



Unannounced Care Inspection Report

9 December 2018



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

Assurance, Challenge and Improvement in Health and Social Care

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 places that provides care and accommodation for residents living with a dementia.

3.0 Service details

Organisation/Registered Provider: Fold Housing Association Responsible Individual: Fiona McAnespie	Registered Manager: Siobhan Strong
Person in charge at the time of inspection: Sharon Stewart, Senior Care Worker	Date manager registered: 01 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 9 December 2018 from 11.45 to 17.00.

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 during and since the last care inspection and sought 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 listening to and valuing residents, management of incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in regard to the wedging of doors and consent for night checks.

Residents said that they were happy with their lifestyle in the home, with the quality of the food and that they had good relations with staff.

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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Sharon Stewart, Senior Care Worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 18 February 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector spoke with the person in charge, greeted all residents spoke in more detail with nine residents, four care staff, the chef and one resident's visitor/representative.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Several 'Have we missed you?' cards were left on display in the foyer, inviting feedback from relatives and visitors. Three questionnaires were returned; whilst one questionnaire did not indicate who had completed it, one indicated that it had been completed by a resident and one by a resident's representative.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff supervision and annual appraisal records
- Three residents' care records held on the epic system
- Complaints and compliments records
- Audits of incidents (including falls, outbreaks)
- Accident, incident, notifiable event records
- Dates of resident/representative meetings on display
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities

Following the inspection the following records were submitted to and reviewed by the inspector:

- Mandatory training matrix
- Annual Quality Review Report 2017

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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 October 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 23.3 Stated: First time	The registered person shall ensure that all staff completed mandatory training pertaining to fire safety, food hygiene and first aid awareness.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the person in charge and review of a training matrix.	
Area for improvement 2 Ref: Standard 8.6 Stated: First time	The registered person shall ensure that all care records contain a photograph of the resident.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of three residents' care records.	

Area for improvement 3 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that a care plan is developed for the management of pain where residents are unable to communicate same.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following review of three residents' care records and discussion with the person in charge.	

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 person in charge advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The use of temporary/agency staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

The person in charge, a staff member and registered manager confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided.

Discussion with the person in charge 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.

Following the inspection, the registered manager advised 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.

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

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.

Discussion with the person in charge, 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.

The person in charge stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The person in charge advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, lap belts, pressure alarm mats, bed sensors and the management of smoking materials. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team and family as required. The person in charge gave assurances that residents' care records would more clearly describe the need for a locked door environment.

Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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

The person in charge reported that audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Environmental improvements had been made since the previous care inspection including new kitchenettes, some new bedroom furniture and extractor fans had been replaced in bathrooms and en-suites. The person in charge advised that bedrooms are decorated and woodwork painted when required.

Inspection of the internal and external environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. Three fire doors were observed to be wedged open and therefore ineffective should a fire be detected. Following the inspection the registered manager confirmed that hold open devices had been requested prior to the inspection however the registered manager must ensure that until the hold open devices are installed that the fire doors are never wedged open. An area for improvement was identified. The home had an up to date fire risk assessment in place dated 5 March 2018.

The person in charge advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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 largely checked weekly and/or monthly and were regularly maintained. A few omissions were brought to the attention of the person in charge for follow-up. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

A resident and a resident’s representative spoken with during the inspection made the following comments:

- “I’m at ease. I’m lucky living here.” (resident)
- “It’s (the environment) clean and tidy. (resident’s representative)

Three completed questionnaires were returned to RQIA. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training and infection prevention and control.

Areas for improvement

One area for improvement was identified in regard to wedging open fire doors.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

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

Records were stored safely and securely in line with General Data Protection Regulation (GDPR).

A review of three 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. Care needs assessment and risk assessments (e.g. safe moving and handling, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The person in charge reported that in a separate care record, a care plan was in place in regard to smoking but a risk assessment had not been completed; assurances were given that this would be completed immediately. Written consents were not in place for the arrangements for night checks and an area for improvement was made.

