



# Unannounced Care Inspection Report 21 August 2019



## Ellis Court Respite Unit

**Type of Service: Residential Care Home**  
**Address: Ellis Street, Carrickfergus BT38 8AZ**  
**Tel no: 028 9331 5113**  
**Inspectors: Alice McTavish and Deborah Wylie**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to six residents for short breaks.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Anthony Baxter Stevens	<b>Registered Manager and date registered:</b> Rosemary Wray 20 February 2013
<b>Person in charge at the time of inspection:</b> Rosemary Wray	<b>Number of registered places:</b> 6  Provision of day service for one identified user only.
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 6

### 4.0 Inspection summary

An unannounced inspection took place on 21 August 2019 from 11.40 hours to 17.40 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, staff induction, training, supervision and appraisal, the management of risks, care records, taking account of the views of residents and governance arrangements.

Three areas requiring improvement were identified. These related to the staff duty rota, the home's environment and to the provision of a call system for residents.

Residents told us that they liked coming to Ellis Court for short breaks and that the staff treated them with care and kindness.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) 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.

#### **4.2 Action/enforcement taken following the most recent inspection dated 29 November 2018**

The most recent inspection of the home was an unannounced care inspection undertaken on 29 November 2018. No further actions were required to be taken following this inspection.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from previous finance, estates or pharmacy inspections, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two questionnaires were returned by residents' relatives and both indicated satisfaction with all areas of care provided by Ellis Court. One relative commented, "My son visits Ellis Court. We are all very happy with the care and attention he receives."

During the inspection a sample of records was examined which included:

- staff duty rotas from 16 August to 12 September 2019
- staff training schedule and training records
- staff induction records
- three residents' records of care
- complaint records
- compliment records
- governance records
- accident/incident records from August 2018 to April 2019
- reports of visits by the registered provider from June to August 2019
- RQIA registration certificate
- fire safety records

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 29 November 2018

There were no areas for improvements made as a result of the last care inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

The people who use this home for short breaks said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff, kitchen and domestic staff on duty during the day and care staff in the evenings and overnight.

### Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. We noted that the rota did not include the hours worked by the manager and the designations of staff. We saw also that some codes were used but there was no key to show what these codes denoted. This was identified as an area for improvement to comply with the Standards. We discussed with the manager how the rota could be used to provide a permanent record of the hours worked by all staff.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

We spoke with the manager about the arrangement in place to make sure that staff were properly recruited and that all pre-employment checks had been made. We saw correspondence from the Trust confirming that staff were properly vetted and suitable to work with the residents in the home.

## **Staff induction, supervision, appraisal and competency**

We spoke with staff who told us that they had a good induction to working in the home and that they got regular supervision. We saw that the manager had a system in place for planning supervisions and annual appraisals with staff. Staff were provided with supervision every two months and the manager also completed direct observations of staff practice. The levels of supervision exceeds the Standards; this is good practice.

All senior care staff had an assessment of their competency and capability to ensure that they can take charge of the home. The manager advised that she would review this if the member of staff was returning from a long term absence, for example, after sickness or maternity leave. This also represents good practice.

## **Staff training and registration with professional body**

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

Staff told us that they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to NISCC standards of conduct and practice.

## **Safeguarding residents from harm**

The manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

## **Environment**

We walked around the home and saw that it was generally in good decorative state. The home was kept clean and warm and there were no malodours. We looked in the bedrooms of some residents and found that these contained personal items. Residents told us that they liked their rooms and found them comfortable. We found, however, that in one bedroom there was some signs of damp on the plaster and woodwork and the waterproof seal between the sink and the

wall was damaged. There were not enough rings on the curtain pole to allow for the curtains to be properly closed. The manager advised that monies had been made available for the replacement of curtains in the home and that blinds had already been replaced. These issues were identified as an area for improvement to comply with the Standards.

We noted that the home did not have resident/staff call points provided in every room used by residents linked to a system to alert staff a call is being made or assistance is needed. This was identified as an area for improvement to comply with the Regulations.

We noted that a bedroom had a profiling bed in place. The written Trust policy regarding the frequency of checks for such beds stated that these should be completed weekly. The records available noted that the bed was checked monthly. We discussed this with the manager who later confirmed that the checks were being completed weekly.

There were communal areas for the use of residents along with space for activities and meetings. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

### **Restrictions**

The manager told us that she makes sure that residents using Ellis Court for short breaks enjoyed as much freedom as possible whilst remaining safe and some restrictions were necessary to achieve this.

Residents could leave the home if they wished. Some residents needed a member of staff to be with them and some others needed to use a lap belt when they were using a wheelchair. For a small number of residents, a sound monitor was used at night. When we looked at care records for residents we saw that any restrictions were documented. The manager told us that any restrictions were discussed and agreed with residents and their relatives, kept under review and removed when they were no longer needed.

### **Infection prevention and control (IPC)**

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, training, supervision and appraisal, adult safeguarding arrangements and the management of risks.

