



The Regulation and
Quality Improvement
Authority

Millbrook Resource Centre incorporating
New-Route
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BT53 7EZ

Inspector: Louise McCabe
Inspection ID: IN23727

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**Unannounced Care Inspection
of
Millbrook Resource Centre incorporating New-Route
10 February 2016**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 10 February 2016 from 09.45 to 16.45. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

The details of the QIP within this report were discussed with Ms Linda Dealey, acting manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust/Dr Anthony Baxter Stevens	Registered Manager: Ms Linda Dealey
Person in Charge of the Day Care Setting at the Time of Inspection: Mrs Jane Black, Senior Day Care Worker	Date Manager Registered: 07 December 2015
Number of Service Users Accommodated on Day of Inspection: 59 service users in Millbrook Resource Centre 11 service users in New-Route	Number of Registered Places: 90

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Prior to the inspection, the following records were examined:

- The registration status of the service
- Written and verbal communication received since the previous care inspection
- The returned quality improvement plan (QIP) and it's report from the care inspection undertaken in the previous inspection year.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector had discussions with 14 service users, five care staff and one carer.

The following records were examined during the inspection:

- Four complaints and five compliments
- Five accidents/untoward incidents
- Statement of Purpose
- Minutes of two service user's meetings
- Three service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day service was an announced care inspection dated 19 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 26(4)(b)	<u>Fire Safety</u> The registered person must ensure staff do not wedge open fire doors. If it is assessed the identified door in the New-Route satellite unit needs to be open then the Trust's Fire Safety Officer should assess this and install an appropriate magnetic device linked to the centre's fire alarm system.	Met

	<p>Action taken as confirmed during the inspection: A minor works request to the Trust's Estates Department was agreed on 10 March 2015 and an appropriate hold open device linked to the fire alarm system was installed.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 16(2)(b)</p>	<p><u>Review of Service User's Care Information</u></p> <p>The manager must ensure:</p> <p>(a) the identified service user's behaviour support guidelines and care plan are reviewed as soon as possible and involve all relevant parties. The Deprivation of Liberty Safeguards and Human Rights information must be used to inform this review;</p> <p>(b) systems are in place to review service user's behaviour support guidelines on an annual basis or sooner if their needs change. Records must be made of these reviews and relevant signatures obtained.</p> <p>Action taken as confirmed during the inspection: Confirmation was obtained from the acting manager via the completed QIP that both of the above matters have been met.</p>	<p>Met</p>
<p>Requirement 3</p> <p>Ref: Regulation 26(2)(b) 18(2)(e)</p>	<p><u>Environment and Infection Prevention and Control</u></p> <p>With regards to Millbrook Resource Centre the registered person must ensure:</p> <p>(a) The flooring is replaced in both identified male toilets;</p> <p>(b) Systems are in place to eradicate and monitor mal odours in these and other toilet/bathroom areas.</p> <p>Action taken as confirmed during the inspection: The flooring has been replaced in both areas. Systems are in place to monitor all bathroom and toilet areas. No mal odours were detected during the inspection.</p>	<p>Met</p>

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 17.10</p>	<p><u>Monthly Monitoring Visits & Reports</u></p> <p>The registered person's designated monthly monitoring reports must:</p> <p>(a) include the time of the monthly monitoring visit;</p> <p>(b) based on the total number of service users attending Millbrook Resource Centre and it's satellite unit; increase the numbers of service users interviewed so it is more proportionate to the total numbers attending i.e. record the views and opinions of more than two service users;'</p> <p>(c) as there are rarely carers/representatives in the centre during monthly monitoring visits; ensure systems are in place for the designated registered person to obtain and record the views and opinions of carers/representatives e.g. by telephone or email.</p> <p>Action taken as confirmed during the inspection: Three monthly monitoring reports were reviewed as part of this inspection. All three reports reflected the information specified above.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.1</p>	<p><u>Satellite Unit Environment</u></p> <p>With regards to the satellite unit, it is recommended the registered person:</p> <p>(a) replace the flooring in the group room used by service users;</p> <p>(b) paint the identified wall in the kitchen area.</p> <p>Action taken as confirmed during the inspection: Confirmation of the completion of (a) and (b) was observed by the care inspector during a visit to New-Route satellite unit on 21 September 2015.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 21</p>	<p><u>Training/Awareness Sessions</u></p> <p>It is recommended management arrange for staff to receive awareness raising/training in:</p> <p>(a) Deprivation of Liberty Safeguards (DoLS);</p>	

