

# Inspection Report

1 August 2023



## Millbrook Court Day Centre

Type of service: Day Care Setting  
Address: 228 Donaghadee Road, Bangor, BT20 4RZ  
Telephone number: 028 9146 2782

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Radius Housing Association	<b>Registered Manager:</b> Miss Jennifer Zebedee
<b>Responsible Individual:</b> Mrs Fiona McAnespie	<b>Date registered:</b> 1 August 2016
<b>Person in charge at the time of inspection:</b> Miss Jennifer Zebedee	
<b>Brief description of the accommodation/how the service operates:</b>  This is a day care setting that provides care and day time activities for people living with dementia. The day care setting had recently been refurbished and works are almost completed.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 1 August 2023 between 9.50 a.m. and 12.50 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

We wish to thank the manager, service users, relatives and staff for their support and co-operation during the inspection process.

## 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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

#### **4.0 What did people tell us about the service?**

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

##### **Service users' comments:**

- "Love it here, it is a great place. It gets me out of the house."
- "Sure what else would I be doing; the staff are lovely."
- "All good, the food is great and we get a lovely wee cup of tea."
- "Nice to speak to other people."
- "Better than sitting in my house all day."

##### **Service users' relatives' comments:**

- "I find things very good, the staff are patient and my wife is very happy. The staff are fantastic. My wife comes back happy and tired."
- "We have no concerns."
- "I could not do without it and my husband could not do without it."
- "Cannot praise them enough, great set of friends."
- "The staff and the manager in particular are very attentive."
- "I feel my husband is safe when there and he loves it. It gives me a break."

##### **Staff comments:**

- "Enjoy it here and get great satisfaction, I love making the service users' lives better."
- "I came into this job and had never worked in care and I just love it."
- "The manager is very supportive; it is a great place."

- “We provide a great service, mindful of the service users’ needs and abilities and where they are in their dementia journey.”
- “No concerns.”
- “I feel we also support the relatives; we get to know the service users very well.”

We observed a number of service users being supported by staff to participate in an activity; they appeared relaxed and staff were very mindful of their needs and provided additional support as required. There was a relaxed and welcoming atmosphere in the day care setting.

Returned questionnaires indicated that the respondents were satisfied with the care and support provided. Written comments included:

- “People are friendly; I feel safe here.”
- “I feel safe as the staff are very caring and just lovely.”
- “The service is very good.”
- “Wonderful experience, it’s great, I just love it. The food is also great. All the games are fun.”
- “I couldn’t wish for better, the staff are brilliant. They look after me and make me feel comfortable and safe.”
- “The staff make me feel safe and happy. My son says it is obvious you enjoy it when you come back.
- “I just love it.”

There were no responses to the electronic survey.

## 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 care inspection of the day care setting was undertaken on 30 August 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 30 August 2022		
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that staff are trained for their roles and responsibilities.  This relates specifically to staff completing Dysphagia training.  Ref: 5.2.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that staff had completed Dysphagia training.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 17.10  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that the quality monitoring report format is further developed to include details of the review of other key areas such as staffing arrangements/training, NISCC registration and adult safeguarding and should include evidence of engagement with relatives and staff.  Ref: 5.2.6	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the quality monitoring report format had been further developed however still required to include staffing arrangements. Following the inspection confirmation was provided by the manager that the updated report format issued by RQIA was to be used in future.	

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The day care setting's annual Adult Safeguarding Position report had been formulated and was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting had made no referrals in regard to Adult Safeguarding since the last inspection.

Service users' relatives said they had no concerns regarding the safety of their family member; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

No incidents had occurred since the last inspection.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

Staff do not support service users with the administration of medication. The manager was aware that should this be required, appropriate training and competency assessments would be required to be completed before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves.

The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager stated that none of the service users were subject to DoLS.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with service users and their relatives, it was good to note that service users had been supported to have an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review.

It was also positive to note that the day care setting had service user meetings on a three monthly basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included:

- Meals
- Staff
- Activities

Some service users' comments included:

- "You fetch such happiness into us."
- "Committed and obviously experienced."

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback. Comments included:

- "Very happy, great staff."
- "Like the friends I have made."

### **5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

One service user had been assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.



Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

#### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager in conjunction with the organisations Human Resources (HR) department. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager advised that there were no volunteers operating within the day care setting.

#### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was a structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

#### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. Comments included:

- "I love coming to the day centre I have met friends I have not seen for years."
- "Fantastic for mum regaining her independence and she enjoys going. As to the staff they are a credit to you and are fantastic; they are really attentive and calming. It is reassuring to know that when I drop her off she is safe."

The reports included details of a review of accident/incidents; safeguarding matters; and complaints. It was discussed with the manager the need to include information in relation to staffing arrangement, training and NISCC registrations.



Following the inspection, the manager confirmed that the day care setting would be using the updated report template issued by RQIA.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) procedures.

The day care setting's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. It was noted that no complaints were received since the last inspection.

It was noted that a fire risk assessment had been completed in March 2022; measures were in place to address any identified actions required. There was evidence that fire safety checks had been completed as required. Staff had participated in a fire drill. Fire exits were observed to be free of obstruction.

The environment was observed to be clean, clutter free and fresh smelling.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Jennifer Zebedee, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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