



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment and ID: Ellis Court Respite Unit (1368)
Date of Inspection: 6 November 2014
Inspector's Name: Bronagh Duggan
Inspection ID: IN017305

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Ellis Court Respite Unit (1368)
Address:	Ellis Street Carrickfergus BT38 8AZ
Telephone Number:	02893315113
Email Address:	elliscourt.respite@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Northern HSC Trust
Registered Manager:	RP012553 - Rosemary Wray
Person in Charge of the Home at the Time of Inspection:	Rosemary Wray
Categories of Care:	RC-LD RC- LD (E)
Number of Registered Places:	6
Number of Residents Accommodated on Day of Inspection:	6
Scale of Charges (Per Week):	Trust rates per night
Date and Type of Previous Inspection:	12 February 2014 Primary Announced Inspection
Date and Time of Inspection:	6 November 2014 11:00 – 18:00
Name of Inspector:	Bronagh Duggan

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with service users individually
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents / Service Users	6
Staff	2
Relatives	11
Visiting Professionals	1

Questionnaires were provided, during the inspection, to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	10	0

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to DHSSPS Residential Care Homes Minimum Standards.

A view of the management of residents' human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not Applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to Become Compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not Compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 – Moving Towards Compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Ellis Court Respite Centre is situated in the town of Carrickfergus in grounds adjacent to a social services building and Hawthorns Adult Centre.

The residential home is owned and operated by the Northern Health and Social Care Trust. The current registered manager is Ms Rosemary Wray.

Short term respite accommodation is provided for service users in single rooms on the ground floor level of the building.

There is an open plan lounge and activity area, dining room, a quiet / sensory room; kitchen and bathroom facilities. The reception and another wider hall area contain sofas and chairs and is an additional area in which residents may relax.

The first floor is not used as part of the respite service and has been separated by a locked door operational with a key pad.

The home is registered to provide care for a maximum of six persons under the following categories of care:

Residential Care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

8.0 Summary of Inspection

This primary announced care inspection of Ellis Court Respite centre was undertaken by Bronagh Duggan on 6 November between the hours of 11:00am and 6:00pm. Ms Rosemary Wray was available during the inspection and for verbal feedback towards the conclusion of the inspection.

The requirement and recommendation made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that RQIA had been informed of incidents when necessary and the improvements had been made to the identified table. The detail of the actions taken by Ms Wray can be viewed in the section following this summary.

Prior to the inspection, Ms Wray completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Ms Wray in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, relatives, one visiting professional and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to service users. The inspector observed care practice, examined a selection of records and carried out a general inspection of the respite care home environment.

8.1. Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents' / service user's behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Service users care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual service users assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

Two recommendations have been made in relation to this standard. Firstly that all service users or their representatives sign their care plans along with the member of staff drawing it up and the registered manager. If the service user or their representative is unable to sign or chooses not to sign this also should be recorded. Secondly, a recommendation has been made that the need to notify RQIA on each occasion restraint is used should be included in the Restrictive Physical Interventions Policy (2010).

The evidence gathered through the inspection process concluded that Ellis Court Respite was overall compliant with this standard.

8.2. Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for service users. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with service users and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the service users. Service users and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme facilitated inclusion in community based events. Service users were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. The evidence gathered through the inspection process concluded that Ellis Court respite centre is compliant with this standard.

8.3. Service User, Representatives, Staff and Visiting Professionals Consultation

During the course of the inspection the inspector met with six service users, eleven representatives, staff and one visiting professional.

In discussions with service users they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Service user's representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. One family

raised with the inspector the availability of healthy choices on the menu for service users during their stay this information was shared with the registered manager who confirmed healthy choices were available daily.

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

8.4. Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the service user's with dignity and respect taking into account their views. Good relationships were evident between service users and staff.

8.5. Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a satisfactory standard. During the inspection an estates officer from the Northern Health and Social Care Trust met with the inspector to give an update on the progress made in relation to maintenance issues in the home this information was shared with RQIA estates inspectorate.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to service user dependency levels, guardianship, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Two recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the service users, relatives, the visiting professional, registered manager, and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 23 September 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 30 (1)(d) Standard 16.4	Incidents dealt with under Safeguarding Protocol must be reported to the RQIA.	All relevant information has been reported to RQIA in relation to incidents dealt with under safeguarding protocol.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Additional Matters in this report	It is recommended that the table used by residents is refurbished / replaced.	The identified table has been improved.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
Each service user has a formal social work assessment and a professional care plan; all of which are completed within a multi-disciplinary framework. This assessment and care plan are formally reviewed at least annually, but more frequently if required. In addition to this assessment and care plan, the respite staff complete a temporary care plan and review this at each period of respite. This plan is person centred and covers areas including mobility, dressing and personal care. These plans provide guidelines and direction for staff caring for the individual. Staff are required to undertake specific training to enable them to understand, respond and intervene accordingly to provide care to all service users. Such training includes RESPECT SOLUTIONS (Challenging Behaviour Training), Communication / MAKATON training and Autism Awareness.	Compliant
Inspection Findings:	
The home had a policy and procedure titled Behavioural Interventions with clients who have Learning Disability and Challenging Behaviour (2011), to be read in conjunction with Deprivation of Liberty Safeguards and Human Rights (2014) and Restrictive Physical Interventions Policy (2010). A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. A recommendation has been made that the need to notify RQIA on each occasion restraint is used should be included in the Restrictive Physical Interventions Policy (2010). Observation of staff interactions with service users identified that informed values of dignity and respect were shown and implementation of least restrictive strategies were demonstrated.	Compliant

