

Ellershaw House Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ellershaw House Ltd is a residential care home for up to 12 people. The service provides support to people who live with a Learning disabilities or autistic spectrum disorder. At the time of our inspection 11 people were using the service.

People's experience of using this service and what we found

People living at Ellershaw House Ltd are referred to by the provider as 'students' to reflect how the service promotes learning in a supportive and caring environment. Ellershaw House Ltd is set in a rural setting in open countryside. People enjoy the indoor riding school and extensive outdoor space. Equestrian and care of the horses is integral to the culture of the service and the therapeutic support it offers.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of 'Right support, right care, right culture'

Right support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were safely recruited in line with the provider's policy and legislative requirements. Enough suitably skilled staff were employed to spend quality time with people to develop skills and promote independence. Staff received supervision and appraisal along with spot checks recorded to maintain best practice.

People received initial assessments of their needs with care plans in place to manage known risks. Care planning was moving from paper to electronic records. Regular reviews ensured information remained relevant and up to date as an accessible point of reference for staff. People's care plans and risk assessments reflected their needs and preferences, and staff were knowledgeable about the level of support people required to keep them safe.

Right care: Care was person-centred and promoted people's dignity, privacy, and human rights; Staff were respectful, caring and understanding around people's emotional and physical needs.

People were involved in planning their care and support. Care was delivered following a robust assessment of needs to ensure people's wishes, preferences and any personal characteristics were recorded and

supported. Regular reviews with people ensured adjustments were made to meet people's changing needs and aspirations.

Where people received support to take their medicines this was done safely. Medicines management and administration followed best practice guidance. Where medicines were prescribed as part of behaviour support planning, professional health reviews ensured reliance on these medicines was monitored and reduced to support people to stay well and have a good quality of life.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive, and empowered lives; The culture of the service was open and empowered individuals to express their views and be in control of their lives with the support of staff. People felt confident to approach staff and management, indicative of a family environment and their suggestions were listened to and acted on.

A range of quality assurance checks including regular audits were completed to manage and improve the service and to maintain compliance with required regulations. The provider was in the process of implementing new electronic recording. This would benefit from improved management planning to ensure a smooth transition within achievable time scales.

Staff followed latest guidance to maintain effective infection prevention and control and had good access to any required protective equipment which helped to reduce the spread of any infections. Where we identified some areas of the home required maintenance, this was proactively completed during the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (17 May 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ellershaw House Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ellershaw House Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by an inspector.

Ellershaw House Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ellershaw House Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service about their experience of the care provided. We spoke with 8 staff, including the registered manager. We looked around the service and checked the management and administration process for people's medicines. We reviewed a variety of records used to manage the service and associated risks, safety, and the home environment. We reviewed 2 care plans and 3 staff files.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

- At our last inspection we found health and safety checks were not completed as required. At this inspection we found new systems and processes were in place with checks completed to help manage and maintain a safe environment.
- Initial and ongoing assessments of people's needs ensured staff had access to information to provide care and support safely; managing and responding to known risks.
- Where people's needs changed, staff ensured these were consistently recorded and discussed in daily handovers to ensure any risks were known.
- Staff discussed positive approaches to managing risk which encouraged and supported people to engage in a variety of daily living activities and life enriching events.
- Where people showed signs of unpredictable behaviours which may put themselves or others at risk of harm, staff had a clear understanding of associated triggers with behaviour plans to support them in the least restrictive way possible.

Staffing and recruitment

- At our last inspection we found some recruitment records were unclear as to how decisions to employ safe and appropriate staff had been made. At this inspection we found improvements had been made. Appropriate pre-employment checks were recorded to ensure suitable staff were employed. This included Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions the provider had not recruited new staff in line with their organisation's policy or legislative requirements.
- Processes in place included contingency plans which ensured enough suitably trained staff were recruited and on duty to safely meet people's needs.

Using medicines safely

- Medicines were received, stored, administered, and disposed of safely. Staff involved in handling medicines had received recent training around medicines and observations were carried out to ensure they continued to follow best practice guidance.
- Where people received support with their medicines, guidance was in place to manage any known risks.
- Regular reviews ensured any prescribed medicines remained relevant and their reliance monitored and reduced where alternative methods were successfully implemented. For example, where they were in place to manage people's mental health. A staff member said, "We get to know and understand people, we work with them to help them to meet their needs and ensure they all have the opportunity of expression. People

live enriched lives which means we don't routinely rely on restrictive practice; for example, the use of psychotropic medicines to help people stay safe and well, is used as a last resort and with people's knowledge and agreement."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe from the risks of abuse and avoidable harm. One person said, "Yes, I do feel safe here; it's my home, my family."
- Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm. A staff member said, "I wouldn't hesitate to discuss any concerns. It's important we keep people safe from harm and that we are responsive to any risks."
- All incidents were documented with systems and oversight to record outcomes and take actions to help prevent similar events as part of lessons learnt.
- Information was shared with staff to support learning and promote good practice.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- We were assured the provider was following required guidance on visiting. No unnecessary visiting restrictions were in place which ensured people enjoyed good visiting arrangements in support of their daily lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- At our last inspection the provider had failed to ensure quality assurance checks remained effective so that required records remained up to date. The provider had failed to ensure the CQC was always notified of certain events as required.
- At this inspection the provider had made improvements and following reviews, further planned changes were in progress. For example, paper records were being converted electronically for care plans, medicines management, and oversight of environmental checks and training.
- The registered manager was experienced and clear about their role and responsibilities. This included the requirement to notify the CQC of certain events and to record evidence to support any apologies that were required if things went wrong.
- Information following incidents and accidents was reviewed for any trends and outcomes used as part of continuous learning.
- Care plans were regularly reviewed and evaluated to ensure support in place was in line with people's changing needs and information helped to keep them safe from known risks.
- Everyone told us the registered manager was approachable and that they would not hesitate to raise any concerns for investigation and action.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- A staffing structure was in place with staff clear about their roles and responsibilities to support people to achieve their wishes and aspirations; living their best lives.
- Care plans included detailed information to ensure people's care and support reflected their needs, aspirations, and objectives. This information was regularly reviewed with people to ensure outcomes remained achievable and any identified risks managed.
- Staff had a good understanding of people's needs and promoted an inclusive safe environment where people could thrive. One staff said, "It's very much a partnership, understanding people, their choices and preferences, keeping them safe from harm whilst supporting them to take responsibility and risks in a safe way."
- The home was busy with activities, people coming and going and congregating in the farmhouse kitchen,

with friendly conversation and interactions. Staff were on hand to support people to maintain and improve their independence.

- People spoke openly, with enthusiasm about their daily living, their future plans, and about their past experiences they had living their best lives. One person told us, "We're going to Turkey for a holiday, it's the Yorkshire Show next week and we're taking [name of horse] to show; we went last year and we're hoping for a prize award."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were routinely consulted with and their wishes, plans for their care and feedback about the service were listened to and respected.

- Staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted people's independent living arrangements. One staff member said, "It's such a lovely place to work, there's so much love and support around, it's a real family environment where people can thrive."

- Ongoing assessments of people's needs ensured care was planned to meet any personal characteristics and preferences. People's views were recorded and, where required, adjustments made to ensure care was tailored to meet their needs.

- The provider had established working partnerships in place for the benefit of people and the service. People benefitted from regular external input from a range of health professionals to support them with their daily living, health, and well-being.