

Inspection Report

Name of Service: Ellis Court Respite Unit

Provider: Northern Health and Social Care Trust (NHSCT)

Date of Inspection: 12 February 2025

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

1.0 Service information

Organisation:	Northern Health and Social Care Trust (NHSCT)
Responsible Individual:	Mrs Jennifer Welsh
Registered Manager:	Mrs Kylie Scates – not registered
Service Profile:	
Ellis Court is a registered residential care home which provides health and social care for up to 6 residents with a learning disability. Care is provided on a short stay respite basis. There are communal lounge areas, dining room and individual bedrooms for residents. The home has a sensory room for residents to enjoy. There are external areas also for the residents to utilise during their stay.	

2.0 Inspection summary

An unannounced care inspection took place on 12 February 2025, from 9.35 am to 3.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 7 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection six areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Two areas for improvement were not met and will be stated again. One area for improvement relating to medicines management was not assessed and these will be reviewed at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents told us that they enjoyed their stay in the home and that they enjoy the activities on offer. One resident said she was 'happy' and was looking forward to watching a movie with staff. Another resident appeared content in the environment and in the company of staff, enjoying playing computer games.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Written feedback from relatives was reviewed from a coffee morning held in the home on 11 December 2024. Feedback was very positive and included comments such as, "we are very grateful for respite", "the difference it has made in our lives cannot be overstated" and "Ellis Court has been a life saver to our family".

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example; if they wished to engage in an activity with staff and other residents or if they preferred to spend time alone in the sensory room.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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 were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

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 simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. On the day of inspection residents enjoyed a trip out to the local area with staff and on return spent time engaging in activities of their own choice, including the sensory room and playing on their I Pad. However, there was no activity planner for residents or their representatives to view. An area for improvement has been identified.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

Care staff recorded regular evaluations about the delivery of care and residents care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Communal areas were well decorated and suitably furnished.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Observations identified some concerns with environmental risk management. For example; staff lockers containing cleaning supplies such as bleach and toiletries were being stored in an area accessible to residents. The keys were removed by the Inspector and provided to staff for security. An area for improvement has been stated for a second time.

A small kitchen which is used by residents to support them to promote their independence, was unlocked. Staff confirmed that residents only access this kitchen with the support of staff. This was discussed with the manager who agreed to complete a risk assessment and management plan to ensure they safety of all using this room. This will be reviewed at a future inspection.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

3.3.5 Quality of Management Systems

At the time of inspection, Ms Kylie Scates, Acting Manager was in charge of the home.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place.

The system to monitor accidents and incidents that happened in the home needed to be reviewed because a number of incidents and accidents had not been reported to RQIA as required. This was discussed with the manager and retrospective notifications were completed following the inspection. An area for improvement has been stated for a second time.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	2*

* the total number of areas for improvement includes two regulations that have been stated for a second time and one standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Kylie Scates, Acting Manager, as part of the inspection process. The timescales for completion commence from the date of inspection

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 12 February 2025</p>	<p>The Registered Person shall ensure all areas of the home are maintained free from hazards. This is stated in reference to the storage of toiletries, hairdressing and activity equipment and access to the small kitchen.</p> <p>Ref: 2.0 & 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: The registered manager and full staff team will continue to maintain a hazard free environment. All toiletries, hairdressing and activity equipment were all stored safely in locked cupboards on this inspection. Staff lockers have been moved back to the staff changing area and keys returned to staff</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: Second time</p> <p>To be completed by: 12 February 2025</p>	<p>The Registered Person shall ensure all relevant events are notified to RQIA appropriately.</p> <p>Ref: 2.0 & 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: The registered manager has highlighted in a staff meeting dated 17.2.25 the importance of reporting all notifiable incidents. The reporting requirements grid has been put into clear sight of staff as a reminder of the incidents that should be reported.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 33</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2022</p>	<p>The Registered Person shall review the completion of the controlled drugs record book.</p> <p>Staff should receive further training on the completion of records relating to controlled drugs.</p> <p>Ref: 2.0</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: 1 March 2025</p>	<p>The Registered Person shall ensure the programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: Registered manager has discussed with staff team the importance of recording the activities completed each day. Staff to ensure they are updating the activity board when it is suitable to do so. Due to the specific needs of our service users, forward planning can cause distress so this has to be taken into consideration.</p>

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The Regulation and
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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews