

Ellershaw House Limited

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Inspection report

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Tel: 01765658381

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 19 May 2016 and was unannounced. At the last inspection carried out on 25 September 2014 the registered provider was meeting all the regulations that were assessed.

Ellershaw House provides residential care for up to 12 people with learning disabilities. On the day of the inspection there were eight people living at the service.

The registered provider is a limited company and one of the directors is also the registered manager. In February 2016 an additional manager was registered and this position became a shared role. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home is a large farmhouse set in open countryside in an isolated location. Transport is required to access all services and facilities.

Ellershaw House is a unique service; riding and care of the horses is integral to the culture of the home along with other therapies such as rebound therapy and arts.

Staff were referred to as tutors and people who used the service as students. Many of the people living at the service had moved there as children and had grown up together. During the inspection we found a strong family culture and sense of community. This included sharing out practical work in the grounds, the vegetable patch, care of the horses and a shared ownership of the operation of the service. We saw students and tutors worked alongside each other and any decisions made were jointly and fairly agreed amongst everyone.

People had complex needs and these were supported in a person centred way. They were very much involved in their plan of care and support, their goals and aspirations. People were supported to consider their needs through the medium of therapies including equine, art and music therapy. Each person's plan was designed and delivered exclusively according to their needs.

The service consulted and encouraged external bodies to support people, for example social workers, psychologists and occupational therapists. It also supported people to be active members of the community for example, in work placements and local social groups such as the church choir.

The staff had a good working understanding of the Mental Capacity Act 2005 and deprivation of liberty safeguards.

People were supported to maintain relationships with their family and the service had played an active role

in some people being reunited with close family members.

People told us they felt safe and secure. They referred to close relationships with staff and felt they were given time to express any concerns or worries. Staff received training with regard to safeguarding adults and the service worked closely with safeguarding authorities.

The provider had good systems in place for health and safety. Risk assessments were completed and people were assessed carefully to ensure they were safe within the equine areas. Risk assessments ensured people could be as independent and self-determining as possible.

There was a very low turnover of staff who were recruited carefully to ensure they were suited to the culture and ethos of the service. Appropriate checks were made to ensure staff were suitable to work with people in this environment.

Staff were valued and had good opportunities to develop their skills and confidence. They were supported by the registered managers and were clear about their roles and responsibilities.

Staff told us leadership was exceptional, and the registered managers led by example and provided excellent role models.

The service had effective systems in place to monitor and audit the service. Tutors and students met regularly to discuss life at Ellershaw House; what was working and where changes may need to be made. This was fundamental to the ethos and culture of the service. Any challenges were confronted and discussed openly and honestly with the aim of a shared resolution.

On the day following this inspection, registered manager and co-director, Sandra Kreutzer-Brett was involved in a tragic riding accident at the service and very sadly died of their injuries. With the agreement of the co-director, Robert Kreutzer Brett and the registered manager this inspection process was completed and the inspector is extremely grateful to people using the service and the entire staff team for their cooperation and on-going input during such a traumatic and difficult time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Care and support was planned and delivered in a way that reduced risks to people's safety and welfare. Staff knew how to minimise risks whilst supporting people to live their life as independently as possible.

Staff were recruited safely because the appropriate checks were undertaken. There were enough staff to provide the support people needed.

The environment was regularly checked to ensure the safety of the people who lived and worked there.

People's medicines were managed safely and they received them as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff had the specialist knowledge and skills required to meet people's individual needs and promote people's health and wellbeing.

The service worked in partnership with other healthcare professionals to ensure people's physical and psychological needs were met.

Staff supported people to make decisions about their care in accordance with current legislation. Where restrictions were placed upon people, staff made sure people were supported to continue living their life in accordance with their preferences.

Is the service caring?

Good ●

The service was caring.

Staff were very skilled in clear communication and the development of respectful warm and caring relationships with people, involving them in all decisions.

Staff supported people to build their confidence and to feel reassured. They were exceptional in enabling people to be as independent as possible.

Staff were considerate of people's feeling at all times and always treated people with the greatest respect and dignity.

Is the service responsive?

Good ●

The service was very responsive. Innovative methods were used that ensured care was delivered in accordance with people's individual preferences and needs and which supported them to live independently.