### **Areas for improvement**

Three areas were identified for improvement. These were in relation to the staff duty rota, the home's environment and to the provision of a call system for residents.



	Regulations	Standards
<b>Total numb of areas for improvement</b>	1	2

#### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

#### Management of risks relating to residents

The manager described a robust assessment and admissions process before residents could be admitted to Ellis Court. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks. The manager described how there were good working relationships between professionals and how this approach was used to ensure effective care for the users of the short break service.

#### Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were audited regularly to make sure that they were accurate and up to date.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

#### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

### Culture and Ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home and residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who have a specific communication needs or a sensory disability.

### Activities

Staff told us about the wide range of activities available and how they worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. We saw that there were plentiful resources for residents to use. Residents said that they enjoyed the activities on offer.

The manager told us that there had been consultation with residents, their relatives and staff which was facilitated by an independent advocate. The people who use the short break service and their relatives indicated they would prefer to use the time for rest, relaxation, activities and outings as a complete break away from their usual routines. This new approach is supported by the Trust and additional staff are being recruited. This consultation and the actions taken by the Trust to change the focus of the short break service represent good practice.

### Resident involvement

The manager told us that residents' meetings were not held as the residents in the home changed from day to day. We saw, however, that there were other methods used to give residents an opportunity to discuss any issues and to make suggestions about what they would like.

There were consultations about such areas as the food and any suggestions or comments were acted upon. The manager also approached families during the annual coffee morning to obtain feedback about the services and facilities. There was also an annual quality report available for the last year which included consultation with residents and their relatives. Staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

We spoke with a resident who made the following comments: "I found it hard coming here for the first time, but the staff are nice. It's nice to meet new friends and to go out shopping. I like

chatting with others in the sitting room and my bedroom is nice. The staff knock on my bedroom door each morning to waken me up so I can go to day care. They are very good at helping me to get ready and they do a good job keeping my clothes clean.”

We spoke with a resident’s relative who said, “(My relative) is happy to come to Ellis Court and looks forward to this. The staff took the time to find out about (my relative) and about her preferences and interests...they keep very good communication with us, her family. (My relative) fills in an evaluation of her stay in Ellis Court and this is shared with us. We have no concerns at all because I know that the care is very good and I know it is in demand.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their relatives and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

**Complaints and Compliments**

The manager deals with any complaints raised by residents or their family members. We looked at the records of complaints and could see that these were managed appropriately. A resident’s relative told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning.

Some compliments received are as follows:

- “I am very happy with all the care and attention given to my (relative) and all who use respite. I can safely say I can relax and enjoy my time when my (relative) is in respite. He really enjoys his time here.”

- “(My relative) is very happy with her stays in Ellis Court. It truly is a home from home. The staff are all very helpful and know (my relative) so well....well done Ellis Court, keep up the good work!”
- “All staff are professional and pleasant. Staff are always willing to see if they can accommodate needs of carers, for example, a later or earlier drop off time.”
- “Our (relative) loves this place. Keep up the great work. Your care and devotion is very much appreciated.”

### **Accidents and incidents**

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

### **Additional training**

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in epilepsy, dysphagia, falls prevention and the management of complaints.

### **Communication**

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

### **Visits by the registered provider**

The home was visited by a representative of the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits between June and August 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

Areas for improvement 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 27 2 n</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 November 2019</p>	<p>The registered person shall ensure that plans are put in place for the provision of a suitable resident/staff call system. The call system should have points available in every room used by residents. The call points should be linked to a system that alerts staff that a call is being made or that assistance is required.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The support, equipment and facilities within the unit are made available to each Service User dependant on their needs as identified from the multi disciplinary assessment process. While the unit does not have a specific call system we make use of assistive technology to respond to specific need. We have a range of monitoring equipment whereby Service Users can call for assistance and for those who would be unable to request help we have waking night staff on duty to support individuals accordingly. The service is a small unit providing short break for 6 individuals at any one time with a minimum of two Care staff on duty at any time.</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2019</p>	<p>The registered person shall ensure that the staff duty rota is amended to show the following:</p> <ul style="list-style-type: none"> <li>• the hours worked by the manager</li> <li>• the designations of staff</li> <li>• a key for any codes used</li> </ul> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The rota has now been ammended to show the hours worked by the Manager, the designations of staff and key for codes used on the rota.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2019</p>	<p>The registered person shall ensure the following in one identified bedroom:</p> <ul style="list-style-type: none"> <li>• preventative measures are taken against damp and the plaster and woodwork repaired and repainted</li> <li>• the waterproof seal between the sink and the wall is replaced</li> <li>• the curtain pole and curtains are replaced</li> </ul> <p>Ref: 6.3</p>

	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager has alerted NHSCT Estates Department to the need for above repairs to damp plaster and woodwork. The need for the waterproof seal to be replaced has been requested also. New curtains and curtain poles had already been ordered and approved for purchase and the Unit is waiting on these being made and fitted.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**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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