

# Inspection Report

19 October 2021



## 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> Care Assistant	
<b>Brief description of the accommodation/how the service operates:</b>  This is a day care setting with 17 places that provides care and day time activities for people living with dementia.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 19 October 2021 between 10.00 am and 2.30 pm by the care inspector.

RQIA received information/intelligence which raised concerns in relation to care/support and management of the day care setting. Discussion with staff did not substantiate the concerns raised.

This inspection focused on staff recruitment processes, registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing. We also reviewed Deprivation of Liberty safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Two areas for improvement were identified; these were in relation to notification of absence of the manager and management of monies.

Good practice was identified in relation to recruitment processes and appropriate checks being undertaken before staff were supplied to day care settings. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the registered individual with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' 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.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report, notifications, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

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### 4.0 What people told us about the service

We spoke with four service users and two staff. One service user and three relatives returned questionnaires. All respondents indicated their overall satisfaction that care was safe, effective, compassionate and well led.

#### Comments received during inspection process-

##### Service users' comments:

- "I am great."
- "I love this place."
- "I can't fault anything."
- "I enjoy my days at Millbrook."

##### Relative comments:

- "All staff at Millbrook Court Day Centre are professional, friendly and welcoming."

- “A lovely day centre.”
- “My XXXX always appears in good form when I pick XXXX up and this indicates that XXXX has enjoyed her stay.”

#### **Staff comments:**

- “I genuinely love my job.”
- “The atmosphere in the day centre is a 100% better now.”
- “The team are pulling together.”
- “I have no concerns about services delivered to service users.”
- “Unpleasant allegations and unfounded about the manager.”

## **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 Millbrook Court Day Centre was undertaken on 1 August 2019 by a care inspector; no areas for improvement were identified.

## **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 annual Adult Safeguarding Position report for the day care setting was not available for review. This will be reviewed at the next inspection.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns out of hours.

It was confirmed that staff are required to complete adult safeguarding training during their induction programme and updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could 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 has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the person in charge indicated that one referral had been made with regard to adult safeguarding since the last inspection.

Service users who spoke to us stated they had no concerns regarding their safety.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the day care setting's policy and procedures.

It was noted that not all staff had completed appropriate DoLS training appropriate to their job roles. However, within an agreed timeframe, the person in charge forwarded evidence of the completed DoLS training for all staff. The information was reviewed and found to be satisfactory.

Examination of service users' care records confirmed that DoLS practices were not embedded into practice. The person in charge discussed the plans to be put in place to address DoLS practices in conjunction with the SEHSCT. These will be reviewed at the next inspection.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

It was established that the day care setting's systems were not robust enough to record all transactions undertaken by staff in relation to retention of service users' monies. This was identified as an area for improvement.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

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

The person in charge confirmed that the day care setting had not received any specific recommendations from SALT in relation to service users' Dysphagia needs.

### **5.2.3 Are their robust systems in place for staff recruitment?**

The person in charge advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the day centre for a number of years. There was a process in place to ensure that new staff would be recruited in accordance with the regulations and minimum standards.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates was monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The person in charge told us that the day care setting does not use volunteers or voluntary workers.

#### 5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the day care setting's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and SEHSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that no complaints were received since the last inspection.

It was established during discussions with the person in charge that the day care setting had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

It was established that the day care setting had not informed RQIA of the absence of the manager. This was identified as an area for improvement.

## 6.0 Conclusion

Based on the inspection findings, two areas for improvement were identified; these related to ensuring safe care and a well led service. Concerns raised in relation to care/support and management of the day care setting was unsubstantiated by staff. Service users were found to be receiving effective and compassionate care.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, 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 Day care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that</p> <p>(1) Where-</p> <p>(b) the registered manager;</p> <p>proposes to be absent from the day care setting for a continuous period of 28 days or more, the registered provider shall give notice in writing to the Regulation and Improvement Authority of the proposed absence.</p> <p>Ref: 5.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Notifications have been made and a Temporary Manager has been registered with RQIA.</p>
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.5  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that records of, and receipts for, all transactions undertaken by the staff on each service user's behalf are maintained. Where the service user is unable or chooses not to sign two members of staff sign and date the record.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>            A new lunch money form has been introduced, two signatures are being recorded.</p>

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



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