



Unannounced Care Inspection Report 29 November 2018



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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with six beds that that provides respite care services for adults who have a learning disability.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT)	Registered Manager: Rosemary Alida Wray
Responsible Individual: Anthony Baxter Stevens	
Person in charge at the time of inspection: Rosemary Alida Wray	Date manager registered: 20 February 2013
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 6 Provision of day service for one identified user only.

4.0 Inspection summary

An unannounced care inspection took place on 29 November 2018 from 10.30 to 15.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training, supervision and appraisal, care records, communication between residents, staff and other interested parties, listening to and valuing residents, governance arrangements, quality improvement and maintaining good working relationships.

A resident's representative said that they were very pleased with the care provided in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 May 2018.

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 previous inspection report, the returned QIP, notifiable events, and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager (who was present for part of the inspection), the deputy manager, one member of care staff and one resident's representative.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two questionnaires were returned by residents' representatives. No questionnaires were returned by staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- staff duty rota
- induction programme for new staff
- staff supervision and annual appraisal schedules
- staff competency and capability assessments
- staff training schedule and training records
- three residents' care files
- complaints and compliments records
- audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, infectious outbreaks), complaints, environment, Infection Prevention and Control (IPC)
- equipment maintenance records
- accident, incident, notifiable event records
- Annual Quality Review report
- reports of visits by the registered provider
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the deputy manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 May 2018

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

6.2 Review of areas for improvement from the last care inspection dated 3 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 15.- (1) (b) Stated: First time	The registered person shall ensure that all necessary and up to date information is obtained by the home manager prior to the admission of each resident for respite care in the home.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and inspection of documentation confirmed that up to date information is provided to the home manager prior to the admission of each resident for respite care in the home.	
Area for improvement 1 Ref: Regulation 15.- (2) (b) Stated: First time	The registered person shall ensure that the minutes of multi-professional team reviews are obtained by the home manager in a timely manner for each resident who uses the respite care services.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and inspection of documentation confirmed that minutes of multi-professional team reviews are provided to the home manager in a timely manner for each resident who uses the respite care services.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The deputy manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Trust bank staff were employed when required. The deputy manager advised that the use of bank staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to a minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A 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 confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the deputy manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory. The deputy manager advised that these assessments were reviewed with senior care staff during supervisions.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The deputy manager advised 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. Written confirmation was received by the registered manager that all pre-employment checks, including AccessNI enhanced disclosures, were undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The deputy manager advised that registrations were audited on a regular basis.

The adult safeguarding policy was reviewed during a previous care inspection and found to be consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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 deputy manager advised that no adult safeguarding issues had arisen since the last care inspection. Staff remained aware that all suspected, alleged or actual incidents of abuse were to be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were to be retained

The deputy manager advised there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was reviewed during a previous care inspection; this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The deputy manager advised there were restrictive practices within the home, notably the use of an alarm on the front door to alert staff if the door was opened. An anti-thrust harness was used on the specialist seating for one resident. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to share any concerns in relation to behaviour management when required. Any referrals to the multi-professional team would be made by the community social work team. 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 was aware that when individual restraint was employed, RQIA and appropriate persons/bodies must be informed.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced 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, alcohol hand gels and disposable towels wherever care was delivered. Personal protective equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

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 and RQIA with appropriate records retained.

The deputy manager reported that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a regular basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the Trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents’ bedrooms were found to be as individualised as possible for the duration of their respite stay. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home was 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. No malodours were detected in the home.

The home had an up to date fire risk assessment in place dated 19 April 2018 and no recommendations had been made.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, emergency lighting and means of escape were checked daily and fire alarm systems were tested weekly. All equipment and systems were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

A resident’s representative spoken with during the inspection made the following comments:

- “(My relative) has a great time when she comes here. She loves it, and sometimes she doesn’t want to come home! She really looks forward to her next stay. The staff have been a great support in helping (my relative) to get a bath as she really enjoys that and it is something that we can’t easily do at home.”

Two completed questionnaires were returned to RQIA from residents’ representatives. Respondents described their level of satisfaction with this aspect of care as satisfied or very satisfied.

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

A review of the care records of three 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 throughout the respite period. Care needs assessment and risk assessments (e.g. moving and handling, communication, behaviour, swallowing, where appropriate) were reviewed and updated on a regular basis or as changes occurred. Care plans were noted to have Human Rights considerations integrated throughout. This represented good practice.

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. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Guidance and recommendations provided by dieticians and speech and language therapists (SALT) were reflected within the individual resident's care plans and associated risk assessments. Staff advised that they had completed training in the International Dysphagia Diet Standardisation Initiative (IDDSI) to ensure that all foods and fluids were provided at the correct texture.

The deputy manager advised that no residents using the respite care service had wound care needs; any such needs would be managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin.

The deputy manager advised 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, accidents and incidents, complaints, the environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The deputy manager advised 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. Recognising the difficulty in having resident meetings for the large number of residents who use the respite care service, a feedback form, in easy read, pictorial format, was used to gauge satisfaction with the services after each respite break. A review of the feedback forms identified that residents greatly enjoyed their stays in Ellis Court.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication. There were notices advising residents, their representatives any other interested parties of the ways in which the Trust ensured that the quality of the services provided was satisfactory; reports of visits by the registered provider, RQIA inspection reports and the Annual Quality Review report were available on request.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The deputy manager advised 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.

The deputy manager advised that consent was sought in relation to care and treatment; a review of care documentation established that written consents, signed by the resident and/or their representative, were in place for photography and for sharing of information with relevant parties. The deputy manager advised that written consents were being devised for the night time checks on residents by staff. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

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, for example, care plans were in place for the identification and management of pain, anxiety or distress, where appropriate.

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. Care plans, for example, were written in a larger print, pictorial format, the pictures of staff who were on duty were displayed and there was large print, pictorial information on display about how residents could raise complaints.

Discussion with staff and a resident's representative confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Discussion with staff and a resident's representative and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities.

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

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The deputy manager outlined the management arrangements and governance systems in place within the home and stated that 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.

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 information on display in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

A review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retained compliments received, for example, thank you letters and cards, and there were systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The deputy manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the deputy manager and review of staff training records established that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, epilepsy, dysphagia and falls prevention.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The deputy manager advised that the registered provider was kept informed regarding the day to day running of the home through the line management structure of the Trust and that senior managers were available through telephone calls and emails and visited the home.

The deputy manager described how the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The deputy manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.



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