

Ellershaw House Limited

# Ellershaw House Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Ellershaw House is a residential care home registered to provide personal care to 12 people with learning disabilities and/ or autism. At the time of the inspection 10 people were living at the service.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on students was mitigated by the building design fitting into the surrounding rural area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with students.

People's experience of using this service: People living in the service are referred to by the provider as students to reflect Ellershaw House is a place of learning and care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as a full a life as possible and achieve the best possible outcomes. The principals reflect the need for people with learning disabilities and/ or autism to live meaningful lives that include control, choice and independence. People using the service received planned and coordinated person-centred support that was appropriate and inclusive for them.

The outcomes for students using the service reflected the principals and values of Registering the Right Support in the following ways: promoting choice and control, independence and inclusion. Student's support focused on them having as many opportunities for them to gain new skills and become more independent.

The provider made changes to improve its recording and quality assurance systems following the inspection.

Health and safety checks were not always completed. This was rectified during the inspection.

Risks to students were well-managed, keeping them safe. Staff had a positive approach to risk management.

Students were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Students lived healthy lives. Excellent links had been developed with community health professionals. Students were involved in meal preparation and planning and were encouraged to make healthy choices.

Students had personalised rooms. They made full use of the surrounding land, which had a therapeutic value.

Staff treated students with dignity and respect and valued the unique contribution they made to the Ellershaw House community. Students were the lead decision-makers in their lives. They were supported to be independent.

Students were able to live fulfilling lives. The service encouraged them to set ambitious goals to work towards, which transformed their lives.

The service was integrated into the local community, working with voluntary organisations and local services to provide work opportunities for the students.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (report published on 12 September 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

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## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** Two inspectors visited the service on day one of inspection. One inspector visited on day two.

**Service and service type:** Ellershaw House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is set on a rural estate with an indoor riding school and extensive outdoor space. Horse riding and care of the horses is integral to the culture of the service and the therapeutic support it offers.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection was unannounced on the first day and announced on the second day.

**What we did:** Before the inspection, we reviewed the information we had received about the service since the last inspection. This included details of incidents the provider must notify us about, such as serious injuries. We reviewed the Provider Information Return (PIR). The PIR is information providers are required to send to us to give key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We contacted the local authority commissioning and safeguarding teams. We used this information to plan our inspection.

During the inspection we reviewed a range of records. This included accident and incident reports and quality assurance checks. We looked at the care files of four students who lived at the service and their

medication records. We looked at two staff files, including their recruitment and supervision documents.

We spoke with five students who lived at Ellershaw House. We spoke with the provider, the registered manager, five care workers and an administrator.

After the inspection, we received feedback from one social care worker. We also reviewed a sample of the provider's policies and procedures.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

- Health and safety checks had not always been completed or as frequently as identified by the provider. For example, there was no asbestos survey or checks. The provider took immediate action to address this. New systems to monitor ongoing health and safety issues were yet to be developed.
- Students were supported to be safe. One student said, "I feel safe here."
- Staff had a positive approach to risk, encouraging students to take risks and consider ways to manage this themselves. Risks associated with the environment and activities had been assessed.
- Risks to students were recorded. Detail of how to recognise someone's behaviour and how best to manage any aggression was available in their care plan.
  - Where students had behaviours that could challenge the service, staff were able to support them in the least restrictive way possible. One member of staff said, "I can't remember the last time we had to physically restrain somebody, we use psychological support instead."

Staffing and recruitment.

- The registered manager ensured there were sufficient staff available to keep students safe.
- An on-call system was used to ensure additional staff cover was available for any emergencies.
- Some recruitment records were unclear as to how decisions to employ safe and appropriate staff had been made. The registered manager accepted this and reviewed their records.

Using medicines safely.

- Checks on staff competency with medicines were not documented.
- Individual medicine support plans were not in place.
- Arrangements for storage and recording of when medicines were given were satisfactory.
- Students were encouraged to administer their own medicines where possible. Staff supported students to manage their diabetes and knew how to adjust their insulin dose.

Learning lessons when things go wrong.