People received very personalised care which ensured people's needs were responded to holistically. The culture of reflective practice ensured people had the opportunity to develop emotionally and enhance their wellbeing.

People's achievements were recognised and celebrated and People were able to maintain relationships with those who mattered to them the most.

People had a very active role in determining the community life experienced at Ellershaw House.

Is the service well-led?

Good ●

The service was well led.

People experienced and benefitted from the culture of the service which developed from strong leadership and staff team. The registered provider and manager were always looking at ways to enhance and improve the service people experienced.

The values of the provider were consistently demonstrated by the staff in their interactions with people and with each other.

Staff understood their roles and responsibilities, they were encouraged and supported to develop professionally and they told us the registered provider and manager provided excellent role modelling and mentorship.

There was a thorough and effective quality assurance system in

place. The registered manager and staff team were proactive in seeking out ways to improve. Staff were supported to improve their practice across a range of areas.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 May 2016 and was carried out by one adult social care inspector. It was unannounced. The registered provider/manager was present at the inspection and we spoke with the registered manager via skype.

Before the inspection, we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the registered provider had informed us of. A notification is information about important events which the registered provider is required to send us by law.

During our inspection, we spoke with the registered provider and registered manager and four members of staff. We spoke with four people who used the service. We received electronic feedback from two health care professionals and three members of staff. We reviewed the records for three people who used the service and staff recruitment and training files for three staff. We checked management records including staff rotas, staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

We consulted North Yorkshire County Council to see if they had any feedback about the service, and we have incorporated this in our report.

Is the service safe?

Our findings

People told us they had close relationships with staff at Ellershaw House and this made them feel safe and secure. One person said, "I have lived here a long time, this is my home, we are like a family."

Staff had received safeguarding adults training and this had been updated within the previous 12 months. We saw clear policies and procedures to follow in the event of an alleged safeguarding incident; this included the local authority multi-agency safeguarding policy and the service's own policy and procedure. The registered provider was able to demonstrate a good understanding of the issues and gave us examples of instances where they had worked closely with the local authority safeguarding team and supported people who use the service through the process. Staff were able to describe to us their understanding of abuse. They told us of the importance of knowing people who used the service well in order to interpret changes in behaviour to compensate for people being unable to verbalise any concerns. There were no outstanding safeguarding investigations.

People were supported to manage their finances. There were policies in place with regard to managing people's finances and we saw records of income and expenditure and the process followed where people had made decisions about spending larger amounts of money, for example on holidays. The registered provider explained how physical prompts had been used to support people to make decisions about how they wished to spend their money.

The nature of the service meant that some of the activities people participated in were of higher risk, for example horse riding and the care of horses. This was recognised and thorough risk assessments had been completed. Risk assessments were individualised and developed from detailed assessments. There was clear action to keep people safe. We saw for example one person had a care plan to enable them to access the riding school to spend time with their pony. The competence this person needed to achieve was clearly set out in stages in their risk assessment and had been monitored and reviewed. They had completed a period of learning and their practice had been observation before they were assessed as being safe. This person took us to meet their pony and we observed them follow the action set out in the risk assessment. The benefit to this person's independence was evident and the service had helped to support them achieve this.

Risk assessments with regard to the environment had been carried out to ensure risks such as trip hazards were identified and eliminated. There were emergency plans in place should the service need to be evacuated and staff were aware of what to do in the event of a fire. There was a Health and Safety champion appointed to support the role of the maintenance person. We were told the role included checking equipment used by staff which maybe hazardous and reporting back to the registered manager. There was an ongoing maintenance plan to ensure the upkeep of the building.

Staffing levels were such that people received a high level of one to one support. People had a schedule of activities and staff were assigned to these. There were sufficient staff on duty during the day and there were two staff on duty overnight with an on call person available.

Staff turnover was very low and most people had worked at the service for many years. Due to the unique nature of the service staff were recruited carefully. The registered provider said, "I need to be absolutely sure staff are right for Ellershaw, people have very complex needs and the ethos of the home is such that they have to commit to this 100 per cent."

