

Unannounced Care Inspection Report 13 April 2017



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

1.0 Summary

An unannounced inspection of Ellis Court Respite Unit took place on 13 April 2017 from 10:00 to 15:55. The home provides respite care services to approximately 125 people with learning disability who are accommodated for short stays.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

One recommendation was made in regard to fire drills.

Is care effective?

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

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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

One recommendation was made in regard to the recording of complaints.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rosemary Wray, registered manager and Keelin Marron, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 29 September 2016.

2.0 Service details

Registered organisation/registered person: Northern Health and Social Care Trust / Anthony Baxter Stevens	Registered manager: Rosemary Alida Wray
Person in charge of the home at the time of inspection: Keelin Marron, deputy manager until 11.00. Rosemary Wray from 11.00.	Date manager registered: 20 February 2013
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 6

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with three residents, three care staff, the deputy manager and the registered manager. No visiting professionals and no residents' visitors/representatives were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care files of six residents
- Minutes of recent staff meetings
- Complaints and compliments records

- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks)
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

A total of eighteen questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 September 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 29 September 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 16.(2) (b) Stated: First time To be completed by: 29 November 2016	The registered provider shall ensure the care plan for the identified resident is reviewed and updated in relation to the management of the specific condition.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and inspection of care records confirmed that the care plan for the identified resident was reviewed and updated in relation to the management of the specific condition.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 29 Stated: First time To be completed by: 6 October 2016	The registered provider shall ensure weekly fire alarm checks are maintained on an up to date basis.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and inspection of fire safety records confirmed that weekly fire alarm checks were maintained on an up to date basis.	

4.3 Is care safe?

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who was given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the deputy manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. Enhanced AccessNI disclosures were viewed by the trust for all staff prior to the commencement of employment.

The deputy manager confirmed that arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The deputy manager advised that the trust adult safeguarding policy and procedure had been reviewed to ensure that it was consistent with the current regional guidance; the new policy and procedure was to be active from April 2017 and available to staff in both electronic and hard copy. The policy and procedure included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, review of accident and incidents notifications, care records and complaints records confirmed that no adult safeguarding issues had arisen since the last care inspection. The deputy manager advised that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The deputy manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the deputy manager identified that the home did not accommodate any individuals whose assessed needs could not be met. The registered manager described how application was made via a panel of senior managers for new users of the respite care service. This was to ensure that all relevant information was present before admission to the home and that all preparations for respite care could be made. This represented good practice.

The deputy manager confirmed there were restrictive practices employed within the home, notably wheelchair lap belts and bed rails for a small number of identified residents. The external doors of the home were locked at night for security. On the rare occasion when it was identified that a resident might leave the building unaccompanied, and potentially coming to harm, the external doors were locked; suitable arrangements were put in place for unrestricted entrance to and egress from the building for other respite users. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The deputy manager confirmed there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the deputy manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Chemicals and Substances Hazardous to Health (COSHH), fire safety etc.

The deputy manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. This was evidenced through examination of equipment and inspection of equipment maintenance and cleaning records.

The deputy manager advised that the trust infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be clean and comfortable. The home was fresh-smelling and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 15 April 2016. No recommendations were made.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was completed on 7 April 2017. Inspection of fire drill records identified that although fire drills were conducted and records retained of staff who participated, there was no system in place to ensure that each staff member participated in a fire drill at least annually. A recommendation was made in this regard.

Inspection of fire safety records identified that fire-fighting equipment, emergency lighting and means of escape were checked daily and were regularly maintained. Fire alarm systems were tested weekly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Five completed questionnaires were returned to RQIA from. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from staff were as follows:

- “We as staff are always on hand for each client.”

Areas for improvement

One area for improvement was identified. This was in relation to the need to ensure that each staff member participates in a fire drill at least annually.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of six residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessments and risk assessments (e.g. manual handling, bedrails, nutrition, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

An individual agreement setting out the terms of the respite stay was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. As residents in the home stayed only a short time, it was not possible to have regular residents' meetings. Each resident, however, was encouraged to complete a feedback exercise after each period of respite care. This information was used to obtain information about the quality of the services and facilities available in the home. The deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Five completed questionnaires were returned to RQIA from. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from staff were as follows:

- "Each client gets their own individual care needs met. Some shifts are a lot busier than others, especially if we have two or three clients staying with us that need more one to one care, but we always do our best."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The deputy manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records which documented the management of pain and use of prescribed medication, where necessary.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment, for example, on how to make a complaint or to raise a concern.

The deputy manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff, along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were able to demonstrate how residents’ confidentiality was protected.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff. Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities.

Residents spoken with during the inspection made the following comments:

- “This place is good. I like it. They (staff) are nice to me.”
- “I am happy to come here for respite. I like the food and the staff are very good to me.”

Five completed questionnaires were returned to RQIA from. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from staff were as follows:

- “I like to treat the clients in a way that I would want to be treated.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The deputy manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

The deputy manager confirmed that there was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. It was noted, however, that records of complaints did not consistently include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. A recommendation was made in this regard.

The deputy manager advised that arrangements were in place to share information about complaints and compliments with staff. The home had not received any written complaints since 2015. The deputy manager advised that if complaints were to be made more regularly, an audit of complaints would be used to identify trends and to enhance service provision.

The deputy manager confirmed that there was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The deputy manager advised that few accidents and incidents occurred within the home. Should accidents and incidents occur more frequently, an audit would be undertaken to identify trends and to enhance service provision. Learning from accidents and incidents would be disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the deputy manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, dementia awareness, epilepsy awareness and dysphagia awareness.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The deputy manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The deputy manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager, the deputy manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The deputy manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The deputy manager confirmed that staff could also access line management to raise concerns and they would offer support to staff. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered and deputy managers confirmed that there were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Five completed questionnaires were returned to RQIA from. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from staff were as follows:

- “Our new deputy manager is amazing!”

Areas for improvement

One area for improvement was identified. This was in relation to the recording of the full process of complaints management.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Rosemary Wray, registered manager and Keelin Marron, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via the web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 29.6 Stated: First time To be completed by: 30 June 2017	<p>The registered provider should ensure that a system is put in place for all staff to participate in a fire evacuation drill at least once every year.</p> <p>Response by registered provider detailing the actions taken: The registered manager will ensure that all staff will participate in a fire evacuation at least yearly. Staff must attend fire training every 6 months and we would intend to complete a fire evacuation as part of this twice yearly training and record this accordingly.</p>
Recommendation 2 Ref: Standard 17.10 Stated: First time To be completed by: 30 June 2017	<p>The registered provider should ensure that records of complaints include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.</p> <p>Response by registered provider detailing the actions taken: The service updated their complaints procedure/flowchart to include the above recommendations. All care staff have been informed of the updated complaints flowchart which details how complaints must be managed. The complaints record has also been updated to ensure that any communication with the complainants is recorded with the outcome and level of satisfaction recorded also.</p>

Please ensure this document is completed in full and returned via the web portal



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews