



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Unannounced Care Inspection**

**Name of Establishment:** Millbrook Court Day Care Centre  
**Establishment ID No:** 10747  
**Date of Inspection:** 21 January 2015  
**Inspector's Name:** Dermott Knox  
**Inspection No:** 20310

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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<b>Name of centre:</b>	Millbrook Court Day Centre
<b>Address:</b>	Millbrook Court Day Centre 228 Donaghadee Road Bangor BT20 4RZ
<b>Telephone number:</b>	(028) 9146 2782
<b>E mail address:</b>	hilary.irwin@foldgroup.co.uk
<b>Registered organisation/ Registered provider:</b>	Mrs Fiona McAnespie
<b>Registered manager:</b>	Mrs Joan Massey
<b>Person in Charge of the centre at the time of inspection:</b>	Mrs Joan Massey
<b>Categories of care:</b>	DCS-DE
<b>Number of registered places:</b>	17
<b>Number of service users accommodated on day of inspection:</b>	14
<b>Date and type of previous inspection:</b>	14 November 2013
<b>Date and time of inspection:</b>	21 January 2015 10:15am–4:30pm
<b>Name of inspector:</b>	Dermott Knox

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	6
Staff	3
Relatives	2
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	8	8

### Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

**Records are kept on each service user's situation, actions taken by staff and reports made to others.**

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

- **Theme 2 - Management and control of operations:**

**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

Millbrook Court Day Centre is a purpose-built centre situated close to main road links to Bangor, Newtownards and Donaghadee. It is of recent and modern, single storey construction and was designed to provide day care to a maximum of 17 people with dementia. Fold is contracted by the South Eastern Health & Social Care Trust (SEHSCT) to provide day care services for people with dementia. Fold is responsible for the management, staffing and delivery of the service. The service is available to any service users who have been diagnosed as having dementia and who are living in the SEHSCT area.

Millbrook Court has a programme of activities in place that have been agreed with service users, who are consulted and encouraged to contribute their ideas, preferences and interests. The programme is reviewed formally at each Service User meeting and amended accordingly. However Service users are encouraged to make requests and suggestions at any time.

## **Summary of Inspection**

A primary unannounced inspection was undertaken in Millbrook Court Day Centre on Wednesday 21 January 2015 from 10:15am until 4:30pm. Following the inspection the service provider submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection.

The inspector was introduced to most of the service users attending the centre and met for discussions with six people, either in their groups, or individually in informal settings. Individual discussions were held with the manager, three staff and two relatives regarding the standards, team working, management support, supervision and the overall quality of the service provided.

Discussions with all contributors elicited a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to comply with, or to exceed, the minimum standards for day care settings. Service users spoke highly of the staff and of the service they provided. Observed practice, throughout the day, indicated that staff and service users had developed trusting and supportive relationships.

There was evidence from discussions and in written records to indicate a good level of involvement of service users and their carers in discussions regarding their care plans and the activities in which they participated. These included a range of therapeutic, cultural and entertainment activities including armchair exercises, walks, craft-work and outings by mini-bus.

The inspector wishes to acknowledge the open and helpful approach of the manager and staff throughout the inspection process and to thank the service users and carers who contributed information on the quality of the service.

There are no requirements or recommendations arising from this inspection and the management and staff are commended for the provision of a good quality service.

## **Standard 7 - Individual service user records and reporting arrangements:**

Service users' files were found to be well organised and to contain all of the information required by this standard. A record of each service user's involvement and progress was kept in good detail and the frequency of record keeping exceeded the minimum standard's requirement. Each service user's family/carers were asked to complete a social history for the person and many of these were found to be well-detailed and valuable for staff members' understanding of the individual.

Fold's written policy and procedures for reporting events were available in the centre and accessible by staff. Notifiable events and the reporting of these are included in the induction programme for newly appointed staff members. Staff also reported that they had ready access to senior staff when they felt it necessary to seek guidance.

### **Theme 1: The use of restrictive practice within the context of protecting service user's human rights**

When reviewing a service user's individual care plan, issues regarding behaviour management techniques and the necessary diffusing and calming practices are discussed by the manager, keyworker, carers and, where appropriate, the service user. Action plans are discussed to ensure that interventions remain necessary and proportionate and do not infringe the service user's human rights. The only use of restrictive practice identified in the centre was the locking of the main entrance/exit door and this safety precaution was discussed with service users and their carers at the referral stage, prior to commencement of the placement.

Staff discussed the use of restraint or seclusion, including how service users' human rights are protected and they demonstrated an understanding of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.

### **Theme 2 – Management and Control of Operations**

Due to the long-term absence of the registered manager, for more than one year, acting-up arrangements have been in place to cover the manager's role and responsibilities in the centre. The former manager has now retired and the registration of the acting manager is currently in progress.

Monitoring arrangements put in place by Fold were regular and very well detailed, with good numbers of service users and staff members being asked for their views on the quality of the service and on their levels of satisfaction. Most monitoring visits were unannounced and the monitoring reports showed that the monitoring officer took a keen interest in all aspects of the operation of the centre.

Formal supervision of staff and annual appraisals were completed in accordance with Fold procedures and in compliance with the minimum standards. The manager provided evidence of the imminent introduction of a competence assessment scheme for staff and this is to be encouraged, particularly as there is no designated staff member who has been trained to take responsibility should the manager be absent.

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user’s situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.	
<b>Provider’s Self-Assessment:</b>	
All information relating to the Service User is retained within a locked cabinet/office at the Centre. Fold fully endorses and adheres to the principles of Data Protection as set out in the Data Protection Act 1998.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The manager provided both written and verbal evidence of the arrangements in place to ensure confidentiality in respect of service users’ personal information and the arrangements examined were satisfactory.	Compliant



<p><b>Criterion Assessed:</b></p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>A Service user and with his/her consent or another on his/her behalf will have access to their notes by requesting same to Registered Manager. Service Users are reminded of this at service user meetings. A request for access to individual case records/noted will be recorded on the communication record sheet. Fold fully endorses and adheres to the principles of Data Protection as set out in the Data Protection Act 1998.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Millbrook Court Day Centre had a policy and procedures in place in respect of the availability of records to service users and/or their carers. There was evidence to show that service users had been directly involved in the preparation of both care plans and review reports and, in most of the records examined, either the service user or a close relative had signed consent documents, for example, for photographs to be used in newsletters or displays. It was very encouraging to note that family members had written the social histories for service users and many of these were well-detailed and informative, in areas that staff members would not have had access to. This practice is commendable.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>Criterion Assessed:</b></p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>Individual case records which include all of the above information are maintained for each service user. Once the service ceases to be provided the information is retained for eight years.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Five service user’s files were examined at this inspection and each was found to contain records of all of the matters identified in this criterion. Each file held an initial assessment, a risk management assessment, a moving and handling assessment and a falls risk assessment. Care plan objectives were in place to address any identified need issues. A brief comment had been written in respect of each day of the service user’s attendance at the centre.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> When no recordable events occur an entry is recorded at least once each week. Each Service user has a designated key worker.	Compliant
<b>Inspection Findings:</b> Evidence of compliance was noted. See 7.4 above.	<b>COMPLIANCE LEVEL</b> Compliant
<b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> Fold provide guidance for staff in respect of all reportable incidents and each service user file has a communication record to record all non regulatory referrals and communication.	Compliant
<b>Inspection Findings:</b> The centre had a written procedure and written guidance for staff regarding the recording and reporting of matters of importance for service users and others. Staff confirmed in discussions, that they were aware of recording and reporting procedures.	<b>COMPLIANCE LEVEL</b> Compliant