We looked at the recruitment records for three staff and found they had all completed an application form, which included details of former employment with dates. This meant the provider was able to follow up any gaps in employment. Prospect employees attended for interview, part of which included meeting people who lived at the service. The registered provider told us this helped assess prospect employees interpersonal and communication skills. The records showed a clear audit trail of the recruitment processes including interview questions and the checks carried out. Appropriate checks such as, proof of identity, references, satisfactory Disclosure and Barring Service [DBS] certificates had been obtained. The DBS provides criminal record checking and barring functions. This helped reduce the risk of the provider employing unsuitable people.

During the visit we looked at the storage arrangements for medication. We also checked the administration records, the process for ordering and disposing of medication. We saw that medicines were managed safely. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. We noted that where people were prescribed PRN (as required) medicines, information was recorded about the circumstances under which the medicine could be administered. This included non-verbal clues the person might present if they were unable, for example, to express pain verbally.

Is the service effective?

Our findings

People were supported by staff who had received training appropriate to meet the needs of people living at Ellershaw House.

We spoke with staff about how they were supported to fulfil their roles. They told us that there were good opportunities to attend training which gave them the skills and knowledge to provide appropriate care. They told us they completed statutory training such as moving and handling, first aid, infection control, medication, safeguarding, the Mental Capacity Act and Deprivation of Liberty Safeguards. There was an up to date training and development plan for the staff team which enabled the registered provider to monitor training provision and identify any gaps. The plan also highlighted when staff were due to refresh their training. This helped to ensure that staff kept their knowledge and skills up to date and at the required frequency.

The staff told us team work and the opportunity to develop their skills was given a high priority. They told us they had recently participated in a team away day using the horses at Ellershaw to develop communication skills, particularly nonverbal communication. They told us they were asked to complete an exercise where they had to work as a team to move a horse from one area to another without using verbal communication. This exercise was video recorded which the team analysed to review the teams strengths and where improvements could be made.

People living at Ellershaw had complex needs and occasionally experienced distress. Staff had completed NAPPI (Non abusive psychological and physical intervention) training. Following any incidents staff attended a de briefing session where issues relating to triggers, and staff response were analysed to take any learning forward. Staff had also completed Intensive interaction training which promotes alternative communication skills.

Staff received regular structured supervision and an annual appraisal. The content of supervision and appraisal included self assessment, work load, areas for development, well being and professional boundaries. Staff meetings took place on a regular basis and we saw the minutes of these. Staff told us they were conducted with openness and transparency and staff felt able to voice their opinions. One member of staff said, "We work in a very open way, otherwise it would affect the students and their quality of life." A senior member of staff told us how they had been mentored by the registered provider and encouraged to complete management and leadership training. They told us, "Due to [name] support and mentoring I have managed to succeed in my goal and that's what we aim to do with our students; to support them to succeed and achieve their goals."

The rights of people who were unable to make important decisions about their health or wellbeing were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least

restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the deprivation of liberty safeguards, (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm and in their best interests.

The registered provider told us they had completed and submitted DoLS applications in line with current legislation to the local authority for eight people living at the home. We saw two had been granted, one refused and the remaining still awaiting an outcome.

We saw assessments had been completed where people were unable to make decisions for themselves and who was able to make decisions on their behalf, made in their best interests. We saw evidence of a best interest decision in one person's care records for the purchase of specialist equipment. We noted that advocates had been used for people who did not have family or when people required additional support during the decision making process. Advocates are independent and are able to support people in decision making, expressing their views and upholding their rights.

During the week meal times were set to fit in with activity sessions and met the ethos of mealtimes being an opportunity to gather together to share food and socialise. Everyone including care and administrative staff ate around a large farmhouse table. Meals were freshly prepared every day using fruit and vegetables grown by people living at the service. Meals were wholesome to ensure people had their nutritional needs met. People's likes and dislikes were known and people had an opportunity to contribute to the weekly menu ideas. People gathered at mid-morning and afternoon for a drink and a snack to keep them going especially as many of the activities took place outdoors and were physically activity.

We saw people had a health action plan, which was reviewed annually or when needs changed. People had their health needs met and accessed mainstream and specialist services, for example specialist learning disability nurses and psychologists. One person told us they received a regular massage to maintain their flexibility. The provider told us the importance of supporting people holistically and ensuring joint and agreed approaches to people's health needs. We saw evidence of this reflected in people's care records.

