



# Unannounced Care Inspection Report 12 December 2019



## Millbrook Court

**Type of Service: Residential Care Home**  
**Address: 228 Donaghadee Road, Bangor, BT20 4RZ**  
**Tel No: 02891462472**  
**Inspector: Priscilla Clayton**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 50 residents with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Radius Housing Association  <b>Responsible Individual:</b> Fiona McAnespie	<b>Registered Manager and date registered:</b> Siobhan Diane Strong 1 April 2005
<b>Person in charge at the time of inspection:</b> Siobhan Diane Strong	<b>Number of registered places:</b> 50
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 45

### 4.0 Inspection summary

An unannounced inspection took place on 12 December 2019 from 10.15 hours to 16.15 hours.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of previous medicines management and finance inspections were not reviewed. These areas for improvement have been carried forward to next inspection.

Evidence of good practice was found in relation to the effective team working and provision of a culture and ethos which supported residents' rights including the core values of dignity and respect, independence, equality and diversity, choice and consent. Good practice was also evident in the governance arrangements with systems and processes in place to support effective management of the home.

One area identified for improvement related to care plans which should always show full specific interventions to meet each identified need.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents, people and staff during and after the inspection, are included in the main body of this report.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*5	1

\*The total number of areas for improvement includes five (one medicine management and four finance) which have been carried forward for review at the next inspection.

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

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rotas from 2 December 2019 to 12 December 2019
- staff training schedule and training records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records
- reports of visits by the registered provider/monthly monitoring reports dated October 2019 and November 2019
- RQIA registration certificate

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 last care inspection dated 9 December 2018

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (b) <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All fire doors were observed to be closed. Hold open devices were fitted as required.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 7.4 <b>Stated:</b> First time	The registered person shall ensure that written consent / authorisation is in place in regard to night checks.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall ensure that antibiotics are administered as prescribed.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

<b>Areas for improvement from the last finance inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15.12 <b>Stated:</b> First time	The registered person shall ensure recording and checking (at least quarterly) of valuables held at the home. A safe register should also be maintained showing when items have been deposited and removed from the safe place.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 15.2 <b>Stated:</b> First time	The registered person shall ensure that signed consent forms authorising the home to hold and make transactions on behalf of residents are retained in all relevant residents' files.	<b>Carried forward to the next care inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 4.4 <b>Stated:</b> First time	The registered person shall ensure that copies of up to date and signed written agreements are retained within all residents' files.	<b>Carried forward to the next care inspection</b>
	Where the resident or their representative is unable to sign or chooses not to sign, this is recorded on the agreement. Copies of any documentation forwarded to residents or their representatives reminding them to sign and return the agreements should also be retained within residents' files.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>	

<b>Area for improvement 4</b> <b>Ref:</b> Regulation 20.14 <b>Stated:</b> First time	The registered person shall ensure that the use of correction fluid on residents' records ceases immediately.	<b>Carried forward to the next care inspection</b>
	Any errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.	
<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>		

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

On arrival at the home we were welcomed by the senior care assistant in charge as the manager was off duty. However, the manager came to the home later in the morning to be in attendance throughout the inspection.

The ambience within home was observed to be quiet, calm and welcoming. Most residents were up and dressed with obvious care and attention to their personal care needs. Other residents were having breakfast which was served and supervised by staff in the dining room of each of the four units. All residents were observed to be content, happy and comfortable as they spoke with us. They told us they had slept well and enjoyed their breakfast.

The manager explained the staffing levels for the home and that these were satisfactory for the provision of safe care. Staffing levels were based on the number and dependency levels of residents accommodated and fire safety arrangements. Currently consistent agency staff are being commissioned until vacant posts, which have been advertised, are filled.

We spoke with residents about the staffing; they said there was always staff about to help them. We also spoke with family members who said the staff are always around to see to things. We observed staff presence within each unit responding in a timely manner to residents' calls for assistance.

The manager confirmed that the placement of residents within the home was appropriate and within the categories of care in which the home was registered. Should the needs of a resident change a care management review and nursing assessment would be arranged to determine the most appropriate placement.

