

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

Ellershaw House Limited

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Tel: 01765658381

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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

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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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 17 October 2013, 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, talked with staff, reviewed information sent to us by other authorities and reviewed information sent to us by local groups of people in the community or voluntary sector. We used information from local Healthwatch to inform our inspection.

What people told us and what we found

Some people living at the home had complex needs and were not able to verbally communicate their views and experiences to us. We therefore used a number of different methods to help us understand their experiences, which included observing care delivery and looking at records.

We found people's care and welfare needs were identified and they were given the support they needed to meet these needs. People's privacy, dignity and independence were respected.

We found people who used the service were safe and staff were aware of how to recognise and report any concerns about people's safety and wellbeing. We saw staff were supported to maintain and develop their knowledge, abilities and skills.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. People we spoke with described the staff as 'nice' and 'alright.'

There was an effective complaints system available. At the time of our inspection there were no outstanding complaints.

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 privacy, dignity and independence were respected.

Reasons for our judgement

When we looked around the home we saw accommodation was in single rooms, which helped to protect peoples' privacy and dignity. People had personal belongings in their rooms, which helped to create a homely environment and keep them in touch with family, friends, their earlier lives and interests.

We saw staff were respectful to the people who used the service. They spoke to people using their preferred name and knocked on people's doors before entering their rooms. We observed staff talking to people when they asked for attention or appeared distressed or uncomfortable. We saw staff explaining their actions to people so that they were not surprised when support was provided.

People were supported in promoting their independence and community involvement. One person told us about their preferred activities. They told us, "I do some nice things here; I ride the horses and dance to music. I like that." It was evident that people had access to a wide range of activities both in and around Ellershaw House and in the wider community. On the day of the inspection we saw people painting in the 'Art Shed,' carrying out work in the stables and taking part in a relaxation session. People told us they could choose what to be involved in and were given choices about this.

During the inspection we saw that some people spent time in one of the communal areas and others preferred to stay in their own rooms. Ellershaw House is a large farmhouse and there were a range of different areas for people to use, including a large dining kitchen and lounge area. People we spoke with said they liked the set up as they could sit with their friends and chat, or move around the home to other areas. We saw on our arrival at the home that the kitchen door was open and people were using the garden area freely. We also noted that when people were outside they were appropriately supervised or supported in their individual activities.

People who used the service, who were able, voiced their views about the service, by attending a 'resident only' meeting. This was chaired by a person using the service;

minutes were taken and distributed to everyone in the house. We were shown the minutes of the meetings which demonstrated the variety of topics discussed and how the service was striving to make improvements.

In addition to the formal meetings, staff told us they consulted with people on an individual basis and encouraged people to talk to them if they had any suggestions for improvements or concerns about the service. The house ran as a 'small family unit' and because of this it was 'easier' for staff to provide a highly personalised service, often with ratios of one to one support. This was confirmed by the people we spoke with during the visit.

We observed there was a comfortable and relaxed atmosphere throughout our inspection, where staff and people who used the service appeared happy and pleased to be in each other's company, and living at Ellershaw House.

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

We looked at three people's care records. We saw that people's needs were assessed and there were care plans in place to show how they would be supported to meet their assessed needs. There were risk assessments for areas of potential risk to people's health and wellbeing such as potential to fall, behaviours associated with people's conditions and food provision. Care records were extremely detailed and provided sufficient information for staff to know how to meet people's individual needs. However, although the records we saw were up to date, the provider may wish to note that dates on some care records only included the month and year and not the exact date a record was completed.

One person using the service preferred to complete their own care record and this was facilitated. A system of 'coding' had been created so that the person could record how they were feeling on a daily basis and document what they had been doing.

People who used the service, and those we met on the day of our inspection, looked well cared for. One person said, "I am happy, I like the staff."

We saw that people had access to a range of health services such as local doctors, community psychiatric nurses and district nurses.