- Accidents involving students or staff were recorded. Appropriate action was taken to keep students safe and check for any injuries.
- Accidents and incidents were always reviewed. Any lessons learnt were shared with the staff team.

Systems and processes to safeguard people from the risk of abuse.

- Staff had completed safeguarding training. They knew what changes in behaviour to look for in students which may suggest possible abuse.

- The registered manager raised safeguarding concerns appropriately. The provider recorded and monitored these.

#### Preventing and controlling infection.

- Staff knew when to wear personal protective equipment, such as gloves and aprons to prevent and reduce the risk of infection.
- Students were reminded of infection control practices, including hand washing.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Student's care needs were assessed before they moved into the service.
- New students met existing students before moving in. One student said, "I met a new student, they are going to be my new house sibling."
- The provider worked with other services students received support from to consider how to assist them most effectively.

Staff support: induction, training, skills and experience.

- Staff had regular discussions with the registered manager to reflect on situations they encountered and any learning and development needs.
- Staff received an induction to the service. A probation period was used to assess staff suitability for their role.
- Staff had completed training, including emergency first aid and specialist training in physical intervention. A representative of a student who had stayed at the service had written, 'Everyone seems knowledgeable and skilled for their roles.'
- Staff had specialist training in horse therapy, which they used to great effect to promote the physical and mental wellbeing of students.
- Students could express preferences for receiving support from particular staff. One student said, "It takes me time to get to know staff and trust them, so the registered manager makes sure this happens."

Supporting people to eat and drink enough to maintain a balanced diet.

- Mealtimes were a relaxed social opportunity, which students and staff shared together.
- Students were involved in meal planning and preparation. They took pride in meals and baked goods they had made.
- Staff knew people's dietary needs and supported them to make healthy meal choices.
- Students were supported to have a sufficient food and fluid intake. Staff understood which foods people enjoyed for gaining and maintaining their weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff went to great effort to ensure people received consistent support and could see their GP and dentist.
- Students received coordinated and joined-up support. The registered manager and staff team had excellent relationships with community health professionals. For example, staff arranged for students to go immediately into appointments rather than sitting in the waiting room and becoming distressed. One GP had written, 'The provider has a fantastic relationship with the GP surgery team. There is good communication, very reliable attendance and the appropriate and timely use of services.'

- Staff worked with health professionals to promote people's mobility and ensure any equipment issued would enable them to make full use of the service and its outside space.
- Staff observed each other to ensure they worked in consistent ways and supported people effectively.

Adapting service, design, decoration to meet people's needs.

- Students were proud of their bedrooms. They were involved in making and decorating their wardrobes to personalise them. One student said, "I like it here."
- Students were encouraged to respect their living environment and took responsibility for ensuring it was clean and tidy.
- Students had access to communal areas and their own private space. They made extensive use of outside areas and land; this promoted their independence and had a therapeutic value should students become distressed or agitated.

Ensuring consent to care and treatment in line with law and guidance.

- Students signed consent forms to agree to aspects of their support.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were completed to assess student's ability to make decisions.
- Best interest decisions were recorded to show who had been consulted.
- DoLS were applied for when appropriate. Staff were aware of which students had conditions as part of their DoLS and records showed these were followed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Students and their relatives expressed extremely high levels of satisfaction with the service. One student smiled and put their thumbs up to show how happy they were living at the service and the opportunities they had there.
- Students, relatives and other professionals praised the caring manner of staff. One relative had written, 'All the staff are lovely, and we admire them so very much.' A GP had written, 'The staff treat students as individuals with warmth and genuine care.'
- Staff respected the students and valued the contribution they made to enriching the Ellershaw House community. One staff member said, "The guys who live here are very lucky and we're lucky having them here."
- Staff understood what activities and events may trigger emotional responses for students. Staff helped to develop strategies to relax and calm them, including colouring and massages.
- Staff had time to support people's emotional needs and spent time talking about their experiences or life events.

Supporting people to express their views and be involved in making decisions about their care.

