

# Unannounced Care Inspection Report 8 November 2018



## Millbrook Resource Centre

**Type of Service: Day Care Service**  
**Address: 49a Ballymena Road, Ballymoney, BT53 7EZ**  
**Tel No: 02827666889**  
**Inspector: Jim McBride**

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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 75 service users per day as detailed in its Certificate of Registration. The centre is open for service users five days a week from Monday to Friday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern Health and Social Care Trust  <b>Responsible Individual:</b> Anthony Baxter Stevens	<b>Registered Manager:</b> Linda Dealey
<b>Person in charge at the time of inspection:</b> Senior Day Care Worker	<b>Date manager registered:</b> 13/04/2016
<b>Number of registered places:</b> 75	

### 4.0 Inspection summary

An unannounced inspection took place on 8 November 2018 from 09.30 to 13.45.

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: the care provided for service users, staff and service user relationships, assessment and care planning, involvement of service users in activity programmes, review, staff training and the promotion of independence.

#### Service user comments:

- "I like my activities."
- "I enjoy the centre."
- "The staff are helpful."
- "We have lots of choice of activities."

#### Staff comments:

- "We have good relationships with family members."
- "Excellent induction and on-going staff development."
- "A good variety of activities provided both in and outside the centre."
- "All activities are geared towards the service user needs."
- "Staff like to make sure service users feel part of the local community."
- "We have good communication with the manager."
- "Staff place an emphasis on social outreach for service users."
- "Supervision good."

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 the senior day care worker, 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 24 October 2017

Other than those actions detailed in the QIP no further actions were required to be taken on further actions were required to be taken following the most recent inspection on 8 November 2018.

#### 5.0 How we inspect

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

- Records of notifications of significant events
- Previous inspection report and quality improvement plan (QIP) from 24 October 2017
- The RQIA log of contacts with, or regarding the centre.

During the inspection the inspector met with the senior day care worker and two other staff members who spoke enthusiastically and comprehensively of the service provided and five service users in their group setting. All comments received have been added to this report.

The following records were examined during the inspection:

- File records for six service users, including assessments, care plans and reviews
- Progress records for six service users
- Care file audits for six service users
- Monitoring reports for the months of January 2018 to September 2018
- Minutes of service users' meetings held during 2018
- Minutes of staff meetings held during 2018
- Selected training records for staff pertaining to:
  - Safeguarding
  - Fire safety
  - Medication
  - Supervision and appraisal

- RESPECT
- Infection control
- Epilepsy awareness
- Diabetes
- Dysphagia awareness
- Complaints
- Records of formal supervision/appraisal for staff
- The Statement of Purpose 2018
- The Service user Guide 2018
- Fire safety records, including the report of a fire risk assessment dated 23 July 2018 due for review 2019.

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; one response was received. Staff survey results show that the staff member was satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

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

### **Comments:**

"The care at Milbrook is 100% for my \*\*\*\*\*. Staff and surroundings is first class and could not ask for better to send \*\*\* to."

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centres two sites 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 would like to thank the service users and staff for taking time to give their views and their co-operation throughout the inspection process.

An area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 24 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 24 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> Ref: Standard 27.1 Stated: First time	The registered person shall review the issue of privacy identified with a window in one of the day care rooms, making subsequent appropriate action.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager has introduced window blinds and is reviewing the current arrangement to ensure their appropriateness for the future.	

## 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 staff and service users confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The manager meets the qualification requirements and the other staff were a mix of care workers, and senior day care workers. A review of the staffing arrangements evidenced that the planned staffing levels were adhered to. The manager and other staff are present on a daily basis. Records show the number of staff working each day and the capacity in which they worked.

Observation and discussion with the staff and service users on the day of inspection provided examples of how staff had met assessed needs and supported service users to improve their health outcomes and social experiences. Discussion with staff revealed they understood the needs and how those needs should be met in day care. Staff induction records informed the staff members regarding their role and responsibility, included familiarising themselves with the settings statement of purpose and staffing arrangements.

A record of staff training in place which evidenced that the staff had received mandatory training including additional training relevant to their roles and responsibilities.

Discussion with staff members on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role and the needs of service users. Review of governance records confirmed that an effective incident/accident reporting policy and system was in place.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, and had suitable lighting. On the day of inspection the inspector observed service users undertaking a number of activities, and using the space to socialise.

Records examined identified that a number of checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken 24 August 2018. A fire risk assessment was available for the inspection and had been completed in July 2018 and is due for review again 2019.

Discussion with staff confirmed they felt care was safe in the setting. The staff confirmed they had access to and received training to ensure their practice is safe. Staff described how they use risk assessments to ensure individuals have the right support to maintain their safety. Discussion with staff found they had a good knowledge of service users and communicate with them individually on a regular basis to ensure the assessment and care plans are current.

