

# Inspection Report

19 October 2021



## Ellis Court Respite Unit

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

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Northern Health and Social Care Trust (NHSCT)</p> <p><b>Registered Person/s OR Responsible Individual</b> Ms Jennifer Welsh (Acting)</p>	<p><b>Registered Manager:</b> Mrs Anne McCormick – not registered</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Anne McCormick</p>	<p><b>Number of registered places:</b> 6</p> <p>Provision of day service for one identified user only.</p>
<p><b>Categories of care:</b></p> <p>Residential Care (RC) LD – Learning disability LD(E) – Learning disability – over 65 years.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 4</p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This home is a registered residential care home which provides short respite breaks for up to six residents. The home occupies the ground floor of a NHSCT building, with community offices situated on the first floor. Residents have access to communal lounges and dining rooms.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 19 October 2021 from 10.25am to 2.25pm by two care inspectors.

The inspection focused on staffing arrangements within the home; care delivery and record keeping; the environment; infection prevention and control (IPC) practices; management and governance arrangements; and the quality of life for residents.

Residents were observed throughout the home and appeared comfortable in their environment. Staff were knowledgeable about the residents' needs and positive interactions were observed between staff and residents.

Staff described the standard of care in Ellis Court Respite Unit as being “very good” and spoke positively about the management team describing them as “approachable and supportive”.

Two areas for improvement have been identified in relation to infection prevention and control practices and meal times.

RQIA were assured that the delivery of care was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents’ experience.

### **3.0 How we inspect**

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

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

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home. A range of documents were examined to determine that effective systems were in place to manage the home.

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

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

### **4.0 What people told us about the service**

We spoke to three residents and two members of staff. Although the residents that we spoke with were unable to clearly articulate their needs, they were observed to be well presented and appeared comfortable in their environment.

Staff described the care in Ellis Court Respite Unit as “very good” and told us that the management in the home is “approachable and supportive”. They described Ellis Court Respite Unit as a good place to work with “good teamwork” among all the staff.

No staff questionnaires were returned.

One relative questionnaire was returned describing their experience of Ellis Court Respite Unit; the respondent commented:

- “He (resident) is always greeted with a smile and enjoys his time there, staff are attentive and always asking what he enjoys so that can ensure he enjoys it”.

## 5.0 The inspection

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

The last inspection to Ellis Court Respite Unit was undertaken on 6 January 2021 by a care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

There were systems in place to help ensure that staff were trained and supported to do their job. Mandatory Training for care staff included the following topics: fire safety, basic first aid, adult safeguarding, manual handling, infection prevention and control and deprivation of liberty safeguards (DoLS).

There were systems in place to ensure staff members were appropriately registered with the Northern Ireland Social Care Council (NISCC). However, governance records only reflected NISCC details relating to permanent members of staff. It is necessary that the NISCC status of all relevant members of staff, including bank staff is clearly documented. The manager provided assurances that all staff employed in the home are actively registered with NISCC and agreed to update records to reflect this. This will be reviewed at a future inspection.

The staff duty rota accurately reflected the grade and numbers of staff working in the home on a daily basis. However, the staff duty rota did not identify the person in charge when the manager was not on duty; this was highlighted to the manager who agreed to address this immediately; this will be reviewed at a future inspection.

Staff said there was good team work and that they felt well supported in their role and they were satisfied with the staffing levels and the level of communication between staff and management.

It was noted that there was sufficient staff on duty within the home to respond to the needs of the residents in a timely manner; staff were also observed providing residents with a choice in relation to how they wished to spend their day. Residents were observed throughout the unit engaging with staff in a relaxed and friendly manner.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents and to provide a handover to any staff coming on duty. In addition, residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routines, wishes and preferences.

A sample of care records were reviewed and were noted to be detailed and person-centred. Comprehensive care plans were in place to inform and direct staff in regard to caring for the residents. Care records also included important details about the residents' likes and dislikes. Progress notes were found to be maintained on a daily basis and outlined the care which the residents were receiving.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include verbal encouragement through to full assistance from staff. The food being offered both looked and smelt appetising. Although there was a menu on display for residents, it did not accurately reflect the food which was being offered; the format in which it was displayed also needed to be improved. It is important that the daily menu is accurately maintained and displayed in a suitable format for residents so that they know what meal choices are available on a daily basis. An area for improvement has been made.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home environment included a sample of bedrooms, bathrooms and communal areas such as lounges and dining rooms. The home was observed to be clean, warm, well-lit and free from malodours. The corridors were observed to be clean and free from clutter or inappropriate storage. A sample of residents' bedrooms was viewed and these were noted to be appropriately furnished, warm and tidy.

Refurbishments were underway in the home at the time of inspection and these were being completed in a safe manner. Some environmental areas were in need of repair, namely, identified ceiling tiles and paintwork. Discussion with the deputy manager post inspection has confirmed that this remedial work is currently in progress. This will be reviewed at a future inspection.

Fire safety measures were observed throughout the inspection including compliance with staff training and fire drills. A fire safety risk assessment had been completed on 22 July 2021 outlining three recommendations; the home manager provided assurances post inspection that these have been actioned. A copy of this action plan was also shared with the RQIA estates team.

The Manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for residents and staff and the manager confirmed that any outbreak of infection would be reported to the Public Health Authority (PHA); the manager further advised that all new residents are tested for COVID-19 prior to admission.

Personal Protective Equipment (PPE) was available at the entrance of the home for all visitors with staff observed to be checking visitors' temperatures and requesting the completion of a health declaration form upon entering the home. PPE stations were available throughout the home for staff and visitors. Staff providing direct care to residents were all wearing PPE appropriately. However, in one area of the home, staff were observed not to be wearing face masks and an area for improvement has been made.

#### **5.2.4 Quality of Life for Patients**

Positive interactions were observed between staff and residents throughout the inspection. Residents were able to choose how they spent their day and were observed relaxing within communal areas of the home or their own bedrooms. Residents also had the opportunity to avail of the sensory room with staff support. Those residents who were unable to clearly articulate their needs appeared comfortable in their environment.

Discussion with staff indicated that residents' activities are facilitated based on each resident's individual likes and interests. There was a large selection of board games and puzzles for residents to avail of during their stay. Staff also showed us an activity kitchen which they said is used by those residents who are physically able to enjoy baking within a supervised environment.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls and arrangements were in place should families wish to visit.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mrs Anne McCormick has been the acting manager in this home since 3 December 2020. Staff spoke positively about the management structures within the Home and found the manager to be approachable and supportive.

Staff were aware of their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Review of a sample of these governance records evidenced that the accidents/incidents had been managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. A sample of these reports were viewed; it was noted that they had been completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were also available for review by residents' representatives and the Trust.

**6.0 Conclusion**

Residents were observed to appear happy and relaxed in the home environment and there were positive interactions between staff and residents. Staff were knowledgeable about residents and attentive to their needs.

Two new areas for improvement have been identified and are referenced within the Quality Improvement Plan (QIP) in Section 7.0.

**7.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Residential Care Homes' Minimum Standards (August 2011) (Version 1.1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Anne McCormick, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12.4 <b>Stated:</b> First time <b>To be completed by:</b> 20 October 2021	The responsible person shall ensure that the menu accurately reflects what food is on offer each day and is displayed in a suitable format for residents.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> Menu will now be in written and pictorial form

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The responsible person shall ensure that IPC issues identified during this inspection are effectively managed to minimise the risk of infection; this relates specifically to the appropriate use of face masks by staff at all times.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b> This area of improvement has been considered and will be adhered to within NHSCT IPPC guidance</p>

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





The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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