One resident who had been seen by the general practitioner was awaiting transfer to hospital by ambulance.

Discussion with the manager and staff confirmed that staffing levels and skill mix was safe and kept under review to ensure residents' needs were being met. The staff duty rosters accurately reflected staff on duty each day, their capacity and shifts worked.

The manager confirmed that the records relating to staff recruitment and selection were retained within the headquarters human resource department. The manager advised that staff were recruited in accordance with Regulation 21 (1) (b) Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Recruitment processes included the vetting of applicants to ensure they were suitable to work in the residents in the home including; training /experience and AccessNI at the point of employment to ensure staff were suitable.

The manager explained that all new staff undertook an induction programme including training, supervision and support of a mentor. New staff were supervised until they can demonstrate the acceptable levels of competence to safely carry out their role.

The manager explained the system in place to monitor the registration status of staff with Northern Ireland Social Care Council (NISCC). Staff who spoke with us confirmed they were registered and had submitted their annual retention notice.

Staff mandatory training records reviewed evidenced that this training was ongoing. Additional development opportunities to enable them to fulfil their role included for example; dementia awareness, General Data Protection Regulation (GDPR) and risk assessment. Training in The Mental Health Capacity Act (Northern Ireland) – Deprivation of Liberty (DoLS) was a work in progress for staff. The manager demonstrated knowledge of the procedure to follow in regard to restrictive practice. Staff explained the restrictive practices within the home included locked doors, fob entry system and lap belts on wheel chairs. Restrictions were in place for the safety of residents who were identified to be at risk and that the trust professionals and residents representatives were aware and in agreement. Records were retained of restrictive practices in place.

The manager advised that staff had undertaken various levels of training in National Vocational Qualifications or Credit Qualification (NVQ) and Framework (QCF). One senior care assistant has attained a Level 5 QCF.

Staff were knowledgeable and had good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Review of staff training records evidence staff attendance at training. The manager advised that there were no active safeguarding issues ongoing.

Staff training records evidenced that staff 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 their responsibilities and good practice. There was evidence of visible resources for IPC throughout the four units. An ample supply of disposable gloves and aprons, liquid hand soap, hand sanitizing gel and appropriate disposal systems in place. Notices of the safe seven step wash hand practice were displayed within wash rooms.



The recording and reporting of accidents were discussed with the manager including clarification of notifications to be submitted to RQIA. Associated risk assessments were included within care records reviewed. The manager advised that an adapted form of the “falls tool kit” was in place and that all post fall risk assessments were undertaken and recorded. Monthly audits of falls were discussed with the manager who advised that this provided opportunity for her to identify trends and patterns and where action needs to be taken. Currently residents are referred to the trust falls clinic.

An inspection of the environment evidenced that all four units were appropriately heated, clean, tidy, organised and fresh smelling throughout. All had Christmas decorations displayed. Each unit had its own kitchen, lounge and washrooms. All fire doors were closed and exits unobstructed. Bedrooms were nicely furnished and individualised with items of memorabilia displayed.

The home’s fire risk assessment was dated 5 December 2019. Two recommendations made had been addressed, dated and signed. All fire doors were closed with fire exits unobstructed.

All equipment in use was reported to be well maintained and regularly serviced.

Northern Ireland Adverse Incident Centre (NIAIC) alerts were received, reviewed and retained for reference purposes and action if necessary.

Review of the home’s satisfaction survey undertaken during 2019 showed that respondents, including visiting professional staff, residents / representatives were very satisfied with the care and support provided, staffing and the environment. The results of the returned satisfaction questionnaires were displayed within the main reception area of the home.

Five satisfaction questionnaires were completed and returned to RQIA. All respondents indicated they were very satisfied with the safe care provided. No issues or concerns were raised or indicated. Comments made are cited within section 6.6.

### **Areas of good practice**

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

### **Areas for improvement**

No new areas for improvement were identified during the inspection in this domain.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.4 Is care effective?

