

# Inspection Report

## 29 December 2022



## Ellis Grove

Type of service: Domiciliary Care Agency/SLS

Address: 4 Ellis Grove, Carrickfergus, BT38 8ZP

Telephone number: 028 9336 6397

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> NHSCT  <b>Responsible Individual:</b> Ms Jennifer Welsh	<b>Registered Manager:</b> Mrs Anne McCormack  <b>Date registered:</b> Awaiting Registration
<b>Person in charge at the time of inspection:</b> Deputy Manager	
<b>Brief description of the accommodation/how the service operates:</b>  Ellis Grove Supported Living Scheme is a domiciliary care agency supported living type which provides services to 18 service users living in their own homes within the Northern Health and Social Care Trust (NHSCT) area, who require care and support with their learning disabilities and mental health.	

## 2.0 Inspection summary

An unannounced inspection took place on 29 December 2022 between 08.50 a.m. and 11.30 a.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation care planning, training and record keeping. There were good governance and management arrangements in place. The outcomes for people using the service reflected the principles and values of promoting choice and control, independence and inclusion.

We noted a number of compliments received by the agency from various sources:

- "My family appreciate all the care and support to my relative."
- "Staff have been a fantastic support to my relative."
- "Thank you for keeping the grove a safe place during Covid."
- "Thanks for looking after my relative in a safe and professional manner."

Ellis Grove uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any areas for improvement identified, registration information and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the "We Matter" Adult Learning Disability Model for N.I. (2020), the Vision States: We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community. RQIA reviewed the support individuals were offered to take choices and decisions in their life that focused on enabling them to develop and to live a safe, active and valued life. RQIA also considered how service users were respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop, and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

### 4.0 What did people tell us about the service?

During the inspection we spoke with service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

#### Service user's comments:

- "Staff are easy to talk to they listen and support you."
- "I have a good keyworker here."
- "I attend my review and say what I think."
- "The manager and all staff are approachable."
- "I'm involved in a lot of community working."
- "I get on well with other tenants here."
- "I love my home."

**Staff comments:**

- “I’m aware of my responsibilities to NISCC as a care worker and adhere to their values standards and code of practice guidance.”
- “All my training is up to date.”
- “Good staff induction that prepares you for the role.”
- “We provide person centred care and support.”
- “I have one to one supervision regularly.”
- “Staff communicate well with each other.”
- “The managers are approachable and have an open door policy.”

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “I’m happy with staff and have no issues.”

A number of staff responded to the quality survey provided during the inspection and we have noted the comments received:

- “This is a very happy well run unit and staff and tenants are very happy in this environment.”
- “A fabulous staff team and management to work with always there to listen and support.”
- “Staff in Ellis Grove strive for excellence & ensure that service users are always put first.”
- “Very tenant led service, compassionate and professional.”
- “A great unit great staff team working to our best to empower our tenants.”
- “I have worked in Ellis Grove for xx years. The team work together to provide a very good service for clients.”
- “I think they have a holistic approach to providing a service that encourages and supports the clients.”
- “The manager is very approachable and supportive of the team and the clients. It is a very positive place to work in.”
- “I feel that Ellis Grove is an excellent service and staff very much are led by tenant’s choices, tenants are well cared for and are empowered, independent and happy.”

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19. The last care inspection of the agency was undertaken on the 3 March 2020 by a care inspector. No areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of any referrals made in relation to adult safeguarding. Records reviewed and discussion with the manager indicated that no safeguarding referrals had been made since last inspection.

Staff were provided with training appropriate to the requirements of their role.

There was also evidence of regular contact with service users and their representatives.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves.

The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had complete appropriate Deprivation of Liberty Safeguards (DoLS) training relevant to their job roles. The manager reported that none of the current service users were subject to DoLS arrangements.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records, it was good to note that service users and families had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Care plans promoted people's independence as far as possible. Staff were encouraged to prompt people to be independent to help them maintain control. Service users and families are involved in providing their feedback through regular reviews. This helped to ensure service users preferences and views were known and respected. We noted some of the comments received during recent annual reviews:

- "I will never move out of here."
- "I have my own space and do what I want to do."
- "I'm happy here with the support I receive."
- "I'm in agreement with what was discussed at my review."
- "I'm well supported by staff and can talk to them."
- "I'm happy with my relative's placement."
- "Staff listen to me and help me in my home."
- "Ellis grove is great I have friends here."

It was good to note that the agency had completed an annual quality survey, seeking feedback on the current quality of care from service users, carers and staff. The documents reviewed showed positive outcomes. We noted some of the comments received:

- "Staff are welcoming and friendly."
- "Staff provide a high level of support."
- "My relative is very happy here in Ellis."
- "Staff helped me at a sad time."
- "Staff make me feel safe."
- "Staff help me plan meals"

It was also positive to note that the agency had service user house meetings on a regular basis which supported the service users to discuss what they wanted to achieve from the service.

We noted some of the areas discussed:

- "Thanks we are all happy with what we will learn about."



- “Overnight stays and day trips.”
- “Theme nights.”
- “Plants and flowers to tidy up the garden.”

The service delivered had also been regularly reviewed through a range of internal and external audits. The provider regularly sought a good range of feedback from people and their carers which was consistently positive.

Care plans provided staff with guidance about the most effective way to communicate with individuals.

It was important that service users with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet/easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

### **5.2.3 What are the systems in place for identifying service users’ Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

A number of service users had swallowing difficulties the required SALT assessments documentation was in place and satisfactory. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the agency’s staff recruitment records identified no shortfalls in the recruitment process. Confirmation including criminal record checks (Access NI) were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager confirmed that no volunteers were in place within the agency.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC’s Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency’s policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person’s capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; the records included the names of those attending the training event, the dates of the training.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

Comments received during quality monitoring:

#### **Service users:**

- "The staff meet my needs."
- "We are supported well by the staff team."
- "We are very happy in Ellis Grove."

#### **Staff:**

- "We work closely with family members."
- "Tenants are offered a quality service."
- "Staff support each other."

#### **Relatives:**

- "I have great confidence in the service."
- "I'm happy with Ellis Grove both the environment and the staff."
- "The staff offer good support."

#### **HSC Trust representatives:**

- "Staff support tenant's independence."
- "An excellent standard of care."
- "Good staff support to service users."

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and is awaiting RQIA review.

There was an open culture, led by the manager and described by staff as being approachable and supportive to all.



There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Records reviewed and discussion with the manager indicated that a small number of internal minor complaints had been made since the last inspection. These were resolved locally to the satisfaction of the complainants.

The completed comprehensive annual quality report was reviewed and was satisfactory easy read and friendly.

Service users were asked what is good about living in Supported Living some of their responses were:

- Having own space
- Having a nice co-tenant
- Close to Tesco
- Independence
- Helpful, friendly & fun staff
- Friendly neighbours
- Parties with friends & singing
- Events (LD Week)
- Not being lonely
- Feeling safe
- Staff being here at night time

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Manager as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)

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