

Unannounced Follow Up Care Inspection Report 18 February 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.rgia.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 provider 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 support 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: Erlinda Brasileno, Senior Care Assistant until 07.45 and Linda Nicholls, Senior Care Assistant thereafter	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 inspection took place on 18 February 2018 from 06.50 to 14.30.

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 was undertaken following comments made in staff questionnaires returned electronically following the medicines management inspection undertaken on 23 January 2018.

Following receipt of this information, the content was shared with the adult safeguarding team and a senior manager from the south eastern health and social care trust. They confirmed that the issues raised were already known to them and were under an investigation that was known to RQIA.

It is not the remit of RQIA to investigate complaints, whistleblowing or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- Care Practice
- Meals and mealtimes
- The Environment
- Management and Communication
- Staff questionnaires returned during the inspection
- Comments made by staff, residents and residents' representatives during the inspection

Residents and their representatives said that the standard of care in the home was good, that communication was effective and that staff were compassionate. Residents reported that they enjoyed the food and that staff were friendly and approachable.

A district nurse spoken to during the inspection said, “The standard of care is very good and the staff are lovely.” The district nurse reported that staff know residents really well, that communication between staff and the district nursing team is good and that she had observed compassionate interactions between staff and residents.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Linda Nicholls, Senior Care Assistant, and by telephone to Hilary Irwin, Care Services Manager as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

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 4 July 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: electronic questionnaires returned by staff following the medicines management inspection undertaken on 23 January 2018, written and verbal communication received in respect of the home since the previous care inspection.

During the inspection the inspector met with ten residents, a range of day and night staff including four senior care staff, five care staff, four auxiliary staff, one visiting professional and four residents’ visitors/representatives.

The following records were examined during the inspection:

- Protocol for the reporting of staff concerns
- Current menus and new menus(draft)

The inspector focussed on observing:

- The staff handover at 08.00
- Staff care practice
- Residents' appearance
- The environment
- The breakfast and lunchtime meals

Paper questionnaires were given to all care staff who were on duty from 06.50 to 14.30 and three questionnaires were left for staff who were on duty that evening and night and who had not already received a questionnaire. A total of sixteen completed staff questionnaires were returned to the inspector.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection and by telephone to Hilary Irwin, Care Services Manager.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 January 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was not due to be returned until 15 March 2018. This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 4 July 2017

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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area was not reviewed as part of this inspection and is carried forward to the next care inspection.	

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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area was not reviewed as part of this inspection and is carried forward to the next care inspection.	
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.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: This area was not reviewed as part of this inspection and is carried forward to the next care inspection	

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 4 July 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

Staffing

A range of issues were raised in electronic questionnaires completed by staff following the medicines management inspection including: staff uniform, process for staff reporting sick and taking annual leave, staff morale, staffing levels and the impact of this on supervision of residents, medication practice and meeting residents' needs.

On the day of inspection discussion with the person in charge confirmed that the home was 'fully staffed' with a number of positions filled by agency staff who had been paired up with a permanent member of staff. Staff reported that whenever possible agency staff who are familiar working in the home are requested to support consistency of care.

Staff were observed to be present in the areas they were deployed, providing care and supervision of residents. Discussions with care staff confirmed that residents were not left unsupervised. Staff were observed to be working efficiently and effectively together. Staff acknowledged that when shifts are not covered, the shift is more challenging. Staff reported that staff work together as a team and staff were aware that recruitment is on-going in the home.

Residents, residents' representatives, staff and a visiting professional spoke positively in regard to the standard of care delivered in the home.

Staff reported that two senior care assistants dispense medication simultaneously but separate areas of the home. Care staff spoken to reported that if they are present when senior care assistants are dispensing medication, they also observe residents taking their medication; senior care assistants are also present in the area until residents swallow their medication. It was acknowledged that a number of residents are known to hold medication in their mouth and senior care staff reported that they plan their medication round in such a way as to ensure that they have sufficient time available to observe medication being taken appropriately; it was acknowledged that very occasionally a resident will spit out a tablet and that this is responded to appropriately.

