

Inspection Report

17 October 2023



Millbrook Court

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Ms Fiona McAnespie	Registered Manager: Mrs Sharon Stewart – not registered.
Person in charge at the time of inspection: Mrs Sharon Stewart - Manager	Number of registered places: 50
Categories of care: Residential Care (RC) DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 41
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 50 persons. The home is divided in four units, all located on the ground floor, Millbrook Mews, Millbrook Street, Millbrook Avenue and Millbrook Close which provides care for people with dementia. Residents have access to communal lounges, dining rooms and an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 17 October 2023, from 9.45am to 5.00pm by a care Inspector.

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

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Six new areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Millbrook Court was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Millbrook Court.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Sharon Stewart, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "The activities are very good, there is plenty to do here. The staff are excellent." Another resident spoke of how "The care is good here, I feel safe and have no concerns."

A relative spoke of how, "I have no concerns, the care is excellent. The manager is approachable and the food is good."

A visiting professional spoke of how, "The care is excellent, and the staff are very attentive."

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the Manager and the training provided.

No additional feedback was received from residents, relative or staff following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that records for the administration of thickening agents are accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that records for the administration of “when required” medicines are accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 30 Stated: First time	The registered person shall investigate the apparent discrepancy in the administration of one medicine. An incident report form detailing the outcome of the investigation and action taken to prevent a recurrence shall be forwarded to RQIA.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Regulation 27(4)(a)	The registered person shall ensure that the fire risk assessment is reviewed, and if necessary revised and actioned.	Met

<p>Stated: First time</p>	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 30 Stated: Second time</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines.</p> <p>Action plans to address any identified shortfalls should be developed and implemented.</p> <p>Records should be available for inspection.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>
<p>Area for improvement 2 Ref: Standard 20.10 Stated: Second time</p>	<p>The registered person shall ensure that management systems are in place that support and promote the delivery of safe, quality care services, and that working practices are systematically audited and that action is taken when necessary.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3 Ref: Standard 23.3 Stated: First time</p>	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>This is stated in relation to behaviours that challenge, vulnerable adults and IPC training.</p> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4 Ref: Standard 25.6</p>	<p>The registered person shall ensure a record is kept of all staff working over a 24-hour period and the capacity in which they worked.</p>	<p>Met</p>

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. One Identified resident was being assisted by staff to change their position regularly, but a repositioning chart was not in place. The care plan did not contain sufficient detail around the

management of pressure area care. This was discussed with the manager and two areas for improvement were identified.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

Three of the dining rooms in the home did not have the menu on display for residents or their representatives. An area for improvement was identified.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. Over the different dining areas in the home, it was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Review of one care plan highlighted it lacked specific detail about management of diabetes. Care plans reviewed did not make reference to the impact of a keypad door, in relation to Deprivation of Liberty Safeguards (DoLS). An area for improvement was identified.

Care records were, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

An unregistered guest room was being used as a bedroom in the home for a resident. On the day of inspection this situation was rectified. An area for improvement was identified. Following the inspection, assurances were provided that the rooms would remain for registered use.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

There were no regular resident meetings being held in the home. This was discussed with the manager and an area for improvement was identified.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents' needs were met through a range of individual and group activities, such as gardening, reminiscence and arts and crafts.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Sharon Stewart has been the acting manager in this home since 11 December 2022.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. A senior manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents and their relatives spoken with said that they knew how to report any concerns and said they were confident that the Manager would address these.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was a system in place to manage complaints.

Residents and a relative said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	4*	6*

* the total number of areas for improvement includes four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sharon Stewart, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of the inspection (8 October 2020)	The registered person shall ensure that records for the administration of thickening agents are accurately maintained. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: From the date of the inspection	The registered person shall ensure that records for the administration of “when required” medicines are accurately maintained. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 30 Stated: First time To be completed by: 6 January 2021	The registered person shall investigate the apparent discrepancy in the administration of one medicine. An incident report form detailing the outcome of the investigation and action taken to prevent a recurrence shall be forwarded to RQIA. Ref 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Regulation 27(1) Stated: First time To be completed by: From the date of Inspection	The registered person shall, subject to regulation 3(3), not use premises for the purposes of a residential care home unless the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose. This is stated in relation to the guest room being used as a resident’s bedroom. Ref: 5.2.3

	<p>Response by registered person detailing the actions taken:</p> <p>Guest room will no longer be used for resident accommodation, purpose restored as accommodation for relatives if needed during end of life care or visits.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 30</p> <p>Stated: Second time</p> <p>To be completed by: From the date of the inspection (6 December 2021)</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Action plans to address any identified shortfalls should be developed and implemented.</p> <p>Records should be available for inspection.</p> <p>Ref: 5.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: From the date of Inspection</p>	<p>The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to pressure area care.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Care planning currently being reviewed by Seniors and Manager as priority, pressure area care plans already updated. All senior staff to attend 2 day training course on reporting and recording , Jan- March 2024 to update skills</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of Inspection</p>	<p>The registered person shall ensure records are maintained for each resident detailing personal care and support provided. This is stated in relation to repositioning charts.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Repositioning charts in place following directive from District Nursing.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format, and in an appropriate location.</p> <p>Ref: 5.2.2</p>

<p>To be completed by: From the date of Inspection</p>	<p>Response by registered person detailing the actions taken: Actioned, menus distributed around the dining areas and staff complete menu board daily,</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: From the date of Inspection.</p>	<p>The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to the management of diabetes, and the impact of a locked keypad on DOL safeguards.</p> <p>Ref 5.2.2</p> <p>Response by registered person detailing the actions taken: All care plans currently being updated to reflect these measures.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 1.2</p> <p>Stated: First time</p> <p>To be completed by: From the date of Inspection.</p>	<p>The registered person shall ensure that regular residents meetings are taking place in the home.</p> <p>Ref 5.2.4</p> <p>Response by registered person detailing the actions taken: Residents' meeting to be held in January 2024, with Manager and Activities Co-Ordinator to encourage feedback on areas such as activities, menu and environment..</p>

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