People showed us their bedrooms which were very personalised with pictures, photographs or items of personal interest. People were able to choose the colour and furnishings for their room. People who required it had ground floor bedrooms and there were adaptations made to support people with mobility difficulties. There was ample communal space for people to utilise including a large games room. The service was set in a rural location with plenty of outdoor space to use.

Is the service caring?

Our findings

People told us they were very happy living at Ellershaw House. One person said, "It's my family, I love all the staff, they are brilliant." Another person said, "I love it here, we have a good laugh too." People told us they all got on well together but they would sit down and talk if there were any 'niggles'. We were told, "We all sit round the table and talk about how we're feeling and we plan things we want to do."

A recent survey had asked relatives to share their views on the service. Comments included, "Ellershaw is homely and friendly. Everyone is treated equally and each individual is encouraged to flourish in making a valued contribution" "Their (people who live at the service) lives are rich and varied to include stimulation, new experiences and recreation," and "There is a pride in what students have and can achieve within the boundaries, independence and initiative is encouraged."

Staff demonstrated genuine care and affection towards people, and we were given many examples where staff had 'gone the extra mile'. For example supporting people to go on holiday with their family and attending a family wedding. Staff told us they would not 'think twice' if it meant their support contributed towards improving people's well-being, relationships and life experience. One member of staff told us, "I believe the adults we look after live in a truly unique and loving environment. Due to the location of Ellershaw they have freedom that they could get nowhere else which provides countless opportunities for self-growth and independence."

People were supported to maintain relationships with their family and friends. Details of important people in each individual's life were kept in their care plan file. Staff supported people to keep in contact with relatives.

We observed interactions between staff and people and they were positive, professional and relaxed. Staff talked to people in a gentle, quiet way and always responded to questions. Staff continually asked what people wanted to do and guided them in activities appropriate to their needs. We also witnessed some good hearted banter between staff and individuals and for those people who needed intensive one to one support this was observed to be relaxed and unobtrusive. Staff clearly knew people well as we heard discussions which reflected people's personal preferences. We saw staff take account of people's privacy and dignity. For example we heard one member of staff suggest to someone discreetly they move to another area of the home where they could talk privately.

We gained a real sense of community and people told us they were a 'family'. People who used the service told us they held weekly house meetings where everyone had an opportunity to talk about and contribute ideas for the running of the house, social activities new ideas etc.

Although community, shared living and understanding each other's needs were important aspects of living at Ellershaw House people's information was kept confidential and there was a confidentiality statement which everyone signed up to.

Is the service responsive?

Our findings

The manager explained that the process of determining whether Ellershaw House would meet the needs of people was complex and involved careful consideration. They told us although there had been enquires there had been no admissions to the service for 13 years. They said they would gather information from professionals and visit the person on a number of occasions to complete an extensive assessment. They would invite the person to visit and spend time at Ellershaw House meeting staff and people who lived at the service. The registered manager told us how important it was not to compromise the dynamics of Ellershaw community and ensuring people's trust and confidence was not put at risk. This consideration had involved people who lived at the service. This demonstrated that the registered provider valued and respected the views of people who lived at the service and that they were central to decision making within the service. It meant decisions were made as a collective and showed a balance of power between people who used the service and the management team .

The sense of community and shared living was an integral aspect of Ellershaw House. We found a culture of openness and respecting each other's needs and as well as house meetings, which tended to focus on practical issues, group sessions looked at wellbeing and emotional growth. The registered provider told us they promoted experiential learning using 'Ignition cards'. They went on to explain, "Ignition cards are a visual tool chosen randomly by people enabling powerful conversations and deep learning about ourselves and how we interact with each other. The cards have different pictures on them, you chose one and talk about what you see and what it means to you, other people in the group help to explore people's thoughts and feelings. The card is then turned over to reveal a word which, almost always is relevant and meaningful to the person." Staff joined in these sessions and told us, "Although we are here to support people we are all equal and if we are to support people to develop we need to understand each other." One member of staff said, "It's important to be reflective in order that we can respect each other and develop."

