

# Unannounced Care Inspection Report 1 October 2018



## Millbrook Court Day Centre

**Type of Service: Day Care Service**  
**Address: 228 Donaghadee Road, Bangor, BT20 4RZ**  
**Tel No: 02891462782**  
**Inspector: Suzanne Cunningham**

[www.rqia.org.uk](http://www.rqia.org.uk)

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a day care setting that provides care and day time activities for up to 17 people living with dementia. The day care setting is open Monday to Friday, from 10.00 to 15.00. The service is commissioned by the South Eastern Health and Social Care Trust (SEHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Radius Housing Association	<b>Registered Manager:</b> Jennifer Zebedee
<b>Responsible Individual(s):</b> Mrs Fiona McAnespie	
<b>Person in charge at the time of inspection:</b> Jennifer Zebedee	<b>Date manager registered:</b> 1 August 2016
<b>Number of registered places:</b> 17	

### 4.0 Inspection summary

An unannounced inspection took place on 1 October 2018 from 10.30 to 16.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements; staff training; management of accidents/incidents; the environment; care records; audits; communication; staffs care; the culture and ethos of the day care setting; listening to and valuing service users; taking account of the views of service users; staff support arrangements; quality improvement and maintaining good working relationships.

No areas requiring improvement were identified.

Service users were asked what they thought about the day care setting, they said: "it's very good here"; "it's a very good place"; "were all friends"; "craics great, love it here".

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 9 October 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 October 2017.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- information and correspondence received by RQIA since the last care inspection
- incident notifications which highlighted that no incidents had been notified to RQIA since the last care inspection
- unannounced care inspection report and quality improvement plan from 9 October 2017

During the inspection the inspector met with the manager, two staff members, and a relative. The inspector greeted and made introductions to all of the services users in the group setting. More detailed discussions were had with eight service users.

The following records were examined during the inspection:

- Three service users' care records.
- Two staff individual personnel records.
- A sample of service users' daily records.
- The day centre's complaints/compliments record from April 2017 to 1 October 2018.
- Staff roster information for July to September 2018.
- Fire safety precautions.
- A sample of activities records for 2018.
- Minutes of service users' meetings June 2018.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from August and September 2018.
- The Statement of Purpose dated August 2017.
- Service User Guide.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided to the manager for distribution; five questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector thanks the manager, service users, relative and staff for their involvement during the inspection process.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 9 October 2017

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 9 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 21.7 <b>Stated:</b> First time	The registered person shall ensure that care staff are encouraged and supported to achieve relevant vocational qualifications appropriate to their role and responsibilities. This applies particularly to those staff who are asked to take charge of the centre in the manager's absence.  Ref: 6.7	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The two care assistants commenced the QCF level 3 qualification post inspection. One staff	

	member had completed the qualification at the time of this inspection.	
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### 6.3 Inspection findings

#### 6.4 Is care safe?

##### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Discussion with the manager, staff, service users and a visiting relative confirmed that competent and experienced persons were working in the centre to meet the assessed needs of the service users. A review of the staffing roster for July and August 2018 evidenced that the planned staffing levels were adhered to. The manager and three care workers were rostered to be present on a daily basis in the day care setting. Records showed the number of staff working each day was recorded with the capacity in which they worked and whom was in charge of the day centre each day.

The person who was in charge of the day centre in the absence of the manager had completed the QCF level 3 in March 2018 and was deemed competent. Discussion with the manager confirmed that she the staff member had identified that they were willing to assume responsibility as the person in charge of the setting in the manager's absence, they had sufficient experience and were knowledgeable regarding relevant day care setting regulations and standards.

Observation and discussion with staff on duty on the day of inspection found they were experienced and had attended training to ensure they could meet the assessed needs of the service users present. Discussion with staff revealed they had a clear understanding of service users' needs were and how those needs should be met.

The manager had a staff training plan and matrix in place which evidenced that staff had received mandatory training and additional training relevant to their roles and responsibilities. The review of a sample of staff training records confirmed they had received First aid, COSHH, safeguarding, manual handling, and behaviour management training since the last inspection. Discussion with two staff member on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role.

Review of governance records confirmed that an effective incident/accident reporting policy and system was in place. These records showed that no accidents had occurred in the setting since the last inspection.

Discussion with the manager confirmed that no restrictive practices were required for service users. A staff member was always available in the day centre rooms to ensure that service users were supported if they wished to leave the building.

The manager advised there had been no adult safeguarding referrals or investigations since the last inspection. Discussion with staff found they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining factual

records. Staff were not aware of who the organisations Adult Safeguarding Champion (ASC) was and the manager was asked to find out who this was and discuss the same with staff. This was confirmed as completed post inspection.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, fresh smelling and had suitable lighting. There was one main room for the service users in which the furniture was used to define activity and dining space. Adjoining the main room were a kitchen, and the setting also had office space, two small activity rooms and toilets. The main room was spacious and had an open area that could be adapted for various uses. On the day of inspection the inspector observed service users playing music games. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were observed to be in place and staff training records confirmed that training had been undertaken with respect to infection prevention and control standards and Control of Substances Hazardous to Health (COSHH) regulations.