Staff spoken to raised no issues in regard to their uniform except to say that some staff were waiting on new name badges.

Senior care assistants reported that if a staff member rings in sick the senior care assistants have permission to immediately contact other staff and three agencies to get the shift covered. They reported that this was an effective system and that staff are expected to report their sickness in a timely manner, to allow sufficient time for replacement cover to be obtained. Senior staff stated that when staff fail to adhere to the policy, they are reminded to do so in a professional manner. Two staff spoken to reported that they were communicated with in a professional manner when they had rung in sick.

Staff spoken to reported that an annual leave procedure is in place.

Following discussions with staff, observations during the inspection and a review of returned staff questionnaires confirmed that efforts are made to meet staffing levels and that where there are shifts that have not been able to be covered, staff are deployed to areas according to need; that this is kept under review during the shift and that senior care staff assist care assistants on the floor.

Discussions with staff and analysis of sixteen staff questionnaires confirmed that no concerns were raised in regard to staff morale generally; some staff spoke of their anxieties in regard to the current investigation being undertaken by the trust. This was shared during feedback.

Staff commented:

- “When we are short (staffed), we work as a team, we (SCA) help on the floor and we look at how will we manage...we make every effort to cover (the shift).”
- “Medicines have never been rushed here...on occasion a tablet is spat out but we do one resident last because of that.”
- “All the residents’ needs are being met.”

Care Practice

A range of issues were raised in electronic questionnaires completed by staff following the medicines management inspection including: the management of residents’ continence, resident dignity regarding the wearing of dressing gowns and slippers, management of residents with high care needs and access to equipment to meet these needs.

Discussions with staff confirmed that the district nurse advises if a resident needs turned (in bed); a chart is put in place.

Discussions with care staff who work during the night confirmed that a person-centred approach to meeting residents' needs is practiced. Night staff reported that the last personal care check was taking place at the time the inspection began. Night staff stated that when residents wake up they are informed of the time, assisted to the toilet, their personal care is attended to and they are encouraged back to bed. Discussions confirmed that if a resident wants to stay up they are offered a hot or a cold drink.

Night staff were observed greeting residents in a compassionate manner and promptly responding in the manner previously described as residents began to get up and come out of their bedrooms between 07.00 and 07.50. Night staff were observed getting a resident her dressing gown and slippers when she indicated that she did not want to go back to bed but wanted instead to sit in the foyer. Shortly thereafter a member of the night staff encouraged this resident to sit in the dining room with a cup of tea.

Discussion with care staff and one resident's three representatives confirmed that the needs of residents with a high level of dependency were met. Care staff reported that continence issues were managed appropriately. Three members of one resident's family expressed great appreciation of the high standard of care delivered by staff in the home. The family also praised the additional support that had been arranged and provided from community staff to enable their relative to remain in the home, rather than being admitted to hospital or transferred to a nursing home at a difficult time when their relatives health had deteriorated.

Residents were observed appropriately dressed in their nightwear during the early part of the inspection. As the morning progressed residents gradually got dressed. Some residents had chosen to eat their breakfast first and had a dressing gown and slippers on. Residents were observed to be well-groomed and suitably dressed with some residents wearing make-up and/or jewellery. One resident spoke about how much she had enjoyed a shopping trip out with staff and was delighted with the items of clothing she had purchased.

Senior care staff confirmed that a number of slings for the hoist had been ordered and that delivery was expected within one week.

Meals and mealtimes

A range of issues were raised in electronic questionnaires completed by staff following the medicines management inspection in regard to the variety of meals and variations available.

The breakfast and lunch mealtime meals were observed. Tables were set suitably and residents appeared relaxed and content during mealtimes. Residents said that they enjoyed the food. Portion sizes were observed to be individualised and the meals were presented attractively.

