



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Millbrook Court
Establishment ID No:	1636
Date of Inspection:	15 January 2015
Inspector's Name:	Kylie Connor
Inspection No:	16633

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of Home:	Millbrook Court
Address:	228 Donaghadee Road Bangor BT20 4RZ
Telephone Number:	(028) 9146 2472
E mail Address:	diane.strong@foldgroup.co.uk
Registered Organisation/ Registered Provider:	Mrs Fiona McAnespie
Registered Manager:	Ms Siobhan Diane Strong
Person in Charge of the home at the time of Inspection:	Ms Siobhan Diane Strong
Categories of Care:	RC-DE
Number of Registered Places:	50
Number of Residents Accommodated on Day of Inspection:	47
Scale of Charges (per week):	£461 and £15.00 top up
Date and type of previous inspection:	7 March 2014 Secondary Unannounced Care Inspection
Date and time of inspection:	15 January 2015 9.35am to 1.20pm
Name of Inspector:	Kylie Connor

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the inspection

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Inspection of the premises
- Evaluation and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard: **Standard 9 Health and Social Care**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Millbrook Court Residential Care home is situated in a residential area on the outskirts of Bangor, within the south eastern health and social care trust geographical area. The residential home is owned and operated by Fold. Mrs Diane Strong is has been manager of the home from 1999 and has been registered manager with RQIA from 2005.

Accommodation for residents is provided in single bedrooms in a single storey building. The home is divided into four interlinked areas and each has its own communal sitting space and dining areas with kitchenette facilities. Each area has access onto an enclosed garden area with seating. At the entrance to the home there is a large communal foyer with seating, a reception office, lounge with hairdressing area, a small quiet room and a large living room. Office accommodation, catering facilities, laundry and staff facilities are located in an area accessed via a keypad.

The home is registered for fifty residents in the following category of care:

RC – DE (Dementia)

7.0 Summary of inspection

This is a summary of an secondary unannounced care inspection of Millbrook Court Residential Home which took place on 15 January 2015 from 9.35am to 1.20pm by Kylie Connor, Inspector. The registered manager was available for discussion, clarification and feedback during and at the conclusion of the inspection.

The home was observed to be clean, tidy and fresh smelling. The inspector spoke to nine residents, a visiting professional, four staff, the registered manager and one visitor. All expressed positive views regarding the conduct of the home and of the care and support provided. Good relations were observed between staff and residents.

The inspector examined the previous quality improvement plan. One requirement and one recommendation were found to have been addressed. One recommendation was not examined due to extensive re-decoration taking place in the home at the time of the inspection.

The inspection focussed on examining standard 9 Health and Social Care. The home attained the level of compliant in regard to this standard. There was evidence of systems, processes and records in place to effectively manage the health and social care of residents.

The inspector also examined the areas of complaints, registered provider visits, management of accidents and incidents, of activity provision within the home and responding to residents behaviours. All areas examined were found to be satisfactory. Details are provided in section 10 of the report. One recommendation, carried forward from the previous inspection is included on the appended QIP.

The inspector wishes to acknowledge the full co-operation of the registered manager, residents, visiting professional, visitor and staff throughout the duration of the inspection. The inspector would like to thank all those involved for their time, open and honest conversation and for the hospitality received.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 7 March 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	3 (1) (a) (b) (c)	<p>The registered provider should review the statement of purpose and ensure all areas stated in Schedule 1 are included.</p> <p>A copy should be forwarded to the inspector.</p>	Discussion with the registered manager and review of the document confirmed that this has been addressed. The document includes the restrictive practice of locked doors. The inspector advised the registered manager that all restrictive practices should be detailed.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11.3	A written review report is prepared by staff in consultation with the resident and includes details of any finance support provided by the home.	Discussions with staff confirmed this is addressed.	Compliant
2	12.4	<p>The daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime.</p> <p>The home should review the need for a pictorial daily menu for the benefit of residents.</p>	Due to the re-decoration being completed within the home at the time of the inspection, the menus were not on display. Therefore, this was not examined and is carried forward to be examined at the next inspection.	Not examined