- Students were at the centre of decision-making. The registered manager said, "I want students to make choices and decisions for themselves if they're capable."
- Students had private access to advocates to involve them in decisions about their care. One advocate had written, 'The students with you seem very happy and well supported to make their own decisions in life.'

Respecting and promoting people's privacy, dignity and independence.

- Students' independence was promoted and recognised. One member of staff said, "It's all about their abilities rather than disabilities. We work hard to keep their abilities."
- The provider and registered manager promoted equality and diversity and ensured all students had access to the same opportunities.
- Students told staff what privacy and dignity meant to them and how they would like this maintaining. One student had a lock and arrangements had been made to give a small number of staff permitted access to their room.
- Students received care that was discrete and dignified.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff knew student's ways of communicating, including non-verbal signs they may use. They recorded these visually in an accessible way that students could understand. Staff were learning Makaton, a form of sign language, to communicate better with a student.
- Care files recorded student's life histories and care needs in detail. Staff used this information to inform the support they provided.
- Students set goals and worked to achieve outcomes for themselves. Examples included weight loss, baking and managing money. One person said, "I use a debit card now and am more confident when I go into shops."
- Students participated in a wide range of innovative activities to promote their wellbeing. One student was having riding lessons, which had improved their strength, movement and flexibility.
- Students were involved with a range of paid and voluntary opportunities including cleaning, working in a garage and working in care. A volunteer had written, 'Ellershaw House encourages, facilitates and supports people to develop and enjoy the process.'
- The service had transformed student's lives. One student had struggled to walk when they moved into the service. They now walked confidently. Their relative had written, 'My family member has never been so happy, relaxed and cared for.'
- Students were supported to form new relationships and maintain existing ones, including sexual relationships.
- Each student had a key worker who was responsible for reviewing their care file every three months.

Improving care quality in response to complaints or concerns.

- Students felt able to raise any concerns. One student said, "I speak with staff and I'd be able to tell them if I wasn't happy."
- The provider had a complaints process for responding to written and verbal complaints.

End of life care and support.

- Student's end of life care arrangements had been considered. Family members had been involved with this.

# 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.

Management of the quality and safety of the service was inconsistent. Leaders promoted a person-centred culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager had not submitted notifications of safeguarding incidents. This was dealt with outside the inspection process.
- Up to date records were not always kept for students or staff. New systems had been introduced during the inspection to improve this .
- Management tasks were not always completed or followed up to monitor quality and safety in the service. The registered manager implemented new ways of working during the inspection. These changes had not had time to take effect.
- The registered manager had clear expectations of staff and ensured these were followed.
- The registered manager valued the staff team and acknowledged their work. They told us, "We have a wonderful team who want us to be the best we can."
- Staff respected the registered manager and felt well supported. One member of staff said, "The registered manager has been amazing and is approachable and professional. They care about everything and the students come first." Relatives and professionals' views echoed this.
- Staff were very dedicated to improving the service and worked together to provide high quality care for students.
- The provider and registered manager welcomed opportunities to learn and develop. Throughout the inspection they were highly responsive.
- Staff were encouraged to suggest improvements to the service and reflect on their practice.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Ellershaw House had a clear family orientated, person-centred value base. Many of the students had grown up at the service. One student told us, "The people here are my friends and family."
- The provider was dedicated to ensuring students lived high quality, fulfilling lives.
- The service was calm and relaxed. One care worker said, "It's a lovely place to work. It's beautiful and very chilled and laid back."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Students were frequently asked how they found activities and their support.
- Mealtimes were used as an opportunity for students and staff to discuss changes they would like to see in

the service.

- The provider sent out an annual service to professionals and relatives to seek their feedback on the service. This was overwhelmingly positive.
- Relatives felt welcomed to the service. One relative had written, 'When I visit Ellershaw I am greeted by excellent polite mannered students and friendly approachable staff that do excellent work.'
- Staff had regular meetings to share best practice and collectively address any issues.

Working in partnership with others.

- The service was integrated into the local community, working with voluntary organisations and local services to provide work opportunities for the students.
- The registered manager and the staff team were keen to build relationships with local learning disability services to share knowledge and the opportunities the service could offer.