	<p>(b) Process of service user's or their representatives requesting access to their care information.</p>	Met
	<p>Action taken as confirmed during the inspection: The acting manager discussed DoLS and Human Rights issues with care staff using guidelines from the 'Get in the Act' document obtained from the Minister's office on 2 April 2015 during a staff meeting. The acting manager recorded in the completed QIP that DoLS training will be organised through the Trust's training department. Staff received Governance information and training in 2014. The acting manager said information from this in conjunction with the Trust's policy on service user's or their representatives requesting access to their care information was reinforced with staff.</p>	
<p>Recommendation 4 Ref: Standard 7.7</p>	<p><u>Service User's Care notes</u></p> <p>The manager must ensure service user's care notes are objective. Staff should not use subjective terminology.</p>	Met
	<p>Action taken as confirmed during the inspection: A random sample of three service user's care notes confirmed they were factual and objective.</p>	
<p>Recommendation 5 Ref: Standard 21.1</p>	<p><u>Induction and Orientation Documentation</u></p> <p>The manager must ensure newly appointed staff member's induction and orientation documentation is completed in a timely manner.</p>	Met
	<p>Action taken as confirmed during the inspection: The acting manager confirmed induction and orientation documentation has or is in the process of being completed in a timely manner.</p>	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

The day service has corporate Trust policies and procedures pertaining to assessment, care planning and review. There are also associated guidance and information available for staff.

On the day of this inspection, staff, where appropriate and safe, encouraged and enabled service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach was used with service users.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and assistance with their personal care. Discussions with service users concluded staff were discreet when approaching them to provide support and assistance; they were sensitive and respectful; they preserved their dignity and that they try their best to make them feel at ease and comfortable throughout the personal care process. No issues were raised.

It can be concluded care was safe in Millbrook Resource Centre incorporating New-Route.

Is Care Effective?

Three service user's care plans were reviewed and focused on the quality of information pertaining to continence promotion and support. Care plans were reviewed by staff with service users on a systematic basis or when changes occur. The statement of purpose details an overview of the information that should be included in a service user's care plan.

Discussions with five care staff concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users. Staff described how they ensured service user's privacy and dignity were respected; and were knowledgeable about the use of hoists, slings, personal protective equipment and where continence products are stored. Staff explained some service users only need staff support to orientate them to the bathroom; others need one staff member and some require the help of two staff. Several service users have a preference regarding the bathroom they use. Discussions with staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

Review of three service user's care plans showed these to be person centred, comprehensive and reflective of the individual's needs. Where relevant, the care plans reflected:

- How the service user is approached
- The language / terminology used by staff
- If a preferred bathroom is used
- The name and size of continence product used and where this is stored
- The name and type of equipment used and the type and size of sling
- The number of staff needed to provide assistance
- The level of staff support and assistance needed
- If a change of clothes is available and where these are located.

However, improvements are needed as one identified service user's care plan did not accurately reflect the activities or programmes available to the individual or how the centre respond when he/she informs staff they are in pain. The care plan needs to be revised so that it fully reflects the service user's needs, preferences and how his/her pain is managed within the day service. All three care plans contained the month and year they were completed but not the specific date. The recording of the specific date was discussed with the senior day care worker and manager.

It can be concluded care was effective in Millbrook Resource Centre incorporating New-Route.

Is Care Compassionate?

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

Discussions took place with a total of 14 service users, mostly individually and in private or in pairs in the office or in their group room. Service users said staff helped them and were respectful if they needed support or assistance with going to the toilet. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

It can be concluded care was compassionate in Millbrook Resource Centre incorporating New-Route.

RQIA Questionnaires

As part of the inspection process seven RQIA staff and nine service user questionnaires were issued.

Questionnaire's issued to	Number issued	Number returned
Staff	5 in Millbrook Resource Centre 2 in New-Route	0 from Millbrook Resource Centre 2 from New-Route
Service Users	5 in Millbrook Resource Centre 4 in New-Route	2 from Millbrook Resource Centre 2 from New-Route

Review of completed questionnaires evidenced all of the service users were either very satisfied or satisfied regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre. There were no qualitative comments recorded.

An anonymous service user who attends New-Route satellite unit had stated in their questionnaire that they are unsatisfied regarding staffing levels. This matter was shared with the manager by email on 03 March 2016 and she was asked to respond to it. The manager followed up on this matter and emailed RQIA on 7 March 2016 with the outcome.

The completed staff RQIA questionnaires stated they were either very satisfied or satisfied with:

- the training received by the Trust in core values;
- communication methods;
- continence management;
- access to continence products;
- personal protective equipment (PPE);
- how to assist and support a service user with their personal care needs.

The overall assessment of this standard showed the quality of care in Millbrook Resource Centre incorporating New-Route to be compassionate, safe and effective.

