



The Regulation and  
Quality Improvement  
Authority

Ellis Court  
RQIA ID: 1368  
Ellis Street  
Carrickfergus  
BT38 8AZ

Inspector: Bronagh Duggan  
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**Unannounced Care Inspection  
of  
Ellis Court**

**11 June 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 11 June 2015 from 11.00 to 16.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

The details of the QIP within this report were discussed with the Fiona Mills deputy manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Northern Health and Social Care Trust/Tony Stevens	<b>Registered Manager:</b> Rosemary Wray
<b>Person in Charge of the Home at the Time of Inspection:</b> Fiona Mills	<b>Date Registered:</b> 20/02/13
<b>Categories of Care:</b> RC-LD, RC-LD(E)	<b>Number of Registered Places:</b> 6
<b>Number of Residents Accommodated on Day of Inspection:</b> 6	

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 1: Residents' involvement**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/Process

Prior to inspection the following records were analysed: Notifications of accidents and incident records submitted to RQIA and the previous returned care Quality Improvement Plan.

During the inspection the inspector met with six residents, three care staff, one catering staff member and the deputy manager for the home.

The following records were examined during the inspection:

- Six care records
- Accident and incident records
- Relevant policies and procedures
- Staff training records
- Fire Safety Risk Assessment
- Compliments and complaints records
- The homes annual quality review report.

### 5. The Inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 12 January 2015. The completed QIP was returned and approved by the pharmacy inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  Ref: Standard 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.	Met
	<b>Action taken as confirmed during the inspection:</b> Six care records inspected were signed by relevant individuals.	

<b>Recommendation 2</b>  <b>Ref:</b> Standard 10.1	The need to notify RQIA on each occasion restraint is used should be included in the homes Restrictive Physical Interventions Policy (2010).	Not Met
	<b>Action taken as confirmed during the inspection:</b>  This policy was not available on the day of inspection. This shall be reviewed during the next inspection.  This recommendation has been restated in the QIP for a second time.	

### **5.3 Standard 1- Residents' involvement**

#### **Is Care Safe? (Quality of Life)**

Ellis Court Respite Unit provides short term breaks for adults with learning disabilities. The deputy manager who was the person in charge on the day of inspection confirmed that residents' views and comments shape the quality of services and facilities provided by the home.

In our discussions with the deputy manager, three care staff and one catering staff member they confirmed that individual choices, preferences, or issues of concern identified by residents are listened to and readily acted on. We inspected six care records. These records included up to date needs assessments, risk assessments and care plans. These were found to be kept under continual review to accurately reflect the needs and preferences of residents. Care records were signed appropriately by the resident and or their representative. Staff also confirmed that they liaise closely with residents' representatives prior to and following the residents stay at the facility.

Staff demonstrated to us a good awareness of the values of independence, choice and consent. Staff were aware of the need to consistently demonstrate these values to underpin the practice of the home.

#### **Is Care Effective? (Quality of Management)**

The home had a policy and procedure relating to resident feedback. This stated the procedure for making suggestions, compliments, complaints or enquiries regarding the service. We examined the home's Statement of Purpose and Service User Guide both these documents outlined the homes mission, which focuses on the promotion of choice, exercising of rights and expressing of opinions of the residents.

We inspected the most recent Annual Report for the home which included feedback from service users families regarding the quality of the service provided. The deputy manager confirmed the home holds an annual "open day" for residents and their families to visit. During this event families and service users share their experiences with other service users, their families and staff at the home. We examined a selection of monthly monitoring visits completed by an agent outside of the home. These were carried out on a regular basis and showed views of residents and their families had been actively been sought on a regular basis.

Service user feedback is sought from residents individually at the end of their stay in the home. Any preferences from residents regarding what they would like to do during their next stay are gathered and recorded in the residents care records. The deputy manager confirmed to us that an analysis was compiled on a monthly basis of all residents' feedback. This information is then used to identify any patterns or potential areas for improvement. Records available confirmed this.

#### **Is Care Compassionate? (Quality of Care)**

In our discussions with staff they confirmed that residents' individual needs and preferences are at the centre of care provision in the home. During each respite stay the service provision is individually tailored to the needs of each resident.

In our observations of care practices and interactions between residents' and staff we found that residents were treated with dignity and respect when being supported by staff.

### Areas for Improvement

We identified no areas for improvement in relation to this standard. This standard was found to be safe, effective and compassionate.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	0
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## 5.4 Theme: Residents receive individual continence management and support

### Is Care Safe? (Quality of Life)

We inspected six care records. Three of the six care records reflected individualised plans of care regarding continence management. As residents attend the home for short breaks only the deputy manager informed us residents bring their own continence products for the duration of their stay. The types of continence products used by residents were included in the care records inspected.

