

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 October 2012

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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 | ✓ Met this standard |
| Management of medicines | ✓ Met this standard |
| Staffing | ✓ Met this standard |
| Complaints | ✓ 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 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People using the service live together as a family in the farmhouse, and take responsibility for some household tasks and chores, including looking after the horses. Most people have lived there for a number of years, some since childhood. People using the service are referred to as students by the staff.

We spoke to five people who use the service who were able to tell us about their experiences. They told us "Yes it's really nice here, they look after us and take us on holidays", "I like living here" and "Everybody is nice to you." People using the service were calm and relaxed, and engaged in a number of tasks and activities during our visit. Some of the people were keen to demonstrate projects they had been working on, including a riding display and art projects.

Staff interacted with people in a nice friendly manner and we saw relaxed banter between staff and people living at the home.

Staff told us they felt settled and happy in their jobs, and were well supported by their manager. Comments included "It's been fantastic- I love it here", "They're such lovely students and great to work with" and "The manager's standards are extremely high- it's a five star service."

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

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

People living in the home told us "Everybody is nice to me" and "It's up to us what we want to do." People explained they had choice in their everyday lives and that outings such as doctor visits were explained to them.

The manager and deputy manager explained they operated a 'positive choice system' where people were encouraged and enabled to make their own decisions. The home operated a no restraint policy. We saw that people were able to comfortably express their views and preferences, and were able to refuse situations they felt uncomfortable with.

We looked at the care plans for three people who live at the home. These showed that people were involved with making decisions about day to day living and how they wanted to be supported by staff. Regular review meetings were held with Local Authority care managers and the persons' family. Care plans were detailed and person centred, and included information on how people wanted their care to be provided. This meant that decisions were made by the individual and that their support would be in the way that they had consented to.

The care plans showed that the home had worked closely with relatives, and other professionals involved in people's care, such as social workers and community mental health nurses, in accordance with legal requirements. This included best interest decision making and regular reviews involving the family and mental health professionals. This ensured people's rights were being protected.

Staff had attended training on the Mental Capacity Act, deprivation of liberty safeguards and non-abusive intervention techniques. Staff were able to demonstrate an understanding of these areas. This helped to make sure that staff understand their legal requirements and protect people who lack capacity.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People using the service were keen to show us round their home and projects they had been working on. They told us "Yes it's really nice here, they look after us and take us on holidays", "I like living here" and "Everybody is nice to you."

People using the service looked clean, fed, happy and well cared for. We saw staff interacting with people in a friendly caring manner. People were encouraged to take ownership of tasks such as housework and looking after the horses. We saw that people's independence was encouraged as much as possible, and people were encouraged to believe in their abilities. Staff and the manager explained the importance of their role in enabling and supporting people to live full and productive lives.

We looked at the care plans of three people living at the home. These contained sufficient information to ensure a new member of care staff would be able to work out how much support the person needed. We saw that people's records were tailored to the individual's needs and had been developed over time, for instance a change in practices resulting from a behavioural incident. Care plans contained detailed information on behavioural triggers and how staff should react to these. This ensured people's needs were being met and their care was person centred, and had resulted in better outcomes for that person over time.

The care plans we looked at had been reviewed regularly and updated in response to incidents and changing needs. They contained individual risk assessments for areas such as activities and mobility. In general these were up to date. However the provider may wish to note there was no evidence that general risk assessments for tasks, such as tractor driving and looking after horses had been reviewed regularly. This is essential to ensure that people are kept safe.

In general the people had all lived at the home for a number of years and the staff when asked could describe in detail the care needs of each person, their likes and dislikes. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the administration, recording, storing and arrangements made by the home to ensure that people's medication was administered properly.

We were unable to observe people being given medication at the time of our visit. The deputy manager explained that some people chose to self medicate and were supported to do this by having secure storage in their rooms and staff to help them. Store medicines were kept in a locked cupboard with designated key holders.

We looked at medication administration records and checked some people's medication to make sure that the records were correct. The records were up to date and completed properly. Numbers of tablets tallied correctly against the numbers shown on the records. Appropriate arrangements were in place in relation to obtaining and returning medicine.

Only staff who have had specific medication training were allowed to dispense the medicines. Staff we spoke to confirmed they received training and we saw this from the training records which helped to ensure staff had the skills they needed to undertake this appropriately.

The home did not carry out temperature monitoring of the area where the majority of store medicines were kept. This room was noticeably warm at the time of our visit. The provider may wish to note that this may result in drugs being stored outside of the recommended temperature range.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke to two members of staff during the inspection. Staff said they were happy with the staffing levels, and reported they felt supported by the manager. Comments included "It's been fantastic- I love it here", "They're such lovely students and great to work with" and "The manager's standards are extremely high- it's a five star service."

Staff said they had been given the time to develop sufficient skills and experience to do their jobs, and had gone through an induction comprising all aspects of daily life for the people who use services, and had observed and shadowed more experienced members of staff prior to starting tasks for themselves. Staffing levels at the home were appropriate to the needs of the people living there.

New staff follow a 'Skills for Care' induction programme, and staff explained they had a lot of ongoing training, and were working towards national qualifications relevant to their jobs. Training records were seen for subjects such as challenging behaviour, medication, food hygiene and safeguarding. This ensured that people were looked after by staff with sufficient qualifications, skills and experience.

There were appropriate procedures in place for disciplinary and grievance matters and we saw an example of how the home had followed these procedures. This ensured that staff who were no longer fit for their role could be dealt with effectively.

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

Members of staff we spoke with said if a complaint was brought to their attention they would report it to the manager and attempt to resolve it immediately. We saw that there had been no formal complaints received. Informal complaints and suggestions had been investigated and responded to appropriately by the manager.

People using the service said "I don't want to complain about anything" and "they're really nice to me" but said they would be confident raising a complaint if the need arose. The complaints procedure for the home states that residents would be assisted in making a complaint where necessary. This ensured that people could raise their views.

The home sent out annual satisfaction surveys to relatives and professionals. These had positive comments saying that residents were happy and settled. We saw from care plans that people using the service and their relatives had been involved in reviews and had been able to give feedback, so that all parties felt listened to.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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