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 were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

Discussion with the chef and review of the menu confirmed that a varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The lunch-time meal was observed in one area of the home. Staff were attentive and responded appropriately to meet individual residents' needs. Residents appeared to be enjoying their meal in a relaxed atmosphere. Observations to enhance resident experience in regard to the use of background music, management of the television and provision of a pictorial menu were shared with the person in charge and the registered manager; assurances were given that these would be followed up.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner.

The person in charge advised 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 dates/times for resident/relative meetings were displayed on an information board located in the foyer.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

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.

A resident, a resident’s representative and a staff member spoken with during the inspection made the following comments:

- “It’s (the bed) very comfortable, it means you get a good sleep.” (resident)
- “My mum has been great (following admission into the home). She’s eating properly and she’s very content. It’s been a massive weight off our shoulders.” (residents representative)
- “We follow up (concerns regarding residents’ health and well-being) and make sure there is good observation (of residents).” (staff)

Three completed questionnaires were returned to RQIA. 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 meals and communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified in regard to the completion of written consents for night checks.

	Regulations	Standards
Total number of areas for improvement	0	1

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 person in charge advised 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.

Staff and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights, independence, dignity and confidentiality were protected. For example, a staff member reported that on the day of the inspection, a resident was provided with a second breakfast in bed because they couldn’t remember having the first and said that they were hungry.

Discussion with staff, residents and a representative confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Action was taken to manage any pain and discomfort in a timely and 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. Residents’ were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their

care. Other systems of communication included, an information board located in the foyer, residents’ and relatives’ meetings and visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were made available for residents and other interested parties to read. Improvements made as direct result of the resident consultation included

Discussion with staff, residents, and a representative, confirmed that residents were enabled and supported to engage and participate in meaningful activities. A number of external providers attend the home to provide a church service, aromatherapy, exercises and arts activities. Staff reported that afternoon tea is served in the foyer with music for birthdays and special events. One staff suggested that more activity resources would be helpful. This was shared with the person in charge to follow up. Arrangements were in place for residents to maintain links with their friends, families and wider community.

A resident, staff and a resident’s representative spoken with during the inspection made the following comments:

- “The care is excellent.” (resident)
- “There is quite a lot (of activities) on.”(staff)
- “They (staff) are very approachable.....They do a lot of functions, people come in and they are having an afternoon out next week.” (residents representative)

Three completed questionnaires were returned to RQIA. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and listening to and valuing 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

A range of policies and procedures was in place to guide and inform staff. Policies were retained in a manner which was easily accessible by staff.

Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. RQIA’s complaint poster was available and displayed in the home.

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 were in need of improvement to ensure that the staff member recording the complaint signs and dates the entry, the outcome of the complaint and the complainant's level of satisfaction is recorded with a date and staff signature. Assurances were given by the registered manager that these issues had been followed up. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accident, incident and 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. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

The person in charge advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

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 returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The person in charge advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

A resident spoken with during the inspection made the following comment:

- "It (the home) runs like clockwork."

Three completed questionnaires were returned to RQIA. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of 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 Sharon Stewart, Senior Care Worker, 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

Area for improvement 1	The registered person shall ensure that adequate precautions are taken including that no fire doors are wedged open and that appropriate hold open devices are fitted where necessary.
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Ref: Regulation 27 (4) (b)

Stated: First time

Ref: 6.4

To be completed by:
31 March 2019

Response by registered person detailing the actions taken:
Actioned, additional fail safe units will be fitted.

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1	The registered person shall ensure that written consent / authorisation is in place in regard to night checks.
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Ref: Standard 7.4

Stated: First time

Ref: 6.5

To be completed by:
31 March 2019

Response by registered person detailing the actions taken:
Consents are being agreed with NOK and care plans will be updated.

Please ensure this document is completed in full and returned via Web Portal



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