

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

Elysian House

Colindale Hospital, Colindale Avenue, Barnet,
NW9 5DH

Tel: 02082051236

Date of Inspection: 19 October 2012

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Rethink
Registered Manager	Mr. Alexander Dumas Hamilton-Clarke
Overview of the service	Elysian House provides short-term, therapeutic support and accommodation for twelve people experiencing a mental health crisis.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 reviewed all the information we have gathered about Elysian House, looked at the personal care or treatment records of people who use the service, carried out a visit on 19 October 2012 and observed how people were being cared for. We talked with people who use the service, talked with staff and received feedback from people using comment cards.

What people told us and what we found

We spoke with two people who used the service. They told us they were happy with the service provided. We saw positive comments about the service recorded on satisfaction questionnaires. People said they were treated with respect and were listened to and helped by staff. For example, one person wrote, "the staff really helped me with my emotional issues without judgement." People felt safe in the service.

Staff received appropriate training and support to enable them to deliver the care to people that they needed. The provider regularly monitored the service to make sure that risks to people were minimised and an appropriate standard of care and treatment provided.

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

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. A meeting of staff and people using the service was held once a week. We saw from the minutes of the meeting that people gave feedback on the service and chose activities for the week.

People who used the service were given appropriate information and support regarding their care and treatment. This included an information pack given to people on admission. We also observed a range of leaflets in the reception area on topics related to mental health and services in the local area. The results of a recent analysis of satisfaction questionnaires showed that 95% of people considered they were given sufficient information about the service.

People's privacy, dignity and independence were respected. We observed staff interacting with people who used the service and treating them with respect and consideration. People were able to come and go from the service as they wished and were encouraged to make and maintain links with the community. We saw positive comments on the service recorded on satisfaction questionnaires. One person had written, "staff have shown incredible respect, dignity and discretion." This was typical of the comments we saw.

People's diversity, values and human rights were respected. For example, the service was celebrating black history month and related activities had been organised.

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 and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and support planned and delivered in line with their individual support plan. We reviewed the records of three people. These showed that risk assessments had been carried out and plans were in place to manage the risks identified. We saw that support was tailored to the individual's needs. Staff met with people every week to review their progress and support plans. People were encouraged to give their views and changes were made where appropriate. This helped ensure their support needs were met.

We spoke with two people who used the service. They told us they were happy with the service provided. One person said they particularly liked the "freedom" available to them. We also saw satisfaction questionnaires that had been completed by people. These showed a high level of satisfaction with the service. For example, one person wrote, "the staff really helped me with my emotional issues without judgement." Another person wrote, "the staff always listen no matter what it is about." An analysis of the satisfaction questionnaires showed that 92% of people felt listened to by staff. Comments from people confirmed that the service was meeting their needs.

There were arrangements in place to deal with foreseeable emergencies. Staff were trained in basic first aid and knew what to do in an emergency. A senior manager was always on-call and could be contacted out-of-hours for advice and support.

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

Our judgement

The provider was meeting this standard.

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.

Reasons for our judgement

A person we spoke with told us they were well-looked after by staff. A comment from another person on a completed satisfaction questionnaire said, "I have felt safe and comfortable while I have been here." The results of a recent analysis of satisfaction questionnaires showed that 97% of people who used the service felt safe and comfortable in the service.

Staff we spoke with told us they had undertaken training in safeguarding vulnerable adults. They described different forms of abuse and how they might recognise whether abuse was occurring or had occurred. They knew what to do in these circumstances and were aware of safeguarding policies and procedures. A decision-making flow chart and emergency contact numbers for local safeguarding teams were readily available for staff. This showed that the provider had taken steps to inform staff of the action to take in order to identify abuse and inform the appropriate bodies of any safeguarding concerns.

Staff told us they were aware of the Mental Capacity Act (2005) and Mental Health Act 1983 and understood issues in relation to gaining people's consent to care and support. This showed there were arrangements in place to help safeguard people who used the service against the risk of abuse.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. We spoke with three members of staff. They all told us they had undertaken training pertinent to their role and in support of their professional development since commencement of the service in January 2012. For example, they said they had received training in safeguarding vulnerable adults and health and safety. Staff also told us that they were encouraged to identify and attend training courses for further development. This showed that there were suitable arrangements in place to train staff and ensure they were able to deliver care and support to people safely and to an appropriate standard.

The provider had processes in place to support staff and identify their training needs. The service had been running for less than a year and staff we spoke with told us they were about to undergo an annual performance appraisal. Staff told us they received individual supervision from the manager or shift lead every four to six weeks. We saw records of staff supervision which confirmed this had taken place. This helped ensure staff were able to meet the needs of people who used the service.

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 to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service were asked for their views about their care and support and these were acted on. We saw a suggestions box for people's views near the front reception. Minutes of weekly meetings of people who used the service and staff showed how feedback was used to improve the service. People were asked to complete a satisfaction questionnaire prior to leaving the service. We saw a large number of completed questionnaires and an analysis of the results. The results showed that 89% of people said they would use the service again. A senior manager told us the results would be discussed and shared in a forthcoming meeting with people who used the service.

There was evidence that learning from incidents and investigations took place and appropriate changes were made. For example, a member of staff told us about an incident and explained how the situation was managed and investigated. We saw evidence of feedback from incident investigations within the staff monthly meeting and clinical governance meeting minutes. We reviewed a recent risk report, which detailed trends from risk assessments and incident reports and identified changes that were needed. The provider carried out regular unannounced inspections of the service. Action points were identified and a record kept of when these were completed. In this way the provider identified and managed risks to people and helped maintain their health, welfare and safety.

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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