

Inspection Report

Name of Service:	Ellis Court Respite Unit
Provider:	Northern Health and Social Care Trust (NHSCT)
Date of Inspection:	30 August 2025

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

1.0 Service information

Organisation/Registered Provider:	Northern Health and Social Care Trust
Responsible Individual/Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Mrs Kylie Scates, not registered
<p>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.</p> <p>There are external areas also for the residents to utilise during their stay.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 10 August 2025, from 9.35 am to 4.00 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 12 February 2025; 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 one area for improvement from the previous care inspection was 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 he 'liked it' in Ellis Court and was looking forward to watching a movie on his iPad. Another resident appeared content in the environment and in the company of staff, another resident was observed relaxing in the sensory room.

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 regarding the opening of the new sensory garden, this feedback was very positive.

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.

Recruitment is led and managed by the human resource department of the Northern Health & Social Care Trust (NHSCT). Records reviewed evidenced a lack of sufficient managerial oversight of the recruitment processes; this was discussed with the manager and an area for improvement was identified.

It was noted that staff had not attended an annual fire drill. The manager confirmed that all staff had attended a fire drill following the inspection.

There were systems in place to ensure staff members were registered with the Northern Ireland Social Care Council (NISCC). The register did not contain information for all staff. This was discussed with the manager following the inspection who provided assurances that all staff were appropriately registered. An area for improvement was identified.

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 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.

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.

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 iPad.

However, the activity planner had not been updated to allow residents or their representatives to view or know what was planned. An area for improvement has been stated for a second time.

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.

Other residents were happily engaging with staff or spending time in the sensory room.

Residents told us they were happy in the home and that the found staff friendly.

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 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. However, care plans lacked sufficient detail for those residents who required bespoke one to one care; this was discussed with the manager who confirmed that the records were in the process of being updated following the introduction of the new computer system Encompass and that the identified care plans had now been updated. Progress will be reviewed at the next inspection.

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 Control

The home was clean, warm and comfortable for residents. Communal areas were well decorated and suitably furnished. There was recent improvements to the internal environment with the refurbishment of the sensory room. Staff were keen to discuss the benefits of the new sensory garden also and the positive impact having this area has had for the residents.

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. However not all staff were adhering to best practice guidance with the wearing of gel nails/ nail varnish this was discussed with the manager and an area for improvement was identified.

Observations identified some concerns with environmental risk management. For example; staff sleep over rooms were accessible with staff belongings and toiletries stored in this area. The kitchenette was accessible with cleaning chemicals and also a hot surface risk. Other staff belongings were accessible in an unlocked office. The door to the medicine room was also unlocked. An area for improvement has been stated for a third time.

3.3.5 Quality of Management Systems

There has been no change in management since the last inspection; Ms Kylie Scates has been the manager since 16 January 2025.

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.

Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure.

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

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager.

A record of compliments was maintained. This contained thank you cards and messages which were very complimentary of the care provided in Ellis Court Respite Unit and of its staff.

A review of records identified that monthly monitoring visits in accordance with Regulation 29 were being conducted monthly and were available in the home for review.

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*	4*

* the total number of areas for improvement includes one under regulation that has been stated for a third time , one under the standards stated for a second time and one that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sarah McMaster, Senior Support Worker, 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	
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: Third time To be completed by: 10 August 2025	<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 and 3.3.4</p> <p>Response by registered person detailing the actions taken: Since inspection there are keypad locks added to the areas storing potential hazards. The small kitchen has been risk assessed and cupboards holding potential risks are locked and can be accessed by service users with staff support.</p>
Area for improvement 2 Ref: Regulation 20 (1) (b) Stated: First time To be completed by: 10 August 2025	<p>The Registered Person shall ensure the checklist is completed and available evidencing pre employment checks completed and the managers oversight of this document.</p> <p>Ref:3.3.1</p> <p>Response by registered person detailing the actions taken: All staffing files have the up to date checklist and manager to ensure the checklist is added to all new staff files starting employment within the service.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 33 Stated: First time To be completed by: 1 September 2022	<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> <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>
Area for improvement 2 Ref: Standard 13.4 Stated: Second time	<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: 2.0 and 3.3.2</p>

<p>To be completed by: 30 November 2025</p>	<p>Response by registered person detailing the actions taken: The recording of activities has been discussed with full staff team and they will record this appropriately based on the service users using the service at the time.</p>
<p>Area for improvement 3 Ref: Standard 20.3 Stated: First time</p>	<p>The registered person shall ensure the system in place to monitor staff registration with NISCC is sufficiently detailed and includes all staff. Ref:3.3.1</p>
<p>To be completed by: 10 August 2025</p>	<p>Response by registered person detailing the actions taken: NISCC audits completed monthly incorporating bank and substantive staff.</p>
<p>Area for improvement 4 Ref: Standard 20.3 Stated: First time</p>	<p>The registered person shall ensure that the wearing of nail varnishes and or gel nails ceases in accordance with best practice guidance and infection prevention and control measures. Ref: 3.3.4</p>
<p>To be completed by: 30 August 2025</p>	<p>Response by registered person detailing the actions taken: Gel/polish on nails has been removed by all staff and the Infection Control policy shared with team.</p>

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



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