<p>A review of staff training records identified that care staff had received training in behaviours which challenge entitled “Respect Training” – Ethical Approaches to the prevention and management of Aggression and Violence in September 2013, a further update was booked for November 2014.</p> <p>A review of four service users care records identified that service user usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of service user’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for service users.</p>	
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Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.	COMPLIANCE LEVEL
Provider’s Self-Assessment All staff have a good knowledge and understanding of the service users and their usual behaviours. This insight is gleaned from previous work with the individual and from reading the various assessments, (including Positive Behaviour Support Service reports, reports from other professionals) and from information found in the care plan. If there is concern about a service user's behaviour, in the first instance their main carer would be contacted. Contact may also be made to other professions including Positive Behaviour Support Service or GP to seek guidance / direction on managing the behaviour and ammendment made to the care plan if necessary. Care staff know to report and record any concerns to the Senior Staff and note in individual care notes so that the situation can be monitored. The service users named worker would also be informed. Staff are trained in RESPECT SOLUTIONS,(Challenging Behaviour training), which focuses on the importance of understanding behaviours and thereafter early intervention and prevention being fundamental when supporting / caring for service users. The RESPECT SOLUTIONS training programme will be available to the Inspector.	Compliant
Inspection Findings: Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. Four care records were reviewed these contained the relevant information regarding the care of service users. A review of the records and discussions with visitors confirmed that they had been informed appropriately.	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>Prior to admission, as much information as possible is sought from the service user, their carer and any other professional involved in their care, i.e. Speech & Language Therapist or Positive Behaviour Support Service. This information will be captured in the care plan with clear and explicit direction recorded as to how best to support and care for the individual. The care plan is reviewed and agreed with the service user and if appropriate, their carer at the start of each period of respite.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>A review of four care plans identified that when a service user needed a consistent approach or response from staff, this was detailed.</p> <p>It was noted that two of the four care plans were not signed by service users or their representative, a recommendation has been made that the service user or their representative sign their care plan along with the member of staff drawing it up and the registered manager. If the service user or their representative is unable to sign or chooses not to sign this also should be recorded.</p>	<p>Substantially Compliant</p>

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment The NHSCT has clear policy guidance when specific behaviour management programmes are required with roles, responsibility, accountability and governance issues explicit therein - "Behavioural Interventions with Trust Clients who have a Learning Disability and Challenging Behaviour August 2011". All behaviour management plans are devised, monitored and reviewed by the Positive Behaviour Support Service or Psychology Service. These individual behaviour management plans are formally handed over to unit staff by the professional lead / programmer. This formal handover allows for full explanation and discussion of the plan and ensures staff understanding of the nature, purpose and implementation of the plan.	Compliant
Inspection Findings: A review of Behavioural Interventions with clients who have Learning Disability and Challenging Behaviour (2011) policy and procedure identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the service users care plan as necessary. A review of three behaviour management programmes identified that they had been approved by an appropriately trained professional. The behaviour management programme formed a part of the service users care plan and there was evidence that it was kept under review.	Compliant

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment As discussed earlier in 10.2, all staff are trained in RESPECT SOLUTIONS (Challenging Behaviour training). If a behaviour management plan is required, either Psychology or Positive Behaviour Support Service will complete the assessment and formulate a plan. This plan will be formally handed over to the staff team with a full explanation of the plan, how it should be implemented, staff roles / responsibility will also be clarified regarding implementation of plan and arrangement for monitoring reviews and recording agreed (as discussed in 10.4). Behaviour plans give clear and explicit guidance to staff, however additional support from the Positive Behaviour Support Service and other professionals including Speech and Language Therapy, Medical and Nursing staff is always available</p>	<p>Compliant</p>
<p>Inspection Findings: A review of staff training records evidenced that staff had received training in behaviours which challenge titled Respect Training in September 2013 Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, de-brief sessions, and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programmes in place.</p>	<p>Compliant</p>

