

Unannounced Care Inspection Report 26 April 2016



Ellis Court Respite Unit

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Inspector: Bronagh Duggan

www.rgia.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 26 April 2016 from 10:30 to 17:30.

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

Is care safe?

Five areas of improvement were identified, resulting in one requirement and four recommendations being made. A requirement was made regarding the completion of competency and capability assessments for staff left in charge of the home in the manager's absence.

Four recommendations were made, these related to updating the relevant contact details included within the homes safeguarding policy and procedure, the regular reviewing of care plans and risk assessments, improving the access and egress to the home and also to make improvements to the ceiling area of the laundry.

Is care effective?

One recommendation was made with regard to ensuring the monthly monitoring visits are carried out on an unannounced basis.

Is care compassionate?

No requirements or recommendations were made. Observations of interactions demonstrated that residents were treated with dignity and respect. Discussions with residents and staff confirmed that residents were enabled and supported to engage in meaningful activities.

Is the service well led?

No requirements or recommendations were made. There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure.

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	1	5

Details of the QIP within this report were discussed with Fiona Mills, Deputy Manager as part of the inspection process. Rosemary Wray, Registered Manager was present for part of the inspection. 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 estates inspection

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

2.0 Service details

Registered organisation/registered person: Northern Health and Social Care Trust/Tony Stevens	Registered manager: Rosemary Wray
Person in charge of the home at the time of inspection: Fiona Mills	Date manager registered: 20/02/13
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 6
Weekly tariffs at time of inspection: £494 per week	Number of residents accommodated at the time of inspection: 6

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents from the previous inspection, the returned Quality Improvement Plan (QIP) and the previous inspection report.

During the inspection the inspector met with six residents and one visiting service user, two care staff, one domestic staff, and one visiting professional. There were no resident's visitors/representatives in the home during the period of inspection.

The following records were examined during the inspection:

- Four care records
- Staff duty rota
- Staff training records
- Monthly monitoring reports
- Service user satisfaction reports
- Complaint records
- Accident and incident records and
- Relevant policies and procedures

Following the inspection nine completed satisfaction questionnaires were returned to RQIA outlining the views of residents, representatives and staff.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20/10/15

The most recent inspection of Ellis Court Respite Unit was an announced estates inspection. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 11/06/2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27.(2) (b) Stated: First time	The registered manager must ensure that the ceiling and window area in the identified room is improved upon.	Met
	Action taken as confirmed during the inspection: Inspection of the ceiling and window area showed these had been plastered and painted. Changes had also been made to the outside fire exit stair way which had been contributing to the problem.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 9.2 Stated: First time	The registered manager should develop a protocol within the home regarding continence management for residents.	Met
	Action taken as confirmed during the inspection: A protocol was in place for the management of residents continence needs.	
Recommendation 2 Ref: Standard 27.1 Stated: First time	The registered manager should ensure that the identified bedside locker be removed and replaced.	Met
	Action taken as confirmed during the inspection: The identified bedside locker has been removed and replaced.	

Recommendation 3 Ref: 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).	Met
Stated: Second time	Action taken as confirmed during the inspection: The homes policy on Restrictive Physical Interventions has been updated to reflect the need to notify RQIA on each occasion restraint is used.	

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.

On the day of inspection the following staff were on duty – Deputy manager from 09:00 – 17:00, one senior support worker, two support Workers, two domestic staff, and two kitchen staff for the am shift. The deputy manager confirmed the kitchen staff also prepare meals for the adjoining day centre facility on site. For the evening shift there was one senior support worker and one support worker. Night duty included one senior support worker on sleepover and one support worker on waking night duty.

The deputy manager confirmed there had been very few new appointments to the home. A review of one completed induction record 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. We requested to view a sample of completed competency and capability assessments, for persons given the responsibility of being in charge of the home for any period in the absence of the registered manager. The deputy manager confirmed these had not been completed to date. A requirement was made that these assessments are completed for these circumstances.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

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.

Arrangements were in place to monitor the registration status of staff with their professional body.

A policy and procedure on adult safeguarding was in place. A recommendation was made that this should be updated to include the current contact details for the identified persons. Discussion with staff confirmed that they were aware of the new regional adult safeguarding 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. The most recent training was provided in February 2016, it was noted not all staff had completed training on this date. The deputy manager confirmed another session would be made available for the identified staff members.

Discussion with the deputy manager, review of accident and incident notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms communal lounges, and bathrooms. The residents' bedrooms were clean and tidy, some contained personal items which residents had brought for their stay. The home was fresh smelling, clean and appropriately heated. Discussion with a domestic assistant confirmed that daily work schedules were in place. A recommendation was made that improvements should be made to the ceiling of the laundry area of the home as it was noted that the roof was damaged and prone to leaking.

Inspection of the internal and external environment identified that the home and grounds were in need of improvement. It was noted that there was very limited parking outside the home with cars double parked during the period of the inspection. The registered manager said that complaints had been received from service user representatives about parking around the home, this has resulted in service users who require disabled parking access having to park long distances from the home. Records available in the home confirmed this. A recommendation has been made that arrangements should be put in place to improve access and egress to the home.

