

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: 02 January 2014

Date of Publication: January
2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

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

Management of medicines ✓ 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

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Management of medicines	7
About CQC Inspections	9
How we define our judgements	10
Glossary of terms we use in this report	12
Contact us	14

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Elysian House had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines

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 2 January 2014, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We carried out this inspection to check whether improvements had been made since our last inspection of the service in August 2013. At that inspection we found that, although risk assessments were carried out in respect of people's needs, plans to manage the risks identified and maintain people's safety were not always in place. In addition, arrangements for the accurate recording and storage of medicines were not appropriate. We asked the provider to take action to address these concerns.

At our inspection of the service on 2 January 2014 we found that significant improvements had been made. People who used the service had appropriate risk assessments and support plans in place which enabled their needs to be met. Safety plans made clear the actions for staff to take in order to manage the individual risks identified.

People's capability to manage their own medicines was assessed and everyone had a plan in place to ensure they received the support they needed. Staff carried out checks to make sure people's medicines were stored safely and accurate records of people's medicines were kept by the 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At our last inspection of the service we found that, although risk assessments were carried out in respect of people's needs, plans to manage the risks identified and maintain people's safety were not always in place. We asked the provider to make improvements.

During our inspection on 2 January 2014 we found that the registered provider had taken steps to ensure that people were protected against the risks of receiving care or treatment that was inappropriate or unsafe.

Staff told us that a new system of assessment of people's support needs had been implemented. Staff had received training in how to assess people's needs using the new documentation. We reviewed the records of five of the nine people using the service on the day we visited. These showed that everyone had individual support plans in place, which addressed their needs and were in line with people's individual objectives. A detailed risk assessment had been carried out for each person using the service and an up to date safety plan was in place. Safety plans made clear the actions for staff to take in order to manage the individual risks identified. An assessment of people's physical health needs had been undertaken and action plans were in place for those people who had identified physical health needs. This helped ensure their physical as well as mental health needs were addressed.

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

At our last inspection of the service we found that records of people's medicines were not always accurate and arrangements for the safe storage of medicines were inadequate. We asked the provider to make improvements.

During our inspection on 2 January 2014 we found that arrangements for the management of people's medicines had improved. Accurate records of medicines were kept and there were appropriate arrangements in place for the safe storage of medicines.

We reviewed the records of five of the nine people using the service on the day we visited. These showed that four of the five people had been given written information on their rights and responsibilities whilst using the service. The list of responsibilities included people's responsibility to keep their medicines in locked cabinets provided in their rooms and to keep their door locked when they were not in the room. They were further required to inform staff when they brought over the counter medicines into the service. We saw that rights and responsibilities forms had been signed by people to show that they understood how to keep their medicines safely.

Records showed that an assessment had been made of each person's capability in respect of managing their own medicines. We saw that people had medicine support plans in place that corresponded with the outcome of their individual capability assessment. We noted, however, that one person's medicine support plan needed updating following a recent change in medicine management arrangements. The service manager confirmed this would be done immediately. The medicine support plans made clear whether the person was self-medicating or received their medicines from the Crisis Resolution Home Treatment Team.

The local operating procedure for medicines management had been revised by the provider. The procedure we saw, dated October 2013, stated that staff were to ensure that medicines of those people able to self-medicate were kept safely in a locked cabinet in their bedrooms. Staff carried out two hourly checks of the environment which included checks to ensure bedroom doors were locked when people were not in their rooms. We saw records that confirmed these checks were taking place. This ensured that other

people would not be able to enter the rooms and access medicines, if they had not been safely stored.

We saw that summaries of people's medicines were kept up to date and indicated the type of medicines and how many tablets they had in their possession. When people's medicines changed this was recorded. Records showed that staff carried out spot checks of people's medicines to confirm that summaries of medicines were correct. This ensured the service had an accurate record of people's medicines.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