Information about people's capacity to make decisions was recorded. We saw that people who used the service and/or their representatives were involved in reviews of their care. 'Best interest' meetings were being held to discuss the care and treatment of people who used the service, if they were not able to make decisions on their own accord. The meetings had been attended by the person's relatives, in addition to health and social care professionals involved in the person's care, as appropriate. This showed us that care and treatment was being planned in accordance with people's individual needs and abilities.

Some people living at the home had complex needs and were not able to verbally communicate their views and experiences to us. Due to this we observed interactions between staff and people living at the service, to help us understand how their needs were supported. At the time of our inspection there were five people at home and seven staff. To help us engage with people we were invited, by the people using the service, to sit at

the large dining table and share the lunchtime snack. Throughout our observations we saw staff treated people in a professional, patient, friendly and appropriate way. Staff approached people in a sensitive and calm way. Staff had an in depth knowledge of the people they were caring for and we saw a variety of ways being used to encourage people to be independent and maintain their privacy.

There were arrangements in place for managing foreseeable emergencies, such as medical emergencies. Staff described to us what they would do in the event of a medical emergency and knew who to contact if they needed advice.

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

The provider had a policy in place for safeguarding adults from abuse. The people we spoke with told us they had no concerns about their safety and said if they had concerns they would tell the staff or their relative.

Staff we spoke with were clear about the requirements for reporting concerns both internally and to external agencies, such as the local authority or police if necessary. They told us they would seek advice if they were not sure if something should be reported. They were protective of the people who used the service and showed genuine concern for their welfare. We were shown recent records which showed that incidents had been referred to us and the local authority safeguarding team where necessary.

Safeguards were in place to protect people from potential abuse. For example, to make sure people's personal finances were properly managed. All financial transactions were recorded and receipts were obtained for any purchases carried out on someone's behalf.

The training records showed that staff had attended a variety of courses, some training had been specific to the individual needs of people using the service. These had been provided both in-house and through external trainers. A 'Safeguarding Vulnerable Adults' course was due in the near future. However, the provider may wish to note that other mandatory training was now out of date. This was discussed with the deputy manager during the inspection and they were able to demonstrate that action was being taken to make sure staff had access to updates and relevant course material.

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 treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received formal supervision appropriate to their roles and responsibilities. Staff told us they felt well supported in their work and that there was an open door policy with regard to them seeking advice or guidance from each other and senior staff. We were told by the deputy manager that there was a process for annual appraisals. They told us they had a plan in place to make sure all staff would have an annual appraisal.

All new staff completed induction training, most of which was provided in-house. Staff also shadowed a permanent member of staff until they were confident and had been assessed as competent. We saw evidence of this in the records we looked at.

We spoke with all of the staff on duty, including the provider. They had all been working in the service for between one and twenty five years. Staff told us they enjoyed working for the provider and with each other. They said they took pride in their work and were 'proud' of the level of care and support they provided at Ellershaw House.

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

People and their representatives were made aware of the complaints procedure. The deputy manager told us that people who used the service were given a copy of the complaints procedure as part of the service user guide when they first came to live at the home. People we spoke with told us they knew what to do if they were unhappy.

Staff we spoke with told us there was an 'open door' policy and relatives and people who used the service were actively encouraged to bring forward any issues or concerns at any time. On the day of our inspection, it was clear that people were very comfortable in their communication with the provider and the staff team. Staff said they were confident the provider would deal with any concerns or comments promptly and take appropriate action where necessary.

We asked for a summary of complaints people had made and the provider's response. There had been no complaints in the last twelve months. We were told that everyone's complaint would be fully investigated and resolved where possible to their satisfaction. Staff were aware of the complaints procedure and knew how to assist people if they wanted to make a formal complaint. They said they would always try to resolve matters verbally with people who raised concerns. However, they were aware of people's rights to make formal complaints. Staff said they would record all complaints and report them to the provider or senior person on duty.

People who used the service had a regular review of their needs and this usually included people's relatives. This was also an opportunity for people to bring up any concerns if they had them.

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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