Areas for Improvement

One identified area for improvement is needed regarding RQIA's review of standard 5. This concerned service users' care plans.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

The day service has corporate Trust policies and procedures pertaining to service user involvement; communication and complaints. There are also associated guidance and information available for staff.

Discussions with 14 service users, five staff, senior day care worker and manager reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions.

An accompanied tour of the environment showed there were no fire doors wedged open, no health or safety hazards observed or infection prevention and control issues noted. The centre was clean and well maintained.

On this occasion it can be concluded safe care was delivered in Millbrook Resource Centre incorporating New-Route.

Is Care Effective?

Discussions with the senior day care worker, manager, 14 service users; five care staff and review of documentation concluded management and staff actively encouraged service user involvement in all aspects of their work.

Examples were given by service users of how staff ensured their views and opinions were obtained for example: informal discussions with staff, service user meetings and the annual review of their day care placement.

There is a service users committee in Millbrook Resource Centre called 'Listen-Hear'. The group usually meet on a monthly basis. The minutes of two service users meetings (November 2015 and February 2016) were reviewed. There was evidence that service users' views and opinions were sought and form the basis of all discussions. The minutes contained an agenda, the names of the service users who attended, a brief summary of discussions and if any action/s were needed.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of three service user's annual review reports took place during this inspection. Two of the three review reports contained the service users' views and opinions of the day service. The third annual review report regarded an individual

with no verbal speech and who has limited capacity due to the nature of their cognitive impairment. A discussion took place with the senior day care worker and manager that where appropriate the views of carers/representatives should be recorded in the annual review report.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user survey was distributed to service users and their representatives in 2014. Assurances were given by the acting manager that a survey containing questions about the quality of the Millbrook Resource Centre incorporating New-Route day service would be devised and distributed to service users and their carers/representatives in the near future. This is an identified area for improvement.

RQIA met with the carer/relative of a service user during this inspection. The carer stated he/she is very satisfied with the quality of care provision and communication from care staff regarding his/her relative's placement. However the carer stated he/she is very dissatisfied about several specific areas, most of these concern the delay in the manager and multi-disciplinary team's responses about issues he/she had raised when advocating for their relative. These areas were discussed with the manager by telephone on 11 February 2016. The manager was advised to record these in the centre's complaints record and investigate them accordingly. The manager informed RQIA one of the identified matters is currently being investigated by senior line management in the Trust. With regards to the other issues raised, the manager said another multi-disciplinary meeting has been arranged to take place in the near future. Assurances were given that attempts would be made to respond to all of the issues raised by the carer and the complaints record would be maintained in accordance with minimum standard 14.10.

Complaints

Since the previous care inspection, four complaints had been recorded in the complaints record. These had been investigated and, with the exception of one identified complaint, the complaints record was being maintained in accordance with minimum standard 14.10.

One identified complaint record stated the complainant was partially satisfied with the outcome of the investigation into his/her area of concern. However the complaints record did not state if the complainant was or was not advised of the next steps in the service's complaints process.

The acting manager was also advised to record and investigate the areas of concern raised by two identified service users and a carer. These are areas for improvement.

Discussions with service users concluded they are aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Compliments

Five compliments were randomly sampled during this inspection. These were positive about the quality of the day service and staff.

Monthly Monitoring Reports

Three monthly monitoring reports from November 2015 – January 2016 inclusive were reviewed during this inspection. The monthly monitoring reports were qualitative and informative. They reflected positive, qualitative views and opinions of between two and four service users each month.

It can be concluded the quality of care provision in Millbrook Resource Centre incorporating New-Route was effective, however improvements are needed concerning complaints; service users views and opinions and annual quality assurance surveys.

Is Care Compassionate?

Discreet observations of care practices found that service users' were treated with respect, kindness and care.

RQIA met and had discussions with a total of 14 service users, individually or in groups of two. Discussions with 14 service users concluded the quality of their lives has improved significantly as a result of their attendance at Millbrook Resource Centre. Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the day service.

A sample of the comments made by service users about the day service included:

- "I love it here, I see my friends."
- "I like coming here and staff are kind."
- "I enjoy going out shopping and to cafes."
- "This place is great, I love it and all the things I do."
- "The lunches are good and we do lots of things."
- "I like drawing, colouring in and doing pictures."
- "The staff are good to me, they are nice and help me."
- "I like it."

Two identified service users informed RQIA of areas they were unhappy about. One of the service user's said he/she has discussed their request with their social worker. The manager updated RQIA regarding the outcome of this discussion. The service user told RQIA he/she experiences pain on occasions when they are attending the centre. The service user was advised to inform care staff when this next occurs and shared this information with the senior day care worker.