<p><b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p><b>Provider’s Self-Assessment:</b> All records are completed as per 7.7. These are periodically reviewed and signed off by the Registered Manager and the Care Services Manager as part of the monthly compulsory audit.</p>	Compliant
<p><b>Inspection Findings:</b> The records that were examined at this inspection were of a good standard in terms of being legible, accurate and up to date. Records had been signed and dated in accordance with the minimum standards. The manager carried out “Dip-sampling” of records and had written action plans arising from this exercise. In addition, the monthly monitoring reports included comment on the quality of records examined and these systems provided excellent quality control.</p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>Restraint and seclusion are not practiced and fervantly discouraged within the Day Centre. A restraint policy is in place and is read in conjunction with the challenging behaviour policy. Staff are aware of these policies and of the guidance on restraint. Training provided in these areas is in line with the mandatory training requirements.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Records of staff training showed that all staff had been provided with appropriate training regarding human rights and restrictive practice. The manager and staff members were alert to the possibilities of restraints being imposed on service users who present behaviours arising from their dementia and this aspect of practice was kept under regular review within the staff team. Service users and/or their carers were asked for their approval of the entrance/exit security arrangements i.e. locked main door, in advance of the service user’s attendance at the centre. This was seen as the only practical means of ensuring service users’ safety throughout their time in the centre.</p>	Compliant

<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>With reference to 14 (4) Fold do not practice restraint. Should such practice ever be required to ensure the health safety and welfare of a Service User this would be recorded and notified immediately to RQIA and Commissioning Body.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>Other than the issue of main door security, there were no examples of restraint having been used in the centre.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p><b>Provider's Self Assessment:</b></p>	
<p>The management structure for the centre is contained with Statement of Purpose and clearly identifies lines of accountability, specific roles and details responsibilities for areas of activity. All staff have quarterly supervisions, an annual appraisal and attend staff meetings and mandatory training. Competence training and mentoring are all addressed via these forums by the registered manager.</p>	Compliant
<p><b>Inspection Findings:</b></p>	COMPLIANCE LEVEL
<p>The provider's self-assessment was verified through examination of the statement of purpose, monitoring reports, supervision records and records of staffs' training. Discussions with the manager and three staff members also confirmed that management structures were clear and supportive. A system for assessing the competence of staff, in their various roles, was about to be implemented in the centre and the written materials for this system were available.</p>	Compliant

<b>Regulation 20 (2) which states:</b>	<b>COMPLIANCE LEVEL</b>
<ul style="list-style-type: none"> <li>The registered person shall ensure that persons working in the day care setting are appropriately supervised</li> </ul>	
<b>Provider's Self-Assessment:</b>	
All staff are appropriately supervised. Reference 17.1	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Records of formal, individual supervision were kept and staff confirmed that their supervision was held regularly, in accordance with the minimum standard requirements.	Compliant
<b>Regulation 21 (3) (b) which states:</b>	<b>COMPLIANCE LEVEL</b>
<ul style="list-style-type: none"> <li>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	
<b>Provider's Self-Assessment:</b>	
All staff are subject to a formal recruitment. Each job role has a job specification aligned to the Regulators requirements and the specific post. All staff are subject to a formal induction process and are required to attend mandatory training and have quarterly supervisions with the registered manager.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Records of staff supervision and the staff training records were examined and, in combination with the evidence from discussions with the manager and staff members, indicated that the centre's staff are well trained for their roles and responsibilities.	Compliant



<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Joan Massey, Manager (registration pending), as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Dermott Knox  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**



No requirements or recommendations resulted from the primary unannounced care inspection of Millbrook Court Day Centre which was undertaken on 21 January 2015 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

**SIGNED:** Fiona Mc Anespie

**SIGNED:** Joan Massey

**NAME:** Fiona Mc Anespie  
**Registered Provider**

**NAME:** Joan Massey  
**Registered Manager**

**DATE**                      **NAME:**

**DATE**                      **NAME:**

<p><b>Approved by:</b> <b>Dermott Knox</b></p>	<p><b>Date</b> <b>13 March</b> <b>2015</b></p>
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