9.0 Inspection findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
The inspector reviewed two care records and in all cases the name and contact details and visits from each resident's General Practitioner, dentist, optometrist and where necessary the continence nurse was present. Records were available detailing residents' oral and continence support was detailed in care plans. Staff confirmed that twice a year the dentist provides training to staff in oral care. A policy on promoting continence was in place. Staff confirmed that a community dentist arranges appointments every 18 months and will visit on request and residents receive vision screening either 6 or 12 months depending on need.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Discussions with staff members in relation to specific residents' needs indicated that they were knowledgeable of the residents' care needs and the action to be taken in the event of a health care emergency. Staff members confirmed that they are provided with mandatory training and that they regularly avail of refresher training. Staff confirmed that they receive updates during staff handovers of any changes in a resident's condition and that the care plan is updated to reflect details of resultant changes in care provided to residents. Staff were very aware to observe for any signs of pain and action appropriately.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
The care records examined contained evidence of needs care assessment had been undertaken which informed care plans and risk assessments and there was evidence that the information is reviewed every three months or more frequently as required. There was evidence of liaison with a wide range of primary health and social care services and all contacts were clearly recorded in the medical section of each resident's records. Staff spoken to were able to describe the referral systems should a resident require the services of health care professionals.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
Review of the care records and discussion with the registered manager and staff members confirmed that residents' representatives would accompany residents to the majority of appointments. Where staff accompany residents it was confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records. One care plan detailed arrangements in place for staff to accompany a resident to appointments and record evidenced that senior care staff provide feedback to family and this is detailed in progress records. Discussions with a visitor confirmed good communication with the home.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.5 There are systems 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.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: An examination of care records and discussions with staff confirmed there are arrangements in place to monitor the frequency of residents' health screening and appointments.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Staff spoken to confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained with assistance from staff. Care plans demonstrated support needed from staff and staff confirmed that they promote independence where possible.</p>	<p align="center">Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p align="center">COMPLIANCE LEVEL</p>
	<p align="center">Compliant</p>

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with nine residents individually and greeted others in small groups as they finished off breakfast. Later in the morning, residents were observed chatting with staff, watching television and relaxing in their bedrooms. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments included;

- "The staff are brilliant, very, very pleasant."
- "The dentist was here about an hour ago."
- "It's very good (living in the home). They let you get on with things. If you ask for anything, they get it."
- "The food is very good. I like curries and chips. There is not a lot I don't like."
- "It's very comfortable."

10.2 Relatives/representative consultation

One visitor who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included;

- "You always get a cup of tea."

10.3 Staff consultation

The inspector spoke with four staff members of different grades and roles in addition to the registered manager. Discussion with staff identified that they felt well supported in their respective roles, had been provided with training and are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of individual residents and appeared to have a high level of commitment to caring for the resident group.

Comments received included:

- "The home is run very well. The residents are well looked after and you get compliments from families."
- "I played bowls this morning (with the residents) and we were doing some reminiscence of childhood just now. At the 11 O'clock and 3 O'clock teas we bring in magazines and chat and put music on. They will sing to old time music."
- "It's team work in here."

10.4 Visiting professionals' consultation

One professional was spoken to during this inspection. Although this was their second time in the home positive comments were made in regard to staff attitude and knowledge of residents. No concerns were raised.

10.5 Environment

The home was observed to be in the process of re-decoration throughout the home. Staff confirmed it is being organised to minimise disruption to residents. Some areas had been repainted, new flooring laid and chairs had been recovered. All pictures had been removed to facilitate this process. The registered manager also confirmed that new curtains will be hung in communal rooms.

10.6 Activities

Discussions with residents and staff and a review of one care plan identified that the programme of activities provides positive outcomes for residents and is based on the identified needs and interests of residents. It was identified that activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events on occasion. It was confirmed that the home fund-raises and that the only additional cost to residents is taxi costs, split equally between residents and residents representatives agree to pay this cost. Staff stated that local school children and youth groups come periodically to sing to the residents in the home. Staff stated that some outings are also attended by family members. Examples cited by staff included a BBQ, a 1950s themed tea party, other themed and seasonal activities. A relevant policy was in place.

10.7 Responding to Behaviours which Challenge

Discussions with staff and review of one care record evidenced that staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication and these were clearly recorded. Senior staff confirmed that staff know residents very well, respond in a consistent manner according to the care plan. It was confirmed that a review would be organised when required to changes in needs or circumstances. Care records evidenced that equipment used and restrictive interventions were detailed in the care plan following involvement from the trust and residents' representatives. Relevant policy and procedures were in place.

10.9 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A review of the complaints, comments and concerns records during the year 2014 evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

It was confirmed that lessons learnt from investigations were acted upon.

10.10 Registered Provider Visits

Discussion with the registered manager identified that all registered provider visits have been carried out and a report completed since the previous inspection. One reviewed was found to be comprehensive.

10.11 Accidents and incidents

Review of three residents care records evidenced that accidents and incidents are being responded to appropriately and are detailed in the appropriate section of the progress notes.

11.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Diane Strong, Registered Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Secondary Unannounced Care Inspection

Millbrook Court

15 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Diane Strong, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	12.4 (Carried forward from previous inspection. Section 8 refers)	The registered person should confirm that the daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime.	One	The daily menus are being updated into both pictorial and written format these will be displayed in each dining room, this will inform residents and their representatives of the foods available at each mealtime	31 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Siobhan Diane Strong
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Fiona McAnespie

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Kylie Connor	25/3/15
Further information requested from provider			