Records examined identified that a number of weekly safety checks had been undertaken including fire alarm and fire door tests. It was noted that the last full evacuation drill was undertaken on 30 May 2018. A review of the record identified that no improvements were identified.

The fire risk assessment was inspected this had been done on 5 March 2018 and was due for review on 5 March 2019.

Discussion with service users, a visiting relative and staff found that they felt the care provided was safe. The following is a sample of comments made:

The discussion with the service users' concluded they felt positively about attending the setting they said "we feel very safe and secure when here"; "they know what we need and what we like"; "good service"; "staff look after us"; "were well looked after"; and service users reported they knew how to exit the building if the fire alarm sounded.

The discussion with staff concluded they were clear regarding their role and responsibility to keep service users safe. They gave examples of what they do to ensure service users safety such as: they know each individuals needs and know what makes them feel anxious and stressed so they can ensure care is stress free, reduces anxiety and service users get the right care and support. They have enough staff and communicate with each other throughout the day to ensure tasks are completed. Staff discussed they received training and dementia training was found to be particularly beneficial. Staff said "the more we learn the more we can support". Staff described they also seek online training and information outside of work so they are always learning. If they had any additional training needs or concerns they would raise this with the manager to ensure it was resolved.

Five service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided to service users was safe.

In conclusion there was no indicators the care was not safe and the evidence supported plans were in place to maintain the safe delivery of day care in this centre.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff training, management of accidents/incidents and the environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Three service users’ individual easy access and more detailed main files were inspected. They contained referral information; service user agreements, day care setting assessments; individualised care plans with activity plans; handling and falls risk assessments. The files also contained where identified as necessary continence and transport assessments, multi-disciplinary assessment information, and Speech and Language Therapy (SALT) assessments. Care plans were noted to be comprehensive, and person centred. They clearly and concisely described service users’ needs. Overall the care records were noted to be well organised and stored safely and securely in line with data protection requirements.

There were systems in place to review service users’ placements within the setting to ensure their attendance was still appropriate to meet their health and social care needs. Initial and annual care reviews were held to ensure the service users’ care plan described the current needs and Millbrook was still the right place for the service users’ needs to be met. The review meetings and minutes showed evidence the service user and/or their relative’s views were included. Care recording had been maintained in the three care records inspected and they had been audited by the manager to ensure the right information was recorded for each individual.

Discussion with staff revealed they knew the content of individual service user’s assessments and care plans and this informed and guided their practice, and ensured that care recording was accurate and timely. In their opinion this ensured care and support provided was safe and effective. Staff stated that they effectively communicate with each other and service users’ relatives, and that any change in a service user’s needs or concerns was reported in a timely manner. In addition, staff demonstrated knowledge of how to escalate concerns to service users’ SEHSCT representatives.

Discussions with staff found they regarded service users as individuals and were cognisant of their individual needs. Through discussion staff further demonstrated awareness of the need for person centred communication and interventions which facilitate engagement with service users



and promote effective communication and social engagement. Staff on the day of the inspection confidently and effectively communicated with service users and adapted their communication methods as necessary, with individual service users depending on their assessed needs and emotional state. Staff were vigilant in responding to nonverbal cues as well as verbal communications. The inspector observed interventions that were proactive, respectful and timely.

Discussion with service users, a visiting relative and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

Discussion with staff revealed the person centred approach for each service user by staff was priority, they said: “this is not just a job, we are compassionate, understanding, we know everyone’s individual preferences and their life story so we can be person centred”. “We are person centred because we know service users interests and history, we can make a connection with them”. “We get to know everyone as much as they let us, we respect their wishes and know their personality”. “We treat everyone as we would want to be treated to keep standards high”.

Service Users were asked why they thought care was effective and one said “staff works hard to try to give us everything we need”.

Five service users and/or relatives returned questionnaires to RQIA. Four responses indicated that they were very satisfied and one satisfied that the care provided was effective. One respondent wrote “better feedback to family would be helpful”. This comment has been forwarded to the manager for action.

In conclusion the inspection of effective care found staff were using effective procedures and processes to ensure they were providing effective care. This finding was corroborated during observation of care and during discussion with service users in the setting.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits, communication between service users, staff and other key stakeholders.

### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

During the inspection observations of staff interactions with service users were found to be compassionate, caring and timely. The room had service users' craft work on display and the service users recalled their memories of activities they had been involved in over the summer and when they had used the garden attached to the day centre.

Staff were observed asking service users what they wanted to do and gave them choices. Staff were also observed discretely enquiring with service users if they were comfortable and did they want support. Staff were protecting service users dignity, promoting their independence and respecting their preferences during the inspection process. Staff spoken with described the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Overall the care aimed to support and encourages service users to remain active and independent.