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.	COMPLIANCE LEVEL
Provider’s Self-Assessment Any incident or accident or near miss is recorded in the service users care notes and reported to the named worker and, if appropriate, service user's carer. An incident form is completed and forwarded to Lead Service Manager and Governance Department. If appropriate, RQIA will be notified. If a physical intervention is required the NHSCT has a stringent reporting and monitoring process to be followed. In the first instance the Positive Behaviour Support Service will be notified. After the incident, if required, a debriefing session is provided to the staff member. A case discussion or review may also be convened if deemed necessary. In the interim, guidance may be sought from other professionals to ensure appropriate care / support is offered to the individual and ensure staff are competent and confident to positively manage any further incidents.	Compliant
Inspection Findings: A review of the accident and incident records from March 2014 to October 2014 and discussions with staff identified that service users representatives, Trust personnel and RQIA had been appropriately notified. A review of four care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Visitors and staff confirmed during discussions that when any incident was managed outside the scope of a service users care plan this was recorded and reported if appropriate to the service user’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the service users care plan.	Compliant

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment All staff are trained in RESPECT and have a yearly refresher. Physical interventions can only be used if it is part of a behaviour intervention plan or in an emergency as an immediate response to an unexpected episode of aggression, destructive, self-injurious or otehrwise dangerous behaviours. Any such intervention will be recorded in the service user’s care notes, an incident form completed and a referral made to the Positive Behaviour Support Service. Forms are completed for Positive Behaviour Support Service each time an intervention is used, either planned or emergency.</p>	<p>Compliant</p>
<p>Inspection Findings: Discussions with staff, review of staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the service users or other persons when other less restrictive strategies had proved unsuccessful. A review of the accident and incident records and residents’ care records identified that RQIA, Trust personnel and the service user’s representative are notified on occasions when any restraint has been used. The circumstances and nature of the restraint were recorded on the resident’s care plan.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider's Self-Assessment	
Ellis Court is a six bedded dedicated Respite Unit providing a service to approximately 120 service users. Providing the service to a small number of service users at any one time allows for greater opportunity for choices regarding activities. The service users preferred activities are gained through communication with the service user, their carer, other professionals, information on the care plans and from working with the service user over a period of time. There are a range of activities offered to the individual service user with the focus on offering choice and control over the activities service users want to participate in. Service users are actively involved in the planning of activities as well as participation.	Compliant
Inspection Findings:	
<p>The home had a policy titled Ellis Court Recreational and Activity Procedure Guide regarding the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with service users and staff and a review of the records of activities and events indicated that service users benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the service users.</p> <p>The Statement of Purpose provided information pertaining to activity provision within the home.</p>	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment Ellis Court offers a range of activities which are enjoyable culturally and age appropriate. As service users are actively involved in planning activities, there is no set routine to these. Staff will discuss with the individual the range of activities available and agree what activity the service user would like to participate in. Staff have a good knowledge of the activities available within the unit and in the local community and support service users accordingly to participate in these. As discussed earlier, due to the small service and staff levels choice, flexibility and control over activities can be facilitated. Some service users follow TEACCH or PECS programme and this need for structure is incorporated within activity plans.	Compliant
Inspection Findings: Examination of the programme of activities identified that social activities are organised on a daily basis for service users according to their individual preferences. The programme included activities which were age and culturally appropriate and met service users' needs and preferences. The programme facilitated service users inclusion in community based events. Care staff confirmed during discussions that service users were provided with enjoyable and meaningful activities on a regular basis.	Compliant

Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment Ellis Court Respite Unit is a dedicated respite unit providing short breaks to a maximum of six service users at any one time. On admission and during their stay, service users are consulted regarding activities they would like to participate in. Normally service users suggestions / requests can be accommodated, however if for some reason the request cannot be facilitated, this is noted and, if possible, arranged for the service users next stay.	Compliant
Inspection Findings: A review of the record of activities provided and discussions with service users identified that service users were given opportunities to put forward suggestions for inclusion in the programme of activities. Service users and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued monthly by the home, and also feedback is sought from service users at the end of each stay.	Compliant