People had very complex needs linked to their learning disabilities, mental health and previous life experiences. The registered provider responded to these in a very individual and personalised way. They developed with each person a care plan which promoted independence and focused on their emotional well-being. Care plans support people to develop skills, feelings of self-worth and provided therapeutic opportunities to explore their psychological needs. Riding and care of the horses is integral to the culture of the home. People were offered equine therapy, to promote physical, occupational, and emotional growth. We were shown footage of people receiving therapy and could see the achievement and joy people experienced.

We were invited by one person to look at their care plan and they went through it with us. They referred us to their goals and aspirations and some of the art therapy work they had completed. They were very open in discussing their needs and how they were supported. This indicated to us they were truly consulted and in partnership with staff in developing the support they wanted and needed.

We reviewed two further care plans with people's permission to do this. These were very detailed and covered every aspect of the person's life. They included photographs and drawings and it was evident they were owned by the person and had been included in their development. We could see care plans were

reviewed in a manner which was reflective and took into account people's needs and development. For example, one person had expressed distress in getting on a horse but had enjoyed the ride once they had got on. We saw detailed debriefing with staff about the balance of enjoyment for this person against the distress experienced. The decision had been made not to try this activity again but look at alternatives to enjoy being with horses. This person now spent time with horses in the riding school and enjoyed a ride in the pony and trap. This meant people's needs were responded to in a person centred way.

For those people with limited verbal communication staff had completed intensive interaction training. We were told this was a practical approach to interacting with people with learning disabilities who did not find it easy communicating or being social. Its roots lay in how communication developed in infancy and assisted staff in focusing on the person's communication and interpreting this. An example might be copying a person clapping or making noise as a way of connecting and sharing communication. Staff told us since completing the course they felt more confident and 'connected' to this individual and they felt their sense of wellbeing had improved. We also saw in this person's care records a 'DisDat' (Disability distress assessment tool). This tool is intended to help identify distress cues in people, who because of cognitive impairment or physical illness, have severely limited communication. It prompts staff to document a wide range of signs and behaviours of distress and when an individual is content.

Staff told us they worked closely together to review support with people. They used visual prompts to enable people to express their views, for example using cards with happy, sad, angry, unhappy. Reviewing people's packages of care meant staff supported them to develop and have improved well-being and quality of life. For example, one person had experienced for the first time a family holiday with support from staff. Another person enjoyed being outside but found the openness of the space difficult. Staff had supported this person to feel less anxious. Through trying different approaches to reduce their anxiety they found that if the person sat under a portable gazebo this provided a sense of security which meant they could be outside and participate with other people.

Where people's packages of care were reviewed with external professionals people told us they spent time with the staff before the meeting preparing and practicing what they wanted to say. The manager said they encouraged professionals to spend time at the service with people rather than just at the formal meeting. They added it was important that people responsible for placements and funding packages of care had an opportunity to experience the person in an environment in which they were more comfortable. It also gave people the opportunity to share their experiences and achievements with social care professionals. The registered provider explained this was particularly important for people whose previous experience of formal reviews had indicated times of crisis and change in their lives.

People spoke with us and about their involvement with horses and took us to meet them. One person said, "Having my own pony has really helped me, she's my responsibility." This person spoke about therapeutic work they had done and explained the techniques and prompts they used to express and control their distress safely. They were also able to speak about how their 'distress' impacted on other people living at Ellershaw House. This showed the level of commitment to provide exceptional personalised support to enable this person to develop self-awareness and improve their relationships and wellbeing.

The register provider had supported three people living at the service to be reunited with their immediate family. People had been carefully supported emotionally through this process. One person spoke to us about how much it had meant to them to attend their mother's wedding.

Staff had developed a programme of support to enable one person to use public transport to visit their relative in a neighbouring town. This included helping the person identify landmarks and staff shadowed the

person until they felt they were safe enough to do this independently. The person also practised seeking help if the routine changed.

We found people's human rights, beliefs and personal aspirations were respected. One person had wanted to explore their spiritual needs and was supported to attend confirmation classes and decided to be confirmed; this person also sung in the local church choir and enjoyed singing lessons.

People told us they were involved in lots of activities; swimming, theatre, going out for meals and the pub . We were told people had suggested an art exhibition of their work and they had held this at a local village hall. They also showed us a wall hanging jointly made which had won first prize in a local country show. People told us they had enjoyed producing a Christmas 'show'.

