound therapy, and arts. Riding and care of the horses is integral to the culture of the home. The home is a large farmhouse set in open countryside in quite an isolated location. Transport is required to access all services and facilities.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 25 September 2014, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions: is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary, please read the full report.

This is a summary of what we found.

Is the service safe?

People were treated with dignity and respect by the staff. Systems were in place to ensure that the registered manager and staff learnt from incidents such as accidents and incidents. This reduced the risks to people and helped the service to continually improve.

The home had policies and procedures in relation to the Mental Capacity Act (MCA), 2005 and Deprivation of Liberty Safeguards, (DoLS). All staff had been trained to understand when an application should be made, and how to submit one. Documentation was available in people's care files to support this.

Staff had received up-to-date training in all mandatory areas, as well as those specific to their job role. Staff told us they felt the training they received was thorough and offered to them on a regular basis. Staff recruitment procedures were thorough and in accordance with the provider's policy. Staffing levels were determined based on the individual needs of each person living in the care home. Policies and procedures were in place to make sure unsafe practices were identified and people were protected.

The home was clean and tidy and provided a safe environment for the needs of people living in the home.

Is the service effective?

Staff had the skills and knowledge to meet people's needs. The registered manager gave effective support to most staff including induction training, supervision and appraisal. This was supported by a comprehensive training programme. The care home worked effectively with other agencies and health care services to ensure a co-ordinated approach to people's care was achieved.

Is the service caring?

People living in the care home were supported by kind and attentive staff. They were cared for sensitively and given encouragement. People's preferences, interests and diverse needs had been recorded and care and support had been provided in accordance with people's wishes. One person we spoke to told us, "They let me walk my pony and I enjoy making things."

Is the service responsive?

The complaints procedure was understood by staff and people living in the care home. The registered manager had encouraged relatives to have greater involvement in the care offered.

Is the service well led?

There was a quality assurance process in place. Records showed that any adjustments needed were dealt with promptly. This enabled the quality of the service to continually improve. Staff told us they were clear about their role and responsibilities. The staff we spoke to felt they were strongly supported by the registered manager. One member of staff told us, " I appreciate being asked to discuss the different aspects of people's behaviour." Staff had received training in order that they may continue to provide effective care. The registered manager monitored the needs of the people and adjusted staffing levels accordingly. This meant that people were safe and their health and welfare needs were met by sufficient numbers of appropriate staff.

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

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at four care records. We saw there were care plans in place to show how people were being supported to meet their individual needs. The care plans we looked at were detailed and had recently been reviewed. They included people's accommodation, their physical health, their medication and diet, along with their communication levels and activities.

We saw information recorded about people's capacity to make decisions and that people, together with their representatives, were involved in reviews of their care. For those people who were not able to make their own decisions, evidence of "best interest" meetings was seen. This showed us that care and treatment was being planned in accordance with people's individual needs and capabilities.

We observed a very strong association between people living in the home and staff. People were spoken to in different ways depending on their communication levels. They were positively encouraged and supported to engage in tasks around the home, or in a learning session. We saw that most staff had a thorough understanding of the people they were caring for and we consequently saw a variety of methods being used to encourage people to be independent and maintain their privacy.

We saw lunch being prepared with assistance from the people living in the home and they then sat down together with staff to eat. The atmosphere was relaxed and gave a strong sense of a family environment.

We spoke with several people living in the home and they told us, "We really like it here, this is a nice place to live."

We saw that people were receiving care from other health professionals, including the doctor, dentist, optician and district nurses. We did however notice these records were kept separately and that such an event was not always entered in the person's daily

record. The provider may find it useful to note that such occurrences would be better recorded in the daily record to provide a comprehensive account of the person's care and treatment.

We saw that where possible, people were encouraged to participate in performing tasks around the home, as well as working in the community, we saw several certificates reflecting this, such as "Developing work related skills in the community" and "Reliability and commitment to work placements".

We saw that provision had been made for one person, who had complex needs and was unable to communicate, to use a sensory room, where they were able to relax in a ball pool, with calming lighting and music. Access to a weekly massage session was also available. We also saw that music therapy sessions were held regularly.

We saw that people living in the home met regularly to discuss how the home was being run and how changes might come about. This was organised by one of the people, who prepared notes and forwarded them to the management for information and action where appropriate.

We saw that each person had a personal fire evacuation plan and that staff were aware of what action to take in the event of a fire breaking out. We saw evidence of a recent fire drill having taken place. All fire detection systems and extinguishers were being regularly maintained by a qualified person. We saw the home's fire policy which was up to date. No hazards were noticed during our tour of the premises.

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 carried out a tour of the premises, which was spread over a large site and included a stable block and menage, as well as a new cottage opened in May 2014, providing respite care and holiday facilities. The environment was spacious and well lit. People's rooms were clean and tidy.