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Ellis Court Respite Unit keeps a record of all activities, including leisure and recreational opportunities available both in the local community and within the unit. This is in both written and pictorial form and is referred to when supporting service users to choose their activities. Service users complete a User Feedback sheet at the end of each stay which makes reference to activities and outings. Service users take a copy of this feedback sheet home to share with their families should they wish to.</p>	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in the main living area of the home. This location was considered appropriate as the area was easily accessible to service users and their representatives.</p> <p>Discussions with service users confirmed that they were aware of what activities were available. The programme of activities was presented in a large pictorial format with large print appropriate to meet the service user's needs.</p>	Compliant
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Activities are planned around service users preferences, abilities and interests and a range of tools including Ipads, PlayStations, physical aids are used to support them in their planned activities. Staff will support and accompany service users on any leisure or recreational activity.</p>	Compliant
Inspection Findings:	
<p>Activities are available for service users daily; care staff are available to provide support. The care staff and service users confirmed that there was an acceptable supply of activity equipment available. This equipment included board games, a piano, sensory equipment, pool table, play station, dvd's, arts and crafts materials and much more.</p>	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment As discussed earlier, service users are fully involved in the planning of their activities during their respite stay. Due to the small number of service users resident at any time and the staffing levels, activities can be provided to meet individual requirements. These can be building based or out in the community and are flexible in response to changing needs.</p>	Compliant
<p>Inspection Findings: The care staff, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the service users participating. Care staff demonstrated an awareness of individual service users abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment Ellis Court Respite Unit staff provide all activities and do not have anyone contracted in to do so.</p>	Not applicable
<p>Inspection Findings: The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.</p>	Not Applicable

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment There is no-one contracted in to provide any such activities. However, the staff commencing duty are provided with a handover which can include information regarding service users changing needs and activities that they have already been involved in.</p>	Not applicable
<p>Inspection Findings: The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.</p>	Compliant
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment With service users permission, we keep a pictorial log of the majority of activities. Service Users enjoy sharing this record with their friends and family. Service Users also complete a Service User Feedback Sheet which details all activities they have availed of during their stay, if they enjoyed it or not and suggestions for any other activities they might like to try in the future.</p>	Compliant
<p>Inspection Findings: A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the service users who had participated in or observed the activity. There was evidence that appropriate consents were in place in regard to photography and other forms of media.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	
Provider's Self-Assessment	
The Service User Feedback Sheet is completed on each respite stay. This is then analysed on a monthly basis and if necessary care plans updated or amended as a result of the feedback.	Compliant
Inspection Findings:	
<p>A review of the programme of activities identified that feedback is sought from each service user following their stay.</p> <p>The registered manager and care staff confirmed that planned activities were also changed at any time at the request of service users.</p> <p>Service users who met with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Residents/Service User Consultation

The inspector met with six service users. Service users were observed relaxing in the communal lounge area whilst others were engaged in activities including video games and playing pool. In accordance with their capabilities all service users indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"I like it here"

"It's good"

11.2 Relatives/Representative Consultation

The inspector met with 11 relatives who indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. Feed back in relation to the care provided was positive, one family raised the issue of healthy food choices being available on the menu this information was shared with the registered manager who assured the inspector that healthy options were available for service users daily.

Comments received included:

"It is brilliant, he / she just loves it".

"I am very, very happy with the service".

"Staff go above and beyond the call of duty".

"We are very happy with the care our only concern is to ensure there are healthy food choices available"

"This is a vital service, staff are excellent".

"It is great here, I can't fault anything".

11.3 Staff Consultation

The inspector spoke with two staff during the inspection; no questionnaires were completed and returned by staff prior to the inspection. Discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

11.4 Visiting Professionals Consultation

One professional visited the home during the inspection. They expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

11.5 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire did not indicate that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought. The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home accompanied by Ms Wray and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector generally presented as clean, organised, adequately heated and fresh smelling throughout. Bedrooms were observed to be homely and comfortable. Décor and furnishings were found to be of a satisfactory standard. During the inspection an estates officer from the Northern Health and Social Care Trust met with the inspector to give an update on the progress made in relation to maintenance issues in the home this information was shared with RQIA estates inspectorate.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 17 January 2014.

A review of the fire safety records evidenced that fire training had been provided to staff on 2 September 2014. The records also identified that an evacuation had been undertaken on 23 April 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Ms Rosemary Wray registered manager. Ms Wray confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Wray, as part of the inspection process.

The timescales for completion commence from the date of inspection. The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Announced Care Inspection

Ellis Court Respite Unit

6 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Rosemary Wray either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	6.3	Service users or their representative should sign their care plans along with the member of staff drawing it up and the registered manager. If the service user or their representative is unable to sign or chooses not to sign this also should be recorded.	One	The Registered Manager will strive to get all the care plans signed accordingly; however, given that there are 120 service users and it is likely that we will not see all these individuals before 26 March 2015, it is highly unlikely that we will be able to meet the timeschale (March 2015) suggested	26 March 2015
2.	10.1	The need to notify RQIA on each occasion restraint is used should be included in the homes Restrictive Physical Interventions Policy (2010).	One	The Registered Manager will ensure there is an amendment made to the Restrictive Physical Intervention Policy (2010) to ensure that RQIA are notified on each occasion restraint is used	26 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Rosemary Wray
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Tony Stevens

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	9.1.15
Further information requested from provider			