

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

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2013

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

Care and welfare of people who use services	✘	Action needed
Cleanliness and infection control	✔	Met this standard
Management of medicines	✘	Action needed
Staffing	✔	Met this standard
Assessing and monitoring the quality of service provision	✔	Met this standard

Details about this location

Registered Provider	National Schizophrenia Fellowship
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. The service uses a recovery model of care and support.
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 7 August 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We spoke with people who use the service. They told us they were happy with the care and support they received from the service. People said they liked the staff and got on well with them. People were involved in determining the goals of their admission and the support they needed to achieve them.

There were sufficient staff on duty to meet people's needs. People told us there were always staff available to talk to and one person said, "the one to one discussions with staff have been very helpful to me."

The service was clean and there were systems in place to prevent infections. One person told us "my room is lovely and clean." This was typical of people's comments. Systems were in place to assess and monitor the quality of service that people received and ensure care and support was provided appropriately and in a safe environment.

However, the systems for storing and recording medicines on the premises did not protect people sufficiently from the risks associated with medicines. The potential risks affecting people were mostly identified but there were not always appropriate plans in place to manage the risks safely or address people's needs.

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

What we have told the provider to do

We have asked the provider to send us a report by 05 September 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

✘ Action needed

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

Our judgement

The provider was not meeting this standard.

The registered person had not taken proper steps to ensure people were protected against the risks of receiving care or treatment that was inappropriate or unsafe. Risks affecting people were identified but plans to mitigate these were not always in place and the planning of care did not always ensure their safety or meet their individual needs. Regulation 9(1)(a)(b)(i)(ii)

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who use the service we spoke with told us they liked the staff and got on well with them. Support staff were described as "polite", "pleasant" and "friendly." People said they were happy with the service provided. For example, a person told us "I didn't know what a recovery house was when I came here but it has really helped me a lot." Another person said, "it is very good here." People told us they had been involved in determining the goals of their admission and the support they needed to achieve them. People were supported by staff to prepare their own meals.

There was a weekly activities schedule on display advertising sessions for people to take part in such as managing stress, exercise groups and anxiety management. Minutes of a recent meeting between people who use the service and staff showed that a discussion about previously organised activities had taken place and people made suggestions for future activities they thought would be beneficial. People's physical health needs were also discussed.

There were arrangements in place to deal with foreseeable emergencies. There were contingency plans detailing actions for staff to take in the event that the premises could not be used to provide the service.

There was a system in place to assess people's needs and ensure that care and support was planned and delivered in line with their individual care plan but this was not always consistently implemented. We reviewed the records of five people using the service. These showed that risk assessments had been carried out but plans were not always in place to manage those risks. Individual care and support plans were in place for most

people but did not always address people's assessed needs or the risks identified.

For example, the five records we looked at showed that each person had a safety plan in place, although we noted that none of these documents were dated. For one person we noted that two risks affecting the person had been identified. However, the section for recording the actions taken to manage the risks had been left blank.

In addition we saw that a physical health assessment and associated individual support plan had been completed for four of the five people whose records we reviewed. However, for one person the physical health assessment was not in their file and the manager could not confirm that it had been completed despite the person having serious and significant physical health problems for which they were receiving on-going treatment.

For another person an assessment of needs had been carried out and the person had identified three goals they wished to work on during their admission to the service. However, there was no associated care or support plan in place showing how staff would assist the person in respect of their goals.

Although there was a system in place for assessing peoples' needs this was not always effective. Plans for managing the risks identified and meeting people's needs were not always in place. The service had not taken proper steps to ensure people were protected against the risks of receiving unsafe care and treatment.

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 protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. People who used the service told us they thought the service was "very clean". One person told us "my room is lovely and clean." Another person said, "the cleaner has been in already today and you can see it is very clean."

The manager told us that a cleaner came into the service every day. There was a schedule in place which ensured the cleaner knew which areas to clean. Staff supported people who used the service to keep their bedrooms clean and tidy during their stay. We observed that the communal areas of the service were clean and clutter free.

Staff told us that after each person was discharged from the service they cleaned the mattress and all surfaces in the bedrooms before the next person was admitted.

There were infection control policies in place that provided guidance for staff on how to prevent infection. Staff received training in infection control during their induction period and undertook electronic learning aimed at improving their knowledge and awareness of the topic. Records showed that risk assessments, in respect of infection control and prevention, had been carried out and control measures were in place to minimise the risks identified.

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

Our judgement

The provider was not meeting this standard.

The registered person failed to protect people against the risks of the unsafe use and management of medicines by means of making appropriate arrangements for the accurate recording of medicines prescribed for and kept by people using the service and for ensuring all medicines were safely stored. Regulation 13

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

There were arrangements in place to ensure that medicines were managed safely but these were not sufficient to protect people against the risks associated with medicines.

Staff did not administer medicines to people who used the service but would prompt or encourage some people to take their medicines when they had been assessed as being able to look after their own medicines safely whilst using the service. Otherwise medicines were brought into the service by staff from the Home Treatment Team, provided by the local mental health trust.

A lockable cupboard was provided in each person's room which was intended to be used to store medicines safely. Staff told us it was the responsibility of each person to keep their medicines locked in the cupboards and to keep their bedroom doors locked when they were not in their rooms. The manager told us that checks of the environment, carried out by staff every two hours, included checking whether people had locked their bedroom doors when they had gone out. However, the environmental checklist we were shown did not list checking bedroom doors as one of the tasks required by staff. When we accompanied a staff member carrying out two hourly environmental checks they told us that they did not check people's rooms. As a result there was a risk that medicines were not being stored safely in locked cupboards and that bedroom doors had been left unlocked. This was particularly a risk to some people using the service who had a history of self-harm and/or suicide attempts.