On the day of inspection, a variety of different activities were planned including: music activities and bingo. Observations of service users evidenced that those present participated enthusiastically in the activities provided or opted to enjoy a quieter space to relax in. A review of the day care activities programme evidenced a varied programme, and service users said they were encouraged to give their ideas for activities they wanted to do.

Observation of lunch on the day of inspection found that the food provided appeared appetising, and service users were offered choices including drinks.

The inspector was pleased to see the service users approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate.

Staff discussion revealed staff was aiming to be approachable, friendly, compassionate, and interested in the individual service users. They maintain clear communication and reassurance; for service users to make sure they meet each service user's needs. They described using distraction, diversion tactics to help settle service users who may be disorientated or have become unsettled to ensure they feel safe and comfortable.

Inspection of records showed consultation with service users and when appropriate, their relatives was evidenced in such as records relating to the assessment, care planning and review process. In addition, governance arrangements included effective communication with service users and/or their relatives such as monthly service user meetings and an annual quality satisfaction questionnaire.

The minutes from the service user meeting held in June 2018 was inspected. The minutes indicated the meeting was interactive; there was description of service users being consulted about activities and meals with positive feedback provided and evidence actions identified had been followed up and actioned. The setting provides feedback to service users using the "you said, we did" tag line to explicitly report on what improvements they have put in place.

Results from the annual service user/relative quality assurance survey evidenced that all respondents gave positive feedback. The responses confirmed that the service users and relatives were satisfied with the programmes of activities, transport, staffing, the care and support provided, and the environment.

Discussion with service users, a visiting relative and staff found they felt the care provided was compassionate. The following is a sample of comments made:

Service users who engaged with the inspector spoke positively about the staff, they said: “we tell staff what we need, any changes we let them know”; “we choose what we do, I like singing and games”.

The most recently recruited staff member said: “staff are fantastic, approachable and I can speak to them at any time (for advice). Everybody works together”.

One visiting relative described their experience of their relative attending the setting, they said: “at first they were not keen, now they love it. Staff seem to be extremely caring, never negative. I ask (name) are they happy to go and (name) always is. They have never refused. I can trust leaving (name) here knowing they are safe”.

Five service users and/or relatives returned questionnaires to RQIA. Four responses indicated that they were very satisfied and one satisfied that the care provided was compassionate. Three comments written on the questionnaires were positive in relation to their feelings about the day care setting, they wrote: “All staff are extremely caring, patient and kind. An excellent facility”; “I feel the place is well run, staff are very courteous and very nice”; “happy enough, staff very pleasant”.

In conclusion the inspection of compassionate care provided evidence the staff and processes in place supported the delivery of compassionate care in this day care setting.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registration certificate was inspected, this was up to date and displayed appropriately.

The Statement of Purpose for the day care service was reviewed by the provider in August 2017. The document described the nature and range of the service to be provided and addressed the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The inspection concluded that the service was operating in keeping with its Statement of Purpose.

The inspection of service users documentation, governance reporting and discussions with service users and the staff found that service users were provided with opportunities to take part, be involved and receive care /support that promoted everyone's involvement. Areas of practice that were noted to promote equality and participation were training/ Guidelines; effective communication strategy; Safeguarding training; consultation including service user involvement; individual person centred care practices and individual service users risk assessment. These practices ensured staff were equipped with the skills to effectively engage with the service users and meet their diverse needs. The inspection did not find any equality issues that had been raised by service users or their relatives/carers.

There was a range of policies and procedures in place to guide and inform staff that were kept in the manager's office. Staff confirmed they knew where these were and they were accessible to them at any time.

The individual staff records showed staff had recorded individual, formal supervision at least once every three months and had a recorded annual appraisal which promoted staff development.

The complaints and compliments record was inspected. This showed there had not been any complaints recorded since the last inspection. In contrast there was a record of compliments that was maintained and showed positive feedback received by the team.

The manager provided evidence of how she had monitored, audited and reviewed the effectiveness and quality of care delivered to service users at appropriate intervals such as audit of records, supervision of staff, regulation 28 monthly quality monitoring visits (MMV) and annual reports. When these processes identified improvement was necessary there was evidence this had been implemented.

A sample of the MMV reports was inspected and this found they were monthly, unannounced, and qualitatively reported on service users and staff views and opinions.

The last annual report was provided for this inspection which reported on matters specified in regulation 17 (1) & Schedule 3. It was positive to note the document contained an action plan which was focussed on improving care and outcomes for service users.

Discussion with service users, a visiting relative and staff evidenced that they felt the care provided was well led. The following is a sample of comments made:

Staff spoken to said the manager was “very approachable”, if they had any issues of concern she had an open door.

Service users said in relation to staff “staff are first class”; “staff are very, very good” and “I feel safe here”.

Five service users and/or relatives returned questionnaires to RQIA. Three responses indicated that they were very satisfied and two that they were satisfied the care provided was well led.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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