

Unannounced Care Inspection Report 4 July 2017



Millbrook Court

Type of Service: Residential Care Home
Address: 228 Donaghadee Road, Bangor, BT20 4RZ
Tel No: 028 9146 2472
Inspector: Kylie Connor

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 residential care home with 50 beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: Fold Housing Association/ Fiona McAnespie	Registered Manager: Siobhan Diane Strong
Person in charge at the time of inspection: Siobhan Diane Strong	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 50

4.0 Inspection summary

An unannounced care inspection took place on 4 July 2017 from 09:30 to 15:00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

Evidence of good practice was found in relation to supervision and appraisal, the culture and ethos of the home and listening to and valuing residents and taking account of the views of residents.

Areas requiring improvement were identified in regard to care plans, mandatory training and photographs of residents in care records.

Residents and a representative said that they were happy with the care and support provided.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Strong, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Strong, 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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 February 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 previous care inspection report and returned QIP, notifications of accidents and incidents and communications in regard to these.

During the inspection the inspector met with four residents, one resident's representative, the registered manager, three care staff, one senior care staff and one ancillary staff.

A lay assessor, Clare Higgins was present during the inspection and comments she received from residents with whom she spoke are included within this report. Questionnaires were completed by the lay assessor with five of the seven residents.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Three questionnaires were returned by post within the requested timescale. A total of eight questionnaires were received.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for one new staff
- Staff supervision and annual appraisal records
- Staff training schedule/records
- Five resident's care records
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks) and complaints.
- Accident/incident/notifiable events register
- Annual Quality Review report 2016
- Minutes of recent residents' and representatives' meeting
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

Areas for improvements 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 28 February 2017

The most recent inspection of the home 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 28 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) (3) (b) Schedule 4 5, 20 Stated: First time	The registered provider must ensure that a copy of monthly monitoring reports and records of all staff meetings held are available upon request during inspection.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager who stated that these reports are now stored in a room which is accessible to senior staff.	
Area for improvement 2 Ref: Regulation 30 (1) (2) Stated: First time	The registered provider must ensure that RQIA is notified of the death of a resident and that the requested follow-up information is provided.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the registered manager and staff.	

Area for improvement 3 Ref: Regulation 17 (1) (2) (3) Stated: First time	The registered provider must provide a copy of the Annual Quality Review Report for 2016 to RQIA.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed on inspection upon receipt of the identified report.	

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.

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, a residents' representative and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of a completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. The schedule for mandatory training showed that nine staff had not attended mandatory biannual fire safety awareness training since April 2016: twelve staff had last attended food hygiene training during or before May 2014: eleven staff were overdue first aid awareness training. The registered manager stated that she would check that the schedule was up to date and advise the inspector accordingly; no further information was provided. An area for improvement was identified: action is required to comply with the standards.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with confirmed that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult and child safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, alert mats and exit alarms. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. A summer themed art display created by some residents was on display in one area of the home. The kitchenette areas off each dining room were observed to be in need of repair or replacement. The registered manager stated that these were scheduled to be replaced but a date had yet to be confirmed.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 13 February 2017 and the registered manager confirmed that all recommendations were addressed or action had been taken to address.

A monthly fire drill had been completed during April, May and June 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff and residents spoken with during the inspection made the following comments:

- “It’s very clean and well kept” (resident)
- “I think it’s lovely, it’s bright. I think they’ve done a good job” (resident)
- “I know who to go to if I need anything” (resident)
- “I feel safe and well looked after” (resident)
- “Some girls have done a course on activities” (staff)
- “We do try and get cover (on shifts if someone rings in sick). Seniors will help to cover the floor if short-staffed or identify a floater” (staff)
- “The training is excellent” (staff)

A total of eight questionnaires were completed and returned to RQIA. Three completed questionnaires were returned to RQIA from two resident’s representatives and one staff. The lay assessor completed five resident questionnaires during the inspection. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments from staff and a resident’s representative included:

- ‘We do our best’ (staff)
- ‘Consideration of health and safety for mum’s care is evident at all times’ (representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, supervision and appraisal, adult safeguarding and the home’s environment.