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

Three residents care records were provided for review. Care records were held electronically. Records were noted to pre-admission information completed by the resident and / or their representative which included; life style, occupation, hobbies / interests, spiritual preference and general data on dentures, hearing aids, walking aids. Spectacles, clothing / likes and dislikes were also included. Needs assessments were complemented with a range of risk assessments. Care plans were in place alongside interventions and daily progress notes. The format of the recording in one care plan was discussed with the manager as information documented did not clearly show the necessary intervention to meet specific needs. The needs assessment document in use, titled "Supported Living / Housing with Care", was also discussed as this title is inappropriate for a residential facility and should be removed.

Prospective residents are given information about the home by way of the Residents Guide and their suitability and appropriateness of placement.

Care records reviewed evidenced that care reviews were undertaken. In addition a range of professional trust staff were involved in the planning of care. The manager explained the systems in place for monitoring the frequency of residents health screening, dental, optometry, podiatry and other health or social care service appointments and referrals are made, if necessary to the appropriate service.

We spoke with care staff regarding the daily routine in the home. Staff advised that when they came on duty each morning they were given a hand over report by the night staff to inform them of an changes occurring, care provided and other general information so that they were kept fully informed. Medicines were administered by the senior care assistant while care staff were carrying out residents' personal care duties within their allocated unit. Staff explained that visiting care professionals visited to provide care. For example, the community nurse visited to administer insulin injections or provide wound care. One resident's wound which was reflected within a care record was discussed and this is now healed. The care plan was subsequently amended during the inspection. The visiting community nurse leaves a hard copy care plan with staff in the home so that they are aware of the treatment and progress.

Staff were discreetly observed assisting and supervising residents having their mid-day meal which was respectfully presented and served with adequate amounts of food served. Special diets were provided as required. Mid -morning, afternoon and evening snacks were served by staff. Residents told us they were very satisfied with the meals provided and that they had choice of main meals. The cook advised that the menus, which were three weekly rotational, were seasonal and that residents had input when these were being developed. Records reviewed included evidence of all diets prescribed; special, modified, and vegetarian and gluten residents' likes / dislikes. Special diets were reflected within care records reviewed.

Records of residents' monthly weights were viewed. Staff told us that weight was closely monitored and should any weight loss or excessive gain arise the general practitioner (GP) would be informed.

There was evidence of good interpersonal communication between staff and residents. Conversations were noted to be friendly, unhurried and respectful. There was also a wide range of information to ensure staff, residents and /or representatives were fully informed of the service, care and life within the home. For example; staff hand over reports at change of shift, regular staff meetings, residents / representatives meetings, staff supervisions, appraisals. Records were retained of meetings held. Minutes of residents / representatives meetings were available for them to read.

When we spoke with staff they had a good knowledge of peoples’ abilities and level of decision making; staff knew how and when to provide comfort to people because they know residents needs well.

The results of the home’s 2019 satisfaction survey from visiting professional staff, residents and / or representatives and staff were displayed on the notice board within the main entrance. This showed that all respondents were satisfied that care provided, staffing, communication and environment was very satisfactory. This is to be commended.

Residents, staff and relatives who spoke with us commented;

- “When I visit the staff always make me welcome and we have a chat” (relative)
- “The manager is very approachable, operates an open door” (staff)
- “Best care you could get” (resident)

Five satisfaction questionnaires were completed and returned to RQIA. All respondents indicated they were very satisfied with the effective care provided. No issues or concerns were raised or indicated. Comments made are cited within section 6.6.

**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**

One area identified for improvement related to care plan / intervention recording within the electronic system.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 6.5 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.**

When we entered the home we observed a notice displayed within the main reception area; "Our residents' do not live in our work place. We work in their home" We discussed this with staff who indicated they were very mindful of this statement and were employed to serve; providing individualised care, by way of encouragement, support, assist and attend to residents in a respectful, dignified and friendly manner.

The atmosphere throughout the home was observed to be calm, encouraging and good humoured. Residents accommodated had various degrees of dementia and those who were able to comprehend gave positive feedback on the caring support and care provided. Other residents were observed to be calm and relaxed with no aimless wandering around the home. Observation of activities provided evidence of residents responding positively to staff and each other.