In our discussions with staff they demonstrated knowledge of residents' individual needs and were aware of infection control procedures in the home. The deputy manager provided information which showed that the home had taken steps to arrange update training regarding the management of continence in 2015. This had not been completed by the date of the inspection however the deputy manager confirmed this would be addressed in a timely manner. Records showed that all staff had completed training in infection control.

Through our inspection of care records, discussions with the deputy manager and staff and general observations we identified no mismanagement of this area of care such as malodours or breakdown of skin integrity.

We observed adequate supplies of aprons, gloves and hand washing dispensers throughout the home.

### Is Care Effective? (Quality of Management)

Staff confirmed to us that they were familiar with residents care needs and would often attend care reviews of residents who access the services of the home. Staff also confirmed to us that there were always adequate supplies of continence products within the home.

We made a recommendation that the home should develop a protocol for continence management for residents. This should complement the trust wide policy and procedure already in place.

### Is Care Compassionate? (Quality of Care)

In our discussions with staff they were aware of the need to promote the values of privacy, dignity and respect when supporting residents with their continence needs. Observations of general care practices showed that residents were comfortable and relaxed in the home environment.

## Areas for Improvement

We identified one area of improvement for this theme. This theme was assessed to be safe, effective and compassionate.

<b>Number of Requirements:</b>	0	<b>Number of Recommendations:</b>	1
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## 5.5 Additional Areas Examined

### 5.5.1. Residents' Views

We met with six residents individually. We observed residents relaxing in the communal areas of the home. In accordance with their capabilities all residents indicated that they were happy during their short stay breaks to the home, their relationship with staff and the provision of care. We noted that residents were well dressed with good attention to personal care observed.

Comments received included:

- "I like coming here, everybody is nice".
- "I'm happy here; I have been coming a long time".

### 5.5.2. Staff Views

We spoke with three care staff and one catering staff member. Ten questionnaires were provided for staff to complete. We did not receive any completed and returned questionnaires. However 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.

### 5.5.3 General Environment

We found that the home was clean and tidy with no malodours present. The décor and furnishings were generally fit for purpose however we made a recommendation that an identified bedside locker be removed and replaced.

We made a requirement that the ceiling and window area in the identified room must be improved immediately. It was reported that rain regularly leaks through the ceiling; towels were observed in position to absorb the water.

### 5.5.4 Fire Safety

We inspected fire safety training records which confirmed that fire safety drills were maintained on an up to date basis. The home's fire safety risk assessment had been updated in March 2015. There were no obvious fire risks observed. All fire exits were unobstructed and fire doors were closed.

### 5.5.5 Complaints and compliments

Complaints and compliments had been managed appropriately. Records were retained of complaints investigations. The home had received several compliments.

### 5.5.6 Accidents/incidents

We reviewed the accident and incident notifications since the previous inspection; these had been reported and managed appropriately.

#### Areas for Improvement

We identified two areas of improvement in the additional areas examined.

<b>Number of Requirements:</b>	1	<b>Number of Recommendations:</b>	1
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Fiona Mills deputy manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.



It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

Statutory Requirements	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 27.(2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 17 August 2015</p>	<p>The registered manager must ensure that the ceiling and window area in the identified room is improved upon.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Registered Manager contacted NHSCT Estate Services Department on the 12<sup>th</sup> June 2015 and advised of this requirement and also requested timescale for this work to be completed. NHSCT Estate Services have agreed work to be completed by 8<sup>th</sup> August 2015</p>
Recommendations	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 9.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 6 August 2015</p>	<p>The registered manager should develop a protocol within the home regarding continence management for residents.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Registered Manager along with the Senior Staff Team will develop unit specific protocol in relation to continence management</p>
Recommendations	
<p><b>Recommendation 2</b></p> <p>Ref: Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 6 August 2015</p>	<p>The registered manager should ensure that the identified bedside locker be removed and replaced.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The bedside locker has been removed and replaced</p>
Recommendations	
<p><b>Recommendation 3</b></p> <p>Ref: Standard 10.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 6 August 2015</p>	<p>The need to notify RQIA on each occasion restraint is used should be included in the homes Restrictive Physical Interventions Policy (2010).</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The Registered Manager has informed the lead person in NHSCT in reviewing the Restrictive Physical Interventions Policy of RQIA recommendation. It has been agreed that the need to notify RQIA if and when restraint is used can be added to current protocols. Ammendment added to RESPECT Training Programme</p>

<b>Registered Manager Completing QIP</b>	Rosemary Wray	<b>Date Completed</b>	23/07/2015
<b>Registered Person Approving QIP</b>	Tony Stevens	<b>Date Approved</b>	20/8/15
<b>RQIA Inspector Assessing Response</b>	Bronagh Duggan	<b>Date Approved</b>	20/8/15

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**