Areas for improvement

One area for improvement was identified in regard to the completion of mandatory training, particularly in regard to fire safety training, food hygiene and first aid awareness.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of five care records confirmed that these were maintained in line with the legislation and standards. They largely included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, diabetes where appropriate) were reviewed and updated on a regular basis or as changes occurred. Whilst staff stated that most residents would be able to verbally express any pain/discomfort, some residents would not. Staff confirmed that residents did not have an assessment and care plan for pain management in these circumstances. Staff confirmed that a recognised tool was available for this purpose on the Epic system used in the home. Three records examined did not have a photograph of the resident in the care records. Two areas for improvement were identified: action is required to comply with the standards.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. Staff, for example, spoke of the importance of ensuring that all residents' personal appearance and presentation was carried out in line with their individual preferences.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. The registered manager confirmed that audits of risk assessments, care plans, accidents and incidents (including falls, outbreaks) and complaints were undertaken. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and their representatives. Separate representative meetings took place.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff, residents and a representative spoken with during the inspection made the following comments:

- “I can sit here and watch my programmes when I want to” (resident)
- “Staff are there to serve you and get you better. When I need something it’s them.”(resident)
- “We know our residents” (staff)
- “I work as a team. I report everything to the senior” (staff)
- “They (care reviews) are brilliant” (representative)

A total of eight questionnaires were completed and returned to RQIA. Three completed questionnaires were returned to RQIA from two residents’ representatives and one staff. The lay assessor completed questionnaires during the inspection with five residents. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

Two areas for improvement were identified in regard to the completion of care plans for the management of pain and ensure that there is a photograph of residents in care records.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs were met within the home.

The registered manager, residents and a representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, a representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were able to demonstrate how residents’ confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and a representative confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, a representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included, for example, residents' meetings, representatives meetings and annual reviews.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with staff, residents and a representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff spoken with during the inspection made the following comments:

- "Residents have choices and alternatives"
- "We arranged for a Shetland pony to visit"
- "We do a lot of sing-a-longs, we spend time in the garden, colouring in, skittles"
- "The food is very good here. They are very well fed"

A total of eight questionnaires were completed and returned to RQIA. Three completed questionnaires were returned to RQIA from two residents' representatives and one staff. The lay assessor completed five questionnaires during the inspection with residents. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a resident's representative was as follows:

- 'Observing the care workers with residents – they treat all the service users very well in calming and supportive manner. Allow my mum to decide where she eats and will alter meals to suit'

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. These were available on the homes computer system.

Residents and their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. Two reports were not available in the folder. The registered manager confirmed that these had been undertaken and would ensure that they were placed in the file.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through emails, meetings and communication from other senior staff.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

One staff spoken to commented:

- "She (the manager) is always approachable and confidential"

A total of eight questionnaires were completed and returned to RQIA. Three completed questionnaires were returned to RQIA from two residents' representatives and one staff. The lay assessor completed questionnaires during the inspection with five residents. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Strong, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Care.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 30 September 2017	<p>The registered person shall ensure that all staff completed mandatory training pertaining to fire safety, food hygiene and first aid awareness.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Mandatory training is provided for staff in each of these areas and staff have been allocated sessions to attend within the given time frame.</p>
Area for improvement 2 Ref: Standard 8.6 Stated: First time To be completed by: 1 September 2017	<p>The registered person shall ensure that all care records contain a photograph of the resident.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Actioned.</p>
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: 20 September 2017	<p>The registered person shall ensure that a care plan is developed for the management of pain where residents are unable to communicate same.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: .Actioned.</p>

Please ensure this document is completed in full and returned to Care.Team@rqia.org.uk from the authorised email address



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