

Unannounced Care Inspection Report 29 September 2016



Ellis Court Respite Unit

Type of service: Residential Care Home
Address: Ellis Street, Carrickfergus, BT38 8AZ
Tel no: 02893315113
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ellis Court took place on 29 September 2016 from 11:00 to 17:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment. One recommendation was made in regards to ensuring weekly smoke alarm checks are maintained on an up to date basis.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders. One requirement was made in regards to the review and updating of an identified residents care plan relating to the management of a specific condition.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents. No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships. No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rosemary Wray, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 April 2016.

2.0 Service details

Registered organisation/registered person: Anthony Baxter Stevens	Registered manager: Rosemary Alida Wray
Person in charge of the home at the time of inspection: Rosemary Alida Wray	Date manager registered: 20 February 2013
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 6

3.0 Methods/processes

Prior to inspection we analysed the following records: notification of accidents and incidents submitted to RQIA, the previous inspection report and returned QIP.

During the inspection the inspector met with five residents, three care staff, and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

A total of 12 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Six questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 April 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

4.2 Review of requirements and recommendations from the last inspection dated 26 April 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 20.(3) Stated: First time To be completed by: 26 July 2016	<p>The registered person must ensure that competency and capability assessments are completed, for persons given the responsibility of being in charge of the home for any period in the absence of the registered manager.</p> <p>Response by registered person detailing the actions taken: Review of records available in the home and discussion with the registered manager confirmed that competency and capability assessments had been completed for any staff member left in charge off the home in the absence of the registered manager.</p>	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 26 June 2016	<p>The registered person should ensure that the homes safeguarding policy and procedure is updated to include the current contact details for the identified persons.</p> <p>Response by registered person detailing the actions taken: The homes safeguarding policy and procedure had been updated to include all relevant information.</p>	Met

<p>Recommendation 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2016</p>	<p>The registered person should ensure that care plans and risk assessments are reviewed and updated regularly or as changes occur.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Two of the three care records inspected included up dated care plans and risk assessments. Records available in the home showed that a process had been initiated whereby all care plans and risk assessments were being audited, this is ongoing.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard N3</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2016</p>	<p>The registered person should ensure that arrangements are made to improve access and egress to the home.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The registered manager confirmed action had been taken and plans are in place with the estates department to change the current parking facilities. On the day of the inspection improvements were observed with regard parking.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2016</p>	<p>The registered person should ensure improvements are made to the ceiling of the laundry area of the home.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Inspection of the laundry room environment confirmed improvements had been made.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2016</p>	<p>The registered person should ensure monthly monitoring visits are completed on an unannounced basis.</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Review of monthly monitoring review reports and discussion with the registered manager confirmed that the monitoring visits were being held on an unannounced basis.</p>	<p>Met</p>

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments were reviewed and found to satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed that no staff have been recruited since the previous inspection.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance. A safeguarding champion had been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls) were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed there were restrictive practices employed within the home. These included the use of sleep monitor, and identified use of restraint in exceptional circumstances. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust.

The registered manager confirmed if individual restraint was employed, the appropriate persons / bodies would be informed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH and fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment showed these were checked regularly for example the hoist.

Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. Notices were also in place in residents bedrooms. Hand hygiene wipes were positioned in the dining room area of the home. This is good practice.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be clean tidy and functional. Residents can bring small personal items for the duration of their stay. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff, including those with

sensory impairments. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 15 April 2016, no recommendations were made.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 1 April 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; emergency lighting and means of escape were checked weekly and or daily and were regularly maintained. However, it was noted that here had been a number of omissions in relation to the weekly fire alarm checks being completed. A recommendation was made.

Six completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from one completed questionnaire were as follows:

- “We aim to make Ellis Court a “Home from Home” staffing levels are adjusted to meet each individual’s needs”.

Areas for improvement

One area for improvement was identified in relation to ensuring weekly fire alarm checks are maintained on an up to date basis.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed. Two of these included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. It was noted from one of the care records inspected that the care plan relating to the management of an identified condition had not been reviewed since 2009. This issue was discussed with the registered manager. A requirement was made this should be reviewed and updated without delay. The care records inspected reflected the multi-professional input into the residents’ health and social care needs. Discussion with staff confirmed that a person centred approach underpinned practice. For example at the end of each stay in the home staff speak with residents to gather their views and find out what they would like to do during their next visit to the home.

The registered manager confirmed that a system had recently been introduced to monitor, audit and review records in the home. This work shall be ongoing. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report. For example residents and representatives are invited to the home for an annual coffee morning where they are encouraged to share their views and experiences.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, representatives are contacted prior to each stay to ascertain if there have been any changes with residents, evaluation reports were completed and shared at the end of each respite stay, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who had issues with mental capacity / who required specialist supports.

Six completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas for improvement

One area for improvement was identified in relation to the review and updating of the identified residents care plan in relation to the management of a specific condition.

Number of requirements	0	Number of recommendations	1
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were also able to demonstrate how residents’ confidentiality was protected. For example ensuring care records were stored appropriately at all times.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents attend local day services, whilst in the home there are a range of games, puzzles, and DVD’s. Arrangements were in place for residents to maintain links with their

friends, families and wider community. For example residents are support to attend local events including the cinema, shopping and meals out.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example menu choices and how to make a complaint were displayed in pictorial format for ease of reference.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example residents are involved in deciding what activities they do throughout the duration of their stay.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Residents spoken with during the inspection made the following comments:

- “I like coming here, I have no complaints. I like everything about it.”
- “I love it here”.
- “I like going out on the bus. The food is nice”.

Six completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from one completed staff questionnaire were as follows:

- “We have a fantastic staff team in Ellis Court. We aim to provide a high standard of care with a person centred approach”.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, poster and information displayed throughout the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Some examples include training relating to epilepsy awareness, dysphagia, and visual communication strategies.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Six completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rosemary Wray, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 16.(2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 29 November 2016</p>	<p>The registered provider shall ensure the care plan for the identified resident is reviewed and updated in relation to the management of the specific condition.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Care Plans have been reviewed and updated accordingly. The Registered Manager has formulated a data base of all service users which now captures dates of reviews to help ensure plans are kept updated.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 6 October 2016</p>	<p>The registered provider shall ensure weekly fire alarm checks are maintained on an up to date basis.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The Registered Manager has directed that weekly alarm checks must be completed. A register of checks is maintained and will be monitored within qualitative monitoring process to ensure checks are completed. All staff made aware of the need to complete checks accordingly.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews