



Unannounced Care Inspection Report 6 January 2021



Ellis Court Respite Unit

Type of Service: Residential Care Home
Address: Ellis Street, Carrickfergus, BT38 8AZ
Tel no: 028 9331 5113
Inspector: Alice McTavish

www.rqia.org.uk

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 residential care home which provides care for up to six residents for short breaks.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Jennifer Welsh	Registered Manager and date registered: Anne McCormick, acting manager from 8 December 2020.
Person in charge at the time of inspection: Anne McCormick	Number of registered places: 6 Provision of day service for one identified user only.
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 2

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 6 January 2021 between 11.15 and 15.05 hours. The inspection sought to assess progress with the issue raised in the previous quality improvement plan and to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements

Residents said that they liked coming to Ellis Court for their short breaks.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Keelin Marron, deputy manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with two residents and two members of staff. Five questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for 1 to 28 January 2021
- staff induction
- staff training
- staff supervision and appraisal
- competency and capability assessments
- domestic cleaning schedules
- minutes of staff meetings
- a selection of quality assurance audits
- complaints
- incidents and accidents
- two residents' care records
- fire risk assessment and fire safety records
- reports of the visits by the registered provider

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 27 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: Second time	The registered person shall ensure the following in one identified bedroom: <ul style="list-style-type: none"> • preventative measures are taken against damp and the plaster and woodwork repaired and repainted • the waterproof seal between the sink and the wall is replaced 	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed that these areas were addressed.	

6.2 Inspection findings

6.2.1 Infection Prevention and Control (IPC) practices including the use of Personal Protective Equipment (PPE)

Signage was present at the entrance to the home to reflect the current guidance on Covid-19. All visitors and staff had a temperature and symptom check completed. Staff had a further temperature check completed before they left their working shift. Residents had health monitoring checks completed twice daily. Records were maintained of all health checks.

Staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available throughout the home. Staff told us that sufficient supplies of

PPE had been maintained throughout the Covid-19 outbreak. We saw that staff used PPE according to the current guidance.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times.

The deputy manager described the measures in place for residents using the short break service to have a Covid-19 test completed before admission to the home. The trust had produced easy read information for residents on what to expect during Covid-19 testing. As some residents may not respond positively to unfamiliar testing location and staff, the staff in the home had received training so that they could conduct the test in the grounds of the home. In order to do this, staff also travelled some distance to collect and return test kits, sometimes outside of their usual working hours. This level of dedication represented good practice and was to be commended.

There was also easy read and Makaton information provided for residents on how to protect themselves and others from infection during the pandemic. This was also good practice.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the lounge and the dining area.

Staff reported that new wardrobes, bedside cabinets and chairs had been purchased and new settees were on order. The home was decorated to a good standard, was well ventilated and comfortable. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction. We saw that residents' bedrooms were clean and bright.

The home had a current fire risk assessment; recommendations had either been actioned or were being actioned. Regular fire checks were completed and records maintained.

6.2.3 Staffing arrangements

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The deputy manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

We saw that there was a system in place to provide staff with regular supervision and that staff received an annual appraisal. We found that staff competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty. We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date. We saw that additional training was also provided for staff, if required.

The staff reported that they all worked together for the benefit of the residents, they felt well supported in their roles and were satisfied with the staffing levels. Staff said that there was good team working and that there was effective communication between staff and management.

6.2.4 Care delivery

We observed that residents looked well cared for; they were well presented and nicely dressed. It was evident that staff knew the residents well; staff spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “I’m getting on well and I like coming here. The staff are very nice.”

The deputy manager described how staff ensured that any changes in residents’ needs were identified before using the short break service. The process for doing this was adjusted to take account of social distancing and written information outlining these changes was sent to residents and their relatives in advance.

The deputy manager told us that there were few visitors to the home as the service was designed to provide a break for residents’ carers, but that visiting could be accommodated, if necessary. Residents could also maintain contact with their families if they wished and this would be supported by staff.

Three questionnaires were completed by residents and returned to RQIA. All respondents indicated that they were very satisfied with the care and services provided in Ellis Court Respite Unit. A resident commented “Ellis Court is a good place”.

6.2.5 Care records

We reviewed the care records of two residents and saw that the records were written in a professional manner and used language which was respectful of residents. We saw evidence that detailed, comprehensive care plans were in place to direct the care required. Care plans and associated risk assessments were completed and reviewed on a regular basis.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and deputy manager and described them as supportive, approachable and always available for guidance. Staff meetings were held to support good communication between staff and management. We reviewed the minutes of staff meetings which also showed that there was extensive exchange of information and co-ordination between staff and specialist community teams for the admission of new residents to the home. This was good practice.

There was a system of audits which covered a range of areas such as accidents and incidents, IPC and care records. The audits were completed regularly and this helped to ensure that the manager had effective oversight of care delivery to residents.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately.

We examined the system in place to manage any complaints received; discussion with the deputy manager provided assurance that complaints were managed appropriately and that complaints were viewed as an opportunity to learn and improve.

We looked at the records of the visits by the registered provider and saw that these were completed in detail; where action plans were put in place, these were followed up to ensure that the actions were correctly addressed.

Areas of good practice

We found good practice throughout this inspection in relation to staff commitment to providing good care, the cleanliness of the home, staff adherence to the current PPE guidance and to the systems to ensure good communication and to management and governance.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff wore PPE in line with the guidance. We were assured that the care provided in Ellis Court Respite Unit was safe, effective, compassionate and well led.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)