The deputy manager confirmed that the most recent fire safety risk assessment was completed on 15 April 2016 but the report was not yet available to the home. Records available in the home confirmed this. The fire safety risk assessment shall be reviewed during the next inspection. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 1 April 2016 and records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly as listed and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff training records confirmed that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

The deputy manager confirmed that 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 needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. It was however noted from the four care records inspected that care plans and risk assessments were not being reviewed on a regular basis. One care plan had not been reviewed since 2012, and an identified risk assessment had not been updated since 2010. A recommendation was made that care plans and risk assessments should be reviewed and updated regularly or as changes occur.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust.

The deputy manager confirmed that there were risk management policy and procedures relating to assessment of risks in 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 for example in respect of fire safety.

Areas for improvement

Five areas of improvement were identified, resulting in one requirement and four recommendations being made. A requirement was made regarding the completion of competency and capability assessments for staff left in charge of the home in the manager's absence.

Four recommendations were made, these related to updating the relevant contact details included within the homes safeguarding policy and procedure, the regular reviewing of care plans and risk assessments, improving the access and egress to the home and also to make improvements to the ceiling area of the laundry.

Number of requirements:	1	Number of recommendations:	4
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4.4 Is care effective?

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

A review of four care records confirmed that these included assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. As stated earlier in this report a recommendation was made regarding the reviewing and updating of care plans and risk assessments. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs.

The deputy manager confirmed that 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 care plans, accidents and incidents and complaints were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports and the annual quality report. It was noted that the monthly monitoring visit dates were planned in advance, records were available in the home to confirm this. A review of previous monthly monitoring reports showed that some visits had been planned and others unplanned. This issue was discussed with the deputy manager who was advised that these visits should be unannounced. A recommendation has been made that all monthly monitoring visits should be undertaken on an unannounced basis.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, service user feedback, the homes annual representatives event, staff meetings and staff shift handovers.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

One area for improvement was identified, this related to ensuring monthly monitoring visits were completed on an unannounced basis.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

The deputy manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff and residents, confirmed that residents' preferences and cultural needs were met within the home.

Residents and staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The deputy manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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.

The deputy manager confirmed that 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.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment at the end of each respite stay. Representatives are invited annually to share their views with regard to the provision of care. The views of professionals who visit the home are also sought. Following the inspection the registered manager forwarded the Annual Quality Review report for 2015 to RQIA. The findings from these consultations were collated into a summary report which was made available for residents and other interested parties.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The deputy manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager shared that at times policies and procedures were not being reviewed within the specified three year time frame due to delays within the Trust organisation. The registered manager was advised to maintain records to show when these issues had been identified and raised within the Trust organisation identifying the need to review or update policies and procedures.

The home had a complaints policy and procedure in place. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

The registered manager confirmed the home had 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.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed. An identified staff member monitored this information and shared all relevant information with the staff team to improve practice.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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. However these visits should have taken place on an unannounced basis. A recommendation was made.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The deputy manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The deputy manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration was displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the deputy manager 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. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The deputy manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to 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 establishment. 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 establishment.

Quality Improvement Plan

Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 20.(3)</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2016</p>	<p>The registered person must ensure that competency and capability assessments are completed, for persons given the responsibility of being in charge of the home for any period in the absence of the registered manager.</p> <p>Response by registered person detailing the actions taken: The Registered Manager has compiled a Competency Based Induction & Management File. This includes staff job descriptions, individual staff profiles and a competency/capability management section which includes assessments completed using a range of methods including training, observation of practice, staff appraisal and professional supervision</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2016</p>	<p>The registered person should ensure that the homes safeguarding policy and procedure is updated to include the current contact details for the identified persons.</p> <p>Response by registered person detailing the actions taken: The Registered Manager has spoken with Safeguarding Lead for the programme. The Trust are in process of reviewing and up-dating all safeguarding processes/protocols and will issue up-dated guidance in July 2016. Once received Ellis Court will up-date procedure accordingly</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2016</p>	<p>The registered person should ensure that care plans and risk assessments are reviewed and updated regularly or as changes occur.</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure care plans and risk assessments will be reviewed at least annually. A data base is currently being collated to capture review dates for same</p>
<p>Recommendation 3</p> <p>Ref: Standard N3</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2016</p>	<p>The registered person should ensure that arrangements are made to improve access and egress to the home.</p> <p>Response by registered person detailing the actions taken: The Trust is currently reviewing access and egress arrangements with the intent to improve parking on-site for service users</p>
<p>Recommendation 4</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 26 July 2016</p>	<p>The registered person should ensure improvements are made to the ceiling of the laundry area of the home.</p> <p>Response by registered person detailing the actions taken: The Registered Manager has already requested improvements be made to laundry ceiling. This work has been allocated to private contractor for repair</p>

<p>Recommendation 5</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2016</p>	<p>The registered person should ensure monthly monitoring visits are completed on an unannounced basis.</p> <hr/> <p>Response by registered person detailing the actions taken: Monitoring visits are completed monthly. Initially these visits are planned over the 12 month period but within this schedule visits will be rearranged with both announced and unannounced visits completed</p>
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