During the mealtimes, staff were observed to be attentive towards residents, gently prompting and providing assistance at a relaxed pace. An alternative lunch had been made for one resident and staff reported that the resident had thoroughly enjoyed it. Residents said that they enjoyed the meals and no issues were raised in regard to choice, variety, portion size or presentation.

Care staff reported that they can request an alternative meal for residents from the alternative menu before 11.00 each morning. Care staff were knowledgeable regarding residents' likes and dislikes and preferences in regard to meals and mealtimes. Staff gave an example of a resident who had had a late breakfast that morning and as a result, their lunch-time had been scheduled to later.

Discussions with the chef and inspection of the menus confirmed that the menu offered variety and choice for residents. The chef gave examples in regard to how choice is enhanced for example, all sauces, stuffing and gravy is provided separately and can be added to the residents' plates at the table.

The Environment

An issue was raised in electronic questionnaires completed by staff following the medicines management inspection in regard to a fire door being propped open.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

Discussion with a senior care assistant confirmed that a hold open device had been requested for an identified fire door. No fire doors were observed to be propped open during the inspection.

Management and Communication

A range of issues were raised in electronic questionnaires completed by staff following the medicines management inspection in regard to complaints, staff confidentiality, a Christmas gift donated to staff, keeping care staff appraised of changes during a shift and arrangements for staff to leave a shift early.

Discussion with all senior care assistants, care staff and observation of the handover at 08.00 confirmed that staff handovers were thorough and that staff were afforded the opportunity to ask questions and clarify information provided. There was evidence of compassionate care displayed throughout; staff commented positively on receipt of news of an improvement in the health and well-being of a number of residents, including a number of residents who were in hospital. There was evidence of identified changes in the needs of residents being acted on promptly including liaison with the general practitioner (GP) and referrals to members of the multi-disciplinary team. Staff spoken to reported that this was a typical handover meeting. No issues were observed or raised during inspection or within staff questionnaires completed following this inspection that pertained to the confidentiality of staff.

Senior care staff spoken to reported that any complaint or concern that is reported to them by staff, is referred to the registered manager. Senior staff acknowledged that depending on the nature of the issue and confidentiality, it is not always possible to report the outcome or actions taken to the staff member who raised the issue.

Discussions with senior staff confirmed that it is rare that a staff member leaves a shift early. If this does happen, the time is taken as time owing and only if there is enough staff on shift and the registered manager has given permission.

Senior staff confirmed that a monetary gift was made for staff at Christmas. Following the inspection, the registered manager advised that there were plans to purchase a television for the staff room.

Discussions with staff confirmed that there are a number of systems in place to keep care staff updated, including changes during a shift including conversations, handovers and access to daily notes. Staff spoken to identified that every staff member had a personal responsibility to support effective communication during shifts; staff reported that they could ask senior staff questions or updates during a shift.

Discussions with the registered manager and care services manager prior to and following the inspection confirmed that there are plans in place to promote and enhance team-building and to provide additional training to staff in respect to their roles and responsibilities.

Returned Staff Questionnaires

Sixteen staff completed and returned paper questionnaires to the inspector during and shortly after the inspection. The findings, including a selection of comments are detailed below.

Is Care Safe?

Staff described their level of satisfaction with this aspect of care as either very satisfied or satisfied.

- 'Good staffing ratios to allow you to not have to rush tasks'
- 'Staffing levels can be reduced on a shift'
- 'Safety for residents is the first thing which comes in this place and then needs'
- 'We advocate residents rights, we keep them safe as far as we can without infringing their rights'

Is Care Effective?

Staff described their level of satisfaction with this aspect of care as either very satisfied or satisfied.

- 'Good transfer of information'
- '(Residents) get the right care at the right time. They get all treatment and care that they need'
- 'Seniors liaise with carers when needed to update care plans'
- 'Care given to residents is excellent. All their care needs are met and attended to at the right times'
- 'We are able to chat to seniors and manager about residents and the environment'
- 'Care is done right by care assistants, reviews done regularly'

Is Care Compassionate?