Another service user complained the bus can sometimes be noisy on the afternoon journey home. Both service users were encouraged to discuss their areas of dissatisfaction with the manager or staff. These matters were discussed with the senior day care worker and manager. The manager agreed to meet with the respective individuals in attempts to resolve their areas of dissatisfaction and said she would record these in the centre's complaints record.

It can be concluded the quality of care provision in Millbrook Resource Centre incorporating New-Route was safe, effective and compassionate.

Areas for Improvement

Two areas for improvement were identified as a result of examination of this standard. These regarded:

1. Concerns and complaints.
2. Annual service users quality assurance survey.

Number of Requirements	0	Number Recommendations:	2
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5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Five accident and untoward incident forms were randomly sampled during this inspection. The service's accident and untoward incident records were being maintained in accordance with regulation 29. A discussion took place with the manager about RQIA's revised guidance for providers on the notifications of accidents and untoward incidents and the need to ensure the correct boxes are ticked.

5.5.2. Registration

The manager has completed a registered manager application form and has forwarded this to RQIA's registration team. This is currently being processed.

5.5.3. Formal Supervision of Staff

Discussions with care staff concluded formal supervision is occurring on a three monthly basis for most staff in Millbrook Resource Centre incorporating New-Route. However consistently used agency care staff are not receiving formal supervision in accordance with minimum standard 22.2. This was discussed with the manager and is an identified area for improvement.

5.5.4. Environment

The general décor and furnishings were fit for purpose and there were displays of service user's photographs, art work and pictures on walls and notice boards around the centre. The centre was observed to be clean, tidy and well maintained.

Areas for Improvement

One area for improvement was identified as a result of the examination of additional areas and regards the formal supervision of agency care staff in line with minimum standard 22.2.

Number of Requirements	1	Number Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Linda Dealey, manager by telephone on 11 February 2016 as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 20(2)</p> <p>Stated: First time</p> <p>To be Completed from: 11 February 2016 and ongoing</p>	<p>The manager must ensure consistently used agency care staff are formally supervised in accordance with minimum standard 22.2.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The Manager has updated the supervision process whereby the Designated Day Care worker will supervise the consistently used agency staff in the room where they are based. A matrix has been developed to show each area of responsibility.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be Completed by: 11 February 2016 and ongoing</p>	<p>With regards to service user's care plans, the manager should ensure:</p> <p>(a) The identified service user's care plan is reviewed to reflect the his/her preferred available programmes and activities.</p> <p>(b) Care plans are specifically dated (and not just state the month and year).</p> <p>(c) Where service user's have no verbal speech or have limited capacity due to their cognitive impairment, their care plan should be signed by their carer/ representative.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The Manager will ensure that the service users care plans will reflect his or her preferred choice of activities available, this is in place from the date of the inspection.</p> <p>The Manager will make sure all Care plans are specifically dated when signing them off, this is in place from the date of the inspection.</p> <p>The Manager will ensure so far as possible where the service users has limited capacity to have the care plan signed by the carer/ representative.</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.4 and 8.5</p> <p>Stated: First time</p> <p>To be Completed by: 11 May 2016</p>	<p>With regards to the views and opinions of service users about the quality of the day service which includes it's facilities; the manager should ensure:</p> <p>(a) An annual quality assurance survey is undertaken and an evaluation report is completed about same. This should be made available and shared with service users and their carers/representatives. The report should incorporate:</p> <ul style="list-style-type: none"> • qualitative comments made • if any issues were raised

	<ul style="list-style-type: none"> the actions (with time frames) to be taken in response to issues raised when and how the evaluation report is shared with service users and their carers/representatives. 		
<p>Recommendation 3</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be Completed from: 11 February 2016 and ongoing</p>	<p>With regards to the complaints record; the manager should ensure:</p> <p>(a) when the complainant is partially or not satisfied with outcome/s of the investigation into their complaint or concerns, the complaints record should state they have been advised of the next steps in the Trust's complaints process.</p> <p>(b) Record and investigate the areas of concern raised by two identified service users and a carer.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Manager will ensure that the complainant is aware of the next steps of the trust complaints process. The manager organised individual meeting with the two service users and their representatives and resolved the complaints raised on the day of the inspection to their satisfaction. The manager organised a meeting with the carer, and significant others and resolved the complaint satisfactorily.</p>		
Registered Manager Completing QIP	Linda Dealey	Date Completed	16/03/16
Registered Person Approving QIP	Dr Tony Stevens	Date Approved	18/03/16
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	22/03/16

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