

# Unannounced Care Inspection Report 6 October 2016



## Millbrook Court

Type of service: Residential Care Home  
Address: 228 Donaghadee Road, Bangor, BT20 4RZ  
Tel no: 028 9146 2472  
Inspector: Ruth Greer

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Millbrook Court residential home took place on 6 October 2016 from 10 20 to 16 30.

The inspection sought to assess progress with any issues raised during and 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.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

### Is care effective?

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

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

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.

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Diane Strong, 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 25 February 2016

## 2.0 Service details

<b>Registered organisation/registered person:</b> Fold Housing Association/ Fiona McAnespie	<b>Registered manager:</b> Siobhan Diane Strong
<b>Person in charge of the home at the time of inspection:</b> Diane Strong	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> DE – Dementia	<b>Number of registered places:</b> 50

## 3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the previous inspection and incident/accident notifications to RQIA.

During the inspection the inspector met with 15 residents, five care staff, two senior staff, one catering staff, one visiting professional and one relative.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file(s)
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report

- Minutes of recent residents' meetings / representatives' / other
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Input from independent advocacy services
- Programme of activities
- Policies and procedures manual

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Two questionnaires were returned within the requested timescale.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 25 February 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the care inspector at this current inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 25 February 2016

Last care inspection recommendations		Validation of compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 5.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered person should ensure that the needs assessment is signed by the resident or their representative where appropriate and the member of staff responsible for carrying it out. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Work has been undertaken to share assessments with residents and their families. Signatures were in place and were available and up to date at the time of inspection.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>Stated:</b> Second time</p>	<p>The registered person should ensure that the resident or their representative where appropriate sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is</p>	

<b>To be completed by:</b> 31 August 2016	unable to sign or chooses not to sign, this is recorded.	
	<b>Action taken as confirmed during the inspection:</b> Work has been undertaken to share care plans with residents and their families. Signatures were in place and were available and up to date at the time of inspection.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2016	The registered person should ensure that the policy relating to access to records is reviewed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The policy was updated as recommended.	

#### 4.3 Is care safe?

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 and residents' representatives. Staff stated that there had been occasions when there had been fewer staff on duty but confirmed that the manager had addressed the issue and that staffing levels had returned to a satisfactory level.

On the day of inspection the following staff were on duty:

Registered manager x 1  
 Senior care assistant x2  
 Care assistant x 8  
 Domestic x 4  
 Catering x 2  
 Administrative x 1

Review of completed induction records 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 and a review of returned staff views questionnaires 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 available for inspection.

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. A review of a sample of staff competency and capability assessments were reviewed and found to satisfactory.

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. Confirmation is received from the organisation's H R department that all requirements are in place before any new person commences employment in the home.

Enhanced Access NI 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.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager has been established as the safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult 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. On the day of the inspection an outside professional was in the home to provide a full day training event for staff on safeguarding and whistle blowing.

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. Care needs assessment and risk assessments for example nutrition and falls were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed there were restrictive practices were 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.

A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described. Additionally, there was an individual assessment and agreement in place for each resident signed by residents and/ or their relatives in relation to any restrictions.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate bodies were informed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

The registered manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. For example hoist in the home, which is not currently in use, is regularly serviced by the supplier.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. This was most recently provided on 22 April 2016. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. The manager and a senior staff member attended a seminar on infection control earlier this year and learning was shared with staff. 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.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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.

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 16 March 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently in April 2016. 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 and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Two completed questionnaires were returned to RQIA from resident's representatives. Respondents described their level of satisfaction with this aspect of care as satisfied.

Comments from one relative on the day were positive in regard to her relative's safety in the home.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

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 four care records confirmed that these were maintained in line with the legislation and standards. They 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. 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 resident. 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. Residents are encouraged and supported to exercise choice over their daily routines, for example, times to get up, go to bed, where to sit etc. The home is sub divided into four semi-independent units each with a mini kitchen. This means that residents experience smaller group living and is more conducive to residents who have a diagnosis of dementia. There are, as far as possible, the same staff group designated for each unit. This continuity is important for residents with dementia and the practice is commended.

An individual agreement setting out the terms of residency was in place and appropriately signed. 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. Audits of risk assessments, accidents/ incidents (including falls) and complaints, are undertaken monthly and were available for inspection. Further evidence of audit was seen in a report undertaken by the trust. The report had recommended that the senior care assistant's office was moved to ensure ease of access by families who wished to speak to a senior staff member. The home had actioned this recommendation.

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, their representatives. Minutes of resident and/or their representative meetings were available for inspection.

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 who had issues with mental capacity / who required specialist supports (Alzheimer’s Society etc.).

Staff/residents/resident’s representative spoken with during the inspection made the following comments:

“I think this is the best place for her” (relative)

“The care is the best we can provide- that is what all the staff aim for”(staff member)

“They’re good girls (staff) they are kind” (resident)

Two completed questionnaires were returned to RQIA from resident’s representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and one family member confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home.

The registered manager confirmed that consent was sought in relation to care and treatment. Discussion with residents, one representative and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were also able to demonstrate how residents’ confidentiality was protected. For example, in the manner in which personal care was delivered and in their response to questions from the inspector.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. These included activities provided by staff and by outside professionals. For example staff were seen reading the daily newspaper to residents and providing “pampering” to some female residents. Other activities include singing, skittles and reminiscence. A group of teenagers from a local church visit and spend time one to one with residents. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example two residents go out regularly and independently to community organisations.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff. Staff were seen to be polite and patient in responding to residents who frequently asked repetitive questions

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. The home produces a quarterly newsletter – Millbrook Matters. The newsletter includes information of up and coming events and photographs of past events. For example a recent visit from “Dad’s Army Group” was organised in the home. Relatives had been welcome to attend. Those unable to do so were able to see the record and photographs of the event in the most recent copy of the newsletter.

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.

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. The report of the 2015/2016 review was on view on the notice board in the foyer of the home. The findings were presented in a pie chart and clearly separated the opinions of residents, families and professionals who visit the home. Two completed questionnaires were returned to RQIA from and relatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

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 health and social care 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 were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff on the home’s intranet and in hard copy. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred. There was a system in place where staff sign that they have re-read any policy which had been reviewed and amended.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSPPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Handbook and in the quarterly newsletter which clearly sets out how to make a complaint.

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.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. 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 available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. For example, comments made on the annual quality review suggested that the information noticeboard for families should be re located for ease of accessibility. This had been actioned as per the suggestion. 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. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example in relation to best practice in dementia care.

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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The organisational structure was in diagram form on the resident/relatives notice board. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home by telephone and e mail.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (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. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that they could approach management with suggestions and/or concerns. Staff recently raised a concern in relation to the safety of residents' access to the garden. The inspector discussed the matter with the registered manager who confirmed that she was aware of the issue and was currently working with the registered provider to source a resolution which would enable free access during the day and ensure security during the night. This area will be reviewed at the next inspection of the home.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Two completed questionnaires were returned to RQIA from relatives. Respondents described their level of satisfaction with this aspect of the service as satisfied.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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