Staff described their level of satisfaction with this aspect of care as either very satisfied or satisfied.

- '(Residents are) treated with dignity and respect'
- 'Residents' concerns are put into consideration and are seen to be dealt with'
- 'Dignity and respect is of a high standard'

Is the Service Well-Led?

Staff described their level of satisfaction with this aspect of care as either very satisfied or satisfied.

- 'We have a good team, my colleagues are professional'
- 'The manager and seniors are approachable and you feel you are listened to'
- 'The home is well-structured and organised. Any complaints or issues that I have are always dealt with in a timely manner'
- 'The manager and seniors are friendly and approachable. This is helpful for the residents well-being'
- 'We all work as a team and have a very good working relationship. I have no concerns in any area'
- 'Every member of staff is treated with respect and communication is good between us all, concerns are addressed to and seen to in good time. We have a good relationship with each other'

Comments made by staff during the inspection

Comments made included:

- "We have a very good team and coming to work is a joy."
- "They (residents) are not at risk. We work together, SCA help."
- "When I rang in sick, staff were understanding and polite."
- "If you put in your annual leave a month before, you are entitled to it."
- "If there are falls, seniors are very good to lock the trolley and help us."
- "We pull together. Most places (homes) are short-staffed everywhere. She (registered manager) walks the floor, on and off you'll see her. She has social workers and GP's coming in. She does the handover with the seniors, she's very knowledgeable about the residents. The variations are great, there are three to four types of soup available and they will do another meat alternative if we say to (the chef) in time."
- "It's (standard of care) great. They look after the residents with a good approach, caring so much."
- "They (senior care assistants) sort it (problems/issues) out for me."
- "I think they (staff) are fantastic, it's a family, it's homely. Everybody has a cheery form. The manager is brilliant. She is firm but she is fair. She's very reasonable."
- "We do go down ourselves (to care assistants) and we tell the staff of the changes (following a GP visit). They have access on screen to read the daily notes."
- "We don't get residents out of bed because we might be short-staffed. It's person-centred care but unfortunately some staff attitudes don't agree."

Comments made by residents during the inspection

Comments made included:

- “It’s fine, I’ve been in here for years. There’s never been any hassle. The people in it are very nice people.”
- “If I wake up, sometimes I can fall over to sleep again.”
- “Everybody is very kind.”
- “It’s alright, I get the day in.”
- “They would (order an alternative meal), I’m not a food person.”
- “You can tell them (staff) about it (anything that is on their mind).”
- “They (staff) are very witty too. The food is smashing.”

Comments made by residents’ representatives during the inspection

Comments included:

- “The staff here have been brilliant.”
- “The support too that they have given us, they couldn’t have done more. They treated us with respect.”
- It’s (standard of care) amazing, outstanding.”
- “They will phone us if they are concerned and they tell us what she’s eaten. She couldn’t swallow for a while, then the district nurse started with bits of water. We can see her getting better.”
- “This home is one of the best homes we’ve seen. They (the staff) care about what they are doing. We would recommend this place to anyone.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, promoting residents’ choice, dignity, rights and independence, communication between staff and residents and other key stakeholders and quality improvement.

Areas for improvement

No areas for improvement were identified during the inspection. The QIP from the last care inspection was carried forward.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report. However due to the nature of this inspection, the previous QIP has been carried forward until the next care inspection.

Carried forward standards from previous inspection

<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall ensure that all staff completed mandatory training pertaining to fire safety, food hygiene and first aid awareness.</p> <p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Mandatory training is provided for staff in each of these areas and staff have been allocated sessions to attend within the given time frame.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p> <p>To be completed by: 1 September 2017</p>	<p>The registered person shall ensure that all care records contain a photograph of the resident.</p> <p>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.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Actioned</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 20 September 2017</p>	<p>The registered person shall ensure that a care plan is developed for the management of pain where residents are unable to communicate same.</p> <p>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.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Actioned</p>



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