A document called a "statement of patient being capable to manage own medication at the recovery house" had been completed for each person and was in their file. We saw that for one person the form had been completed and stated that the home treatment team, from the local mental health trust, would be responsible for administering the person's medicines. Staff told us that in these circumstances the Home Treatment Team staff brought the medicines with them into the service and the person did not keep the

medicines with them. However, we further noted in the person's records that they had obtained one specific prescribed medicine, which was a controlled drug, from the local pharmacy and kept the medicine with them in the service over the weekend, as the pharmacy was closed on Saturday and Sunday. The presence of the medicine in the service was noted in the person's records. This showed that although the risks to the person had been assessed they had not been managed effectively and the person kept their own medicines despite not being assessed as capable to look after them.

The service manager sent us a copy of the most recent local procedure in respect of managing self-medication by people who used the service. This had been updated recently, in June 2013. We noted that this procedure did not address the issue of the storage of medication given to those people assessed as able to manage and self-administer their own medicines. The provider's 'medication in registered services procedure' dated September 2012 did not address the specific circumstances of the storage of medicines in the provider's recovery houses, such as Elysian House, where staff did not administer medicines. As a result people were not protected against the risks associated with the unsafe storage of medicines as clear procedures for the safe storage of medicines kept on the premises were not in place.

The provider's 'medication in registered services procedure' dated September 2012 stated that all people using services should have a support plan in place detailing issues in respect of the person and their medication. In none of the five care records we reviewed did we see a care plan related to medicines although all five were taking prescribed medicines. In particular, for one person who was prescribed a controlled drug there was no written plan in place detailing how the drug was to be supervised, collected, administered or stored safely.

We reviewed the care records of five people who were using the service. These all contained a summary of the person's medicines. For those who kept their own medicines in the service, the medicine and number of tablets given to them was recorded. However, none of the records indicated whether the medicines were still in the possession of the person using the service, whether they had been taken by them or had been returned to the pharmacy. When we spoke with the service manager about this, he agreed an accurate record of medicines kept by people in the service was not maintained. As a result people were not being protected against the risks associated with the unsafe use and management of medicines as appropriate arrangements were not in place for the accurate recording of medicines kept by people using the service.

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

There were enough qualified, skilled and experienced staff to meet people's needs. There were generally three support workers on duty during the day and one staff worked at night with another staff member sleeping in. People told us they were satisfied with the level of support they received from staff and said they were always available to talk to. One person told us "the one to one discussions with staff have been very helpful to me."

There were systems in place to bring in extra staff if they were needed. The service used bank staff and, less frequently, staff from an agency to cover any shortfalls in staffing. Most bank staff worked regularly in the service or in other recovery houses run by the provider. As a result they understood the model of care and support provided and had the experience needed to meet people's needs. Bank staff were also able to use the provider's electronic learning system to maintain and develop their knowledge and skills.

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 and staff were asked for their views about their care and treatment and they were acted upon. There were opportunities for people to give their feedback about the service and influence the way it was delivered. Regular meetings were held where people who used the service could choose and suggest activities and shape the way the service was provided. There was a suggestions box in the reception area where people could post their feedback about the service.

Everyone who used the service was encouraged to complete a satisfaction questionnaire when they were discharged. We saw a number of questionnaires that had been completed by people who had been discharged in July 2013. These showed that people were very positive about the support they had received. Typical comments we read included: "I feel more able than when I arrived two weeks ago" and "all the staff have been five star." Another person described feeling "very safe and secure" in the service.

Staff were able to give feedback on the service via an annual staff survey and at monthly staff meetings. Staff were encouraged to express their ideas about the way care and support was provided.

Regular monitoring visits to the service were carried out by managers of the provider's other services. We saw reports of these peer visits, including one in April 2013. Where recommendations for improvements had been made these were acted upon.

The provider had an effective system in place to identify, assess and manage risks to health, safety and welfare of people. An environmental risk assessment had been carried out and regular health and safety audits ensured that people were protected from identified risks. Where risks had been identified these had been addressed. A ligature risk assessment had been conducted in January 2013. Records showed that every room had been assessed and risks identified had either been removed or control measures put in place.

There was evidence that learning from incidents and complaints took place and appropriate changes were implemented. Incidents were reviewed by the staff team to

identify any trends. The manager explained that new locks on the windows had been installed following a serious incident in another of the provider's services. The service manager met regularly with the Home Treatment Team to discuss the day to day practical issues that arose when the two teams worked together. The manager provided examples of changes made to the way the two staff teams communicated with each other in order to improve the continuity of care and treatment people received.

This section is primarily information for the provider

✕ **Action we have told the provider to take**

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Care and welfare of people who use services</p>
	<p>How the regulation was not being met:</p> <p>The registered person had not taken proper steps to ensure people were protected against the risks of receiving care or treatment that was inappropriate or unsafe. Risks affecting people were identified but plans to mitigate these were not always in place and the planning of care did not always ensure their safety or meet their individual needs. Regulation 9(1)(a)(b)(i)(ii)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Management of medicines</p>
	<p>How the regulation was not being met:</p> <p>The registered person failed to protect people against the risks of the unsafe use and management of medicines by means of making appropriate arrangements for the accurate recording of medicines prescribed for and kept by people using the service and for ensuring all medicines were safely stored. Regulation 13</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 September 2013.

This section is primarily information for the provider

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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