Discussion and observations of service users confirmed they can speak to staff when they need to and get one to one time with staff.

Four returned questionnaires from service users indicated that a safe service meant:

- “There are enough staff to help you.”
- “You feel protected and free from harm.”
- “You can talk to staff if you have concerns.”
- “The environment is safe and clean.”

#### **Areas of good practice:**

There were examples of good practice found throughout the inspection in relation to staff training and effective communication with service users and in particular a number of easy read documents for the use of service users.

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.**

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service. 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 (2018).

Six service users' individual files were inspected. They contained referral information; agreements, individualised care plans with risk assessments; and multi-disciplinary assessment information as applicable. Care plans presented as comprehensive, and person centred, and they clearly described service users' needs and individual service users' objectives. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

There were systems in place to review placements within the setting to ensure it was the best place to meet their health and social care needs. There was also evidence of annual care reviews in partnership with the service users and the HSC Trust representatives. On each record there was evidence that service users were supported to be involved in the annual review process and their care plan by staff.

In summary service users care records were well organised and stored safely and securely in line with data protection requirements.

Discussion with staff provided evidence that they were knowledgeable regarding individual needs. Staff explained they follow the care plans, use the policies and procedures and communication at all levels to ensure they provide the most effective care they can. They identified meetings with service users; team meetings and communication were effective ways of ensuring they were providing effective care.

Four returned questionnaires from service users indicated that an effective service meant:

- "You get the right care, at the right time in the right place."
- "The staff know your care needs."
- "You are kept aware of your care plans."
- "Your care meets your expectations."

### Areas of good practice:

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
<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.**

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care and individual attainable goals.

On the day of inspection, a variety of different activities were facilitated by staff. During observation of the activities the inspector observed service users approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Service users who engaged with the inspector spoke positively about the staff and felt staff treated them well.

Consultation with service users and when appropriate their relatives was evidenced in the records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included service users meetings.

Millbrook service user satisfaction survey was carried out in relation to activities, internal and external, opening times, holiday, staff training days, menu, review process, complaints transport and the monitoring process. Service users were satisfied with the majority of questions asked in the survey.

Samples of minutes from service users group meetings were reviewed which provided evidence service users had been consulted about a range of matters related to the day care setting including:

- menus/food
- new members
- complaints
- advocacy
- human rights
- outings.

The inspector also noted the meetings held with staff and some of the topics discussed:

- training
- service user updates
- RQIA
- physical activity
- appraisal
- policy of the month.

Four returned questionnaires from service users indicated that a compassionate service meant:

- “Staff treat you with kindness.”
- “Staff ensure you are respected and that your privacy and dignity is maintained.”

- “Staff inform you about your care.”
- “Staff support you to make decisions about your care.”

**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 their views.

No areas for improvement were identified 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 Statement of Purpose for the day care service was reviewed. (2018) The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was up to date and displayed appropriately.

Discussion with staff confirmed they were aware of their roles, responsibilities and accountability. Staff confirmed that they had a good understanding of their role and responsibilities under the day care legislation. A review of governance records evidenced that staff typically received individual, formal supervision at least quarterly and an annual appraisal.

Staff confirmed that there were systems in place to ensure they received support and guidance from the manager as needed.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager.

A complaints and compliments record was maintained in the day centre. There had been two complaints recorded since the previous inspection, both of which had recorded a satisfactory outcome.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and a number of months reports were inspected.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements, carried forward and reviewed them as part

of each subsequent monthly monitoring visit. The inspector noted some of the comments received from service users, relatives, staff and HSC Trust staff during quality monitoring.

- “Staff spend quality time to speak with service users.”
- “The standard of care is excellent and person centred.”
- “We are settling in well.”
- “Positive team work in the centre.”
- “The centre is fantastic.”
- “Service users are treated very well.”
- “Good interactions between staff and service users.”
- “My\*\*\* is happy and content here.”

The staff advised there were a range of policies and procedures in place to guide and inform staff.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service users involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- equity of care and support
- individualised person centred care
- individualised risk assessment.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service was well planned and they confirmed they are asked to be involved in the monitoring visits.

All staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency’s policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the organisations human resource department.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Discussion with staff revealed they felt well supported by the manager. They described service users being central to the service and they need to ensure care and support was safe, effective and compassionate. They identified they were well supported by management in staff meetings, supervision and the manager makes herself available as required.

Four returned questionnaires from service users indicated that a well led service meant:

- “You always know who is in charge at any time.”
- “You feel the service is well managed.”
- “Your views are sought about your care and the quality of the service.”

- “You know how to make a complaint.”

### Areas of good practice:

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

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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