Staff told us residents were central in all aspects of care planning, delivery and review of their care. They also acknowledged residents rights to make decisions about their care, support and active involvement in the development of care plans, therapeutic activities / social events and general arrangements in the home. Staff said residents were treated as individuals with care planned to meet their agreed identified needs.

Throughout the inspection we observed staff interacting with residents in a respectful unhurried professional manner.

Residents who were able to communicate confirmed that they believed that staff listens and encouraged them to take part in planned activities each day. Staff told us activity programmes are worked out with each resident's agreement and there was evidence of changes being introduced in order to maintain residents' interest and involvement. Residents told us they do not have to take part if they don't want to.

Review of the home's resident / representative satisfaction survey (2019) evidenced positive responses in regard to the activity programme, meals, staff communication, laundry and environment. This is to be commended.

Minutes of residents' / representatives' meetings evidenced consultation and involvement of those in attendance in respect of choice, preferences, likes and dislikes in discussions held.

Comments made by residents, staff and one relative who spoke with us included:

- "The staff are always friendly and make me feel welcome" (relative)
- "This is a good home, residents are our priority" (staff)
- "Plenty of things to do, staff are kind and food great" (resident)

Five satisfaction questionnaires were completed and returned to RQIA. All respondents indicated they were very satisfied with the compassion conveyed. No issues or concerns were raised or indicated. Comments made are cited within section 6.6.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of residents. Seeking the views of residents / representatives and staff on the service provided, sharing of information and seeking their views at meetings is to be commended.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 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 manager explained that she is supported in her role at operational level by a team of mixed skill care and ancillary staff. At senior management level support was also provided by way of monthly management / governance meetings, regular visits to the home including monthly quality monitoring visits and regular contact via telephone and e-mail.

Discussions with the manager and staff evidenced there was a clear organisational structure within the organisation. Staff were able to describe their role and responsibilities and confirm that there was very good staff working relationships.

Discussions with the manager held throughout the inspection alongside review of several regulatory documents, including; minutes of staff meetings, residents / representatives meetings, staff supervision / appraisals schedules, staff training, accident and incidents, audits and monthly monitoring were in place evidenced that that these were retained and available for inspection.

Records of complaints were reviewed and discussed with the manager who confirmed that these were fully resolved to the complainant's satisfaction; although the complainant's satisfaction was not always recorded the manager readily did so during the inspection. One of the main issues arising related to the laundry and as a result of investigation action had been taken to address this issue. A notice on "how to complain" was displayed in the hallway of the home and procedure to follow within the resident guide. Staff demonstrated knowledge of the complaints procedure in accordance with their role and explained that they would not hesitate to report any issues arising to the senior care assistant or the manager. One visiting relative explained that they were confident that if any issues these would be addressed by the manager in a timely manner.

There were many comments recorded, letters and cards received thanking and commending staff on the good care provided. Some comments included;

- “Staff very helpful, good information showing through records held and organised” (visiting physiotherapist)
- “Anything raised had been dealt with” (relative)
- “Really appreciate that you took time to know my father’s ways and to remember what he enjoyed” (relative)

The manager explained the quality assurance methods undertaken which included audits and satisfaction surveys. Examples of audits included; accidents / incidents, complaints, falls, medications, care records, fire safety, and environmental. The manager advised that any learning from the outcome of audits undertaken was disseminated to all relevant parties and action plans developed.

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

Monthly monitoring visits reports were available and reviewed for the months of October and November 2019. An action was developed to address any issues identified which included time scales and person responsible.

Five satisfaction questionnaires were completed and returned to RQIA. All respondents indicated they were very satisfied with management. No issues or concerns were raised or indicated. Comments recorded included;

- “I always feel my mum is in safe hands and is treated as an individual with affection from staff” (relative)
- Staff at all levels are excellent, as is the entertainment and craft laid on. Food is of a very high quality” (relative)

**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
<b>Total number of areas for improvement</b>	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 Siobhan Strong, Registered 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 via Web Portal for assessment by the inspector.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 December 2019</p>	<p>The registered person shall ensure electronic care plans fully reflect the interventions required to meet specified care needs.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The care plan was updated on the day of the Inspection to reflect the change to the identified resident care plan.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**





The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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