Cleaning was carried out by staff, supported by the people living in the home. A weekly cleaning schedule was in place to ensure that continuity of cleanliness was maintained.

We looked at the storage of cleaning materials and equipment, which was tidy and secure. Any substances used which came under the Control of Substances Hazardous to Health (COSHH) regulations were stored separately and labelled appropriately. Risk assessments had also been carried out for these items.

The only personal protective equipment used was gloves and these were used appropriately depending on whether they were for personal care, food preparation or cleaning. The kitchen was part of a large area typical of a farmhouse. The area was clean and tidy and risk assessments had been carried out to protect people from harming themselves.

Domestic refuse was stored and collected appropriately and the small amount of clinical waste, in the form of a sharps bin for needles, was collected and replaced by the local doctor's surgery.

The home had measures in place to monitor and control the risk of infection.

We saw that audits had been carried out, including carpets and curtains and these had been shared with the housekeeper or maintenance person for either repair or replacement.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has provided care in an environment that is suitably designed and adequately maintained.

We were shown around the premises, the main area being split over two floors. All areas were spacious, well lit and clean. Bedrooms were tastefully decorated and had been done in accordance with the person's own preferences. Bathroom and shower facilities were shared, although the two females living in the care home were using separate facilities. This helped preserve the privacy and dignity of the people living in the home. We were shown the shower on the first floor and were told that the sealant around the tray, which was showing signs of deterioration, would be replaced shortly. The water temperatures that we checked in bedrooms and showers were consistent and within safe limits.

We saw that each bedroom, with one exception, had a call button available, which was linked to a central indicator board. The call button for this particular bedroom was in the bathroom next door and consequently, additional night time checks were made on this person to ensure they remained safe.

We saw a well equipped and tidy laundry room and evidence that the appliances had been maintained and serviced.

We were shown details of fire safety audits and monthly health and safety checks. The most recent of these included the kitchen and social areas, the stables and tack room, bedrooms and the newly built cottage in the grounds. We saw that portable appliance testing had been carried out and a risk assessment for the control and prevention of legionellosis had been completed.

We saw that the home had standby generators available to deal with the loss of power for a short period until this could be restored.

We saw that risk assessments had been carried out including bedrooms, the kitchen and around the stable area. Regular audits were taking place including, hot water temperatures, security lighting and fire alarms. We also saw that there was a public liability

insurance certificate in place.

Staff were receiving training in areas such as fire safety. This helped to keep people safe.

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 saw that appropriate checks had been made before staff began work and that effective recruitment and selection methods had been used. We reviewed three staff files and found that the relevant information was available. We found disclosure and barring certificates, (DBS), job descriptions and contracts of employment. There was evidence of references being obtained and proof of identity. Training certificates were also present in the staff files we looked at.

We saw the home's recruitment policy and there was evidence to show this had been used when appointing new staff.

We looked at the supervision and appraisal records and found that whilst most staff were receiving supervision, some were not and this was to be addressed by the deputy manager over the next few weeks. We asked the deputy manager about their own supervision and appraisal and were told that whilst this was happening on an informal basis, it was not documented. The provider may wish to note that formalising supervision and appraisal interviews is integral to the staff development process, more especially in this instance, where the deputy manager would be expected to share their objectives with the team they are leading.

We saw that staff had received induction training as part of their introduction to the home. Staff told us, "I like every aspect of my job. Every day is different" and, "I enjoy seeing the people we care for happy and relaxed."

We were told there were arrangements in place to cover staff absences at short notice, by designating a person on the rota as cover. No agency staff were used.

We saw that regular staff meetings were held, the most recent being on 15 September 2014. The staff we spoke to said they found these helpful and informative.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The registered manager held regular staff meetings which were recorded and evidence showed that issues discussed were fed back to people living in the home. These included discussing the individual needs of each person, as well as medication issues, eye tests and activities. The people living in the home were also meeting regularly to discuss the running of the home and this was fed back to the staff by their representative.

We saw a series of audits which had been carried out, including care plans and medication. A health and safety audit had been completed in April 2014. Environmental hazards had been identified and risk assessed, as well as those risks applying to the people living in the home.

We saw that accidents and incidents were being recorded and discussed by staff to determine what changes were needed to either an individual's care plan, or in the home in general.

We saw the complaints policy and noted that no complaints had been received since our last inspection.

The registered manager had carried out a relative's survey during 2014 and we saw many positive and supportive comments had been received. Once a sufficient number of responses had been received, the details would be shared with the staff and improvements or changes made to the care given if required. Although the home did not operate a relative's committee, those who lived in the area, or engaged with the home, were regularly encouraged to offer feedback on standards of care in the home.

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.

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