The manager told us, "People's opportunity for new experience should not be limited because of disability." We were told of holidays to Australia and America, trips to the theatre and classical music concerts. Without exception people told us they enjoyed going out to restaurants to eat. People had been supported and practised choosing and ordering food and exploring the menu; to taste different food and wine in order that they could enjoy a meal in a formal restaurant. One person told us what their favourite dessert was and which type of wine they preferred.

The service ethos and culture was one which encouraged continual review and evaluation. Although there was a complaints procedure in place, the service had not received any complaints. The provider encouraged feedback on the quality of the service and sent surveys out to relatives and health professionals on annual basis. Twenty-six people responded to the most recent survey; we reviewed the responses and saw only positive comments about the location, staff, leadership and individual service.. One social care professional told us, "It really is unique; [name of provider] really empowers people regardless of their disabilities." And a health care professional said, "It [the service] wouldn't suit everyone but for those people who live at Ellershaw house it has provided real person centred care."

People told us they knew how to complain about the service and who they would talk to. There was an accessible complaints procedure in place, including pictorial forms which helped those with limited literacy skills to complain. In discussion with us, staff demonstrated that they understood the provider's complaints procedure.

Is the service well-led?

Our findings

We spoke with a number of people including staff, health care professionals and people who used the service about the leadership of the service. Without exception we were told the service was excellent and unique. One health professional told us, "The service that they offered to people seemed to me to be of a very high standard, the environment and types of activity and involvement from the staff all seemed very good." A member of staff told us, "It's the forward, innovative thinking, implemented by Ellershaw House Limited [registered provider] that I believe makes Ellershaw House the special place it is, both for the students who live here and for the staff who work here."

The registered provider had been involved in providing social care for children and adults for over 40 years. They told us they were qualified members of equine therapy organisations and had completed psychotherapy and counselling courses. They said, ""People are so complex and staff have to be tuned into this. It is vital to have imagination and to think outside the box if people are to grow and develop."

Both managers told us they actively sought to develop their skills and knowledge, particularly with regard to innovative therapeutic work, for example the work with Ignition cards and intensive interaction therapy.

The service adopted a non-judgemental and person centred approach. The provider was passionate about providing people with disabilities the chance to pursue their chosen lifestyle. They told us and we saw evidence in people's records that the service was not afraid to challenge other agencies or partners on behalf of the people who used the service where they felt necessary, for example to secure additional therapeutic services. They were aware of their own emotional attachment to people living at the service so enlisted the support of advocates to ensure a professional balanced and independent voice.

Staff told us they enjoyed working at Ellershaw House. One person said, "It's not really a job, it's a way of life. I think the last new member of care staff was ten years ago so there must be something special about it."

They said both managers were approachable and they experienced a consistent approach in their responses when seeking clarification. Both were held in high regard. One person told us, "I came here for three months to see if it was what I wanted to do, I have been supported and encouraged and have a high regard for both managers. I am still here after ten years." The registered provider said, "I encourage staff to be non-discriminatory and value each other's skills, and personalities; everyone here has a role and an important contribution to make."

We saw that well managed systems were in place to monitor the quality of the care provided. Quality audits were completed regularly which included checks of medicines management, care records, incidents and health and safety. These checks were monitored to ensure and maintain the effectiveness and quality of the care. Staff told us they were actively encouraged to contribute to enhance the quality of the service; they shared ideas with the registered provider who was keen to listen and explore new ideas.

Although the service is set in a rural location, we were told there was a close knit supportive community and

Ellershaw House was included in that. Some staff at the service were recruited locally not only because they embraced the culture of the service but because they had similar rural skills which they could share to enable with people, for example in the care and maintenance of the land. Similarly, some people living at the service had supported employment with local people. One person had a supported employment at the village garage.

The registered provider understood the responsibilities of their registration with the CQC. This included the reporting of significant events to us, such as safety incidents, in accordance with the requirements of their registration. The service was supported by administrative staff and the second director of the business to ensure the effective running of the business. We spoke with administrators who told us they were clear about their roles and responsibilities. They said the business was well organised, records and processes to ensure insurance equipment were maintained.