

Inspection Report

13 November 2022



Ellis Court Respite Unit

Type of service: Residential Care Home
Address: Ellis Street, Carrickfergus, BT38 8AZ
Telephone number: 028 9331 5113

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT)</p> <p>Responsible Individual: Ms Jennifer Welsh (Acting)</p>	<p>Registered Manager: Mrs Anne McCormick – registration pending</p>
<p>Person in charge at the time of inspection: Ms Alison Weir, Senior Care Assistant</p>	<p>Number of registered places: 6</p> <p>Provision of day service for one identified user only.</p>
<p>Categories of care: Residential Care (RC) LD – Learning disability LD(E) – Learning disability – over 65 years.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 5</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 6 residents. Care is provided for on a short stay respite basis.</p>	

2.0 Inspection summary

This unannounced inspection was conducted by a care inspector on 13 November 2022, from 10.10am to 2.00pm.

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

The previous two areas of improvement from the medicines management inspection, on 1 August 2022, were not reviewed on this inspection and carried forward to the next inspection.

Care was found to be delivered in a safe, effective and compassionate and well led manner. It was evident that staff on duty promoted the dignity and well-being of residents. Staff were also particularly well knowledge to communicate effectively with residents.

Residents said that they were happy with their stay in the home, their relationship with staff and the provision of activities.

Two areas of improvement were identified in relation to the recommendations made from the most recent fire safety risk assessment and access to the kitchen in terms of fire safety.

RQIA were assured that the delivery of care and service provided in Ellis Court Respite Unit was, safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the safety of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve the safety in the home.

3.0 How we inspect

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Alison Weir at the conclusion of the inspection.

4.0 What people told us about the service

In accordance with their capabilities, residents said that they enjoy their stay in the home and that the staff were kind and caring. Residents also said that they enjoyed their meals and got what they liked to eat and they enjoyed the activities.

Staff said that they felt residents were well cared for and there was a nice team of staff. They also said that their workload was fine and they had good training and managerial support.

5.0 The inspection

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

Areas for improvement from the last inspection on 1 August 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 32 Stated: First time To be completed by: Immediate action required	The registered person shall ensure that medicine refrigerator temperatures are accurately monitored each day and corrective action is taken if temperatures outside the required range are observed.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 33 Stated: First time To be completed by: 1 September 2022	The registered person shall review the completion of the controlled drugs record book. Staff should receive further training on the completion of records relating to controlled drugs.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Recruitment is led and managed by the human resource department of the Northern Health & Social Care Trust. A checklist of individual staff recruited is maintained in the home. Review of a sample of one of these records confirmed there was a robust system in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. A matrix is maintained detailing when staff have received their mandatory training and when this training is due for renewal. Review of these records confirmed that staff training was maintained on a regular and up-to-date basis. Staff also spoke positively on the provision of training.

Review of staff records confirmed that staff receive a programme of induction on appointed. Records were also in place confirming that “as and when” staff have received a programme of induction and are included in the mandatory training.

Review of the records of staff registrations with the Northern Ireland Social Care Council (NISCC) found that there was a good system in place to ensure staff had appropriate live registration in place.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. A competency and capability assessment is undertaken for any member of staff with the responsibility of being in charge when the manager is not on duty.

Staff said that there was enough staff on duty to meet the needs of the residents. Staff said that they understood that staff recruitment is in place to recruit more permanent staff and they felt positive about this. They also said there was good team work and that they felt well supported in their role and were satisfied with the level of communication between staff and management.

The senior in charge explained that the number of staff on duty would be regularly reviewed to ensure the needs of the residents were met.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, residents’ social care needs were seen to be well delivered in a person centred manner.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly and warm. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly. Expressions of consent were evident with statements such as “Are you okay with...” or “Would you like to ...” when dealing with care delivery.

At the time of this inspection residents choose to go out for their lunch time meal.

The senior in charge explained the admission process and how residents’ assessed needs and profile information were updated in consultation with the resident and their next of kin. These assessments were found to be well maintained.

Care records were regularly reviewed and updated to ensure they continued to meet the residents' needs. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Records were kept of what residents had to eat and drink daily. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Discussions with staff confirmed knowledge of these assessments. Staff also had received up-to-date training in dysphasia.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff. These records were well maintained with detail of the resident's well-being. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

Care records were held confidentially.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with furnishings and décor being suitably maintained.

Communal areas and residents' bedrooms were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The kitchen which was not staffed had its door and serving hatch left open. An area of improvement was made for this practice to be reviewed in consultation with the home's fire safety advisor with subsequent appropriate action.

The laundry department was found to be clean, tidy and organised.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and, fire safety drills.

The home's most recent fire safety risk assessment was dated 11 August 2022. There were no details recorded in response to the recommendations made from this assessment. An area of improvement was identified to submit a time bound action plan detailing how the five recommendations from this assessment will be addressed.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

5.2.4 Quality of Life for Residents

Observations of care practices confirmed that residents were able to choose how they spent their day.

It was also observed that staff offered choices to residents throughout the day which included preferences for food and drink options, and social activities.

The genre of music and television channels played was appropriate to patients' age group and tastes. At the time of this inspection a small group of residents were engaged in craft activities with Christmas decorations. Later residents choose to go out for their lunchtime meal.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

5.2.5 Management and Governance Arrangements

At the time of this inspection, Ms Alison Weir, Senior Care Assistant, was in charge of the home. She acted with good competence and knowledge throughout this inspection.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained.

There was a comprehensive system of audits and quality assurance in place. These audits included; environmental and infection prevention and control audits.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Two areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	1	3*

* The total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Alison Weir, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (a) Stated: First time To be completed by: 13 December 2022	The registered person shall submit a time bound action plan, to the home's aligned estates inspector, detailing how the five recommendations made from the fire safety risk assessment, dated 11 August 2022, will be addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken:
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 32 Stated: First time To be completed by: Immediate	The registered person shall ensure that medicine refrigerator temperatures are accurately monitored each day and corrective action is taken if temperatures outside the required range are observed. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 33 Stated: First time To be completed by: 1 September 2022	The registered person shall review the completion of the controlled drugs record book. Staff should receive further training on the completion of records relating to controlled drugs. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 3 Ref: Standard 29.2 Stated: First time To be completed by: 20 November 2022	The registered person shall review in consultation the fire safety risk assessor the issue of kitchen door and serving hatch being left open when not staffed, with subsequent appropriate action. Ref: 5.2.3
	Response by registered person detailing the actions taken:

Please ensure this document is completed in full and returned via Web Portal



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