

Inspection Report

19 January 2023



Millbrook Court

Type of Service: Residential Care Home
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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: 30
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 19 January 2022 from 9.35am to 17.15pm 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.

The home was clean and there was a homely atmosphere. Staff members were attentive to the residents needs and carried out their work in a compassionate manner.

Three new areas requiring improvement were identified. One area for improvement was stated for a second time. 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 Milbrook 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 Milbrook 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

Eleven residents, five staff and three relatives were spoken with during the inspection.

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "I am very happy here, the girls are great and I have no complaints". Another resident spoke of how "The care is excellent and we get plenty to eat. I have no complaints; the staff are excellent."

One relative told us of how, "The care is fantastic. It is like an extended family here. This place is amazing." Another relative spoke of how, "The staff are brilliant. The care in the home is very good. It is kept clean and tidy."

Staff told us they were happy working in the home. Staff felt supported by the manager and the training provided.

Following the inspection, no comments were received from staff via the online survey. No relatives or residents responded via the questionnaires provided.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 6 December 2021		
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 standard 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 standard 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 standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 30 Stated: Second time	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. Records should be available for inspection.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Standard 20.10 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. This is discussed further in section 5.2.5	
Area for improvement 3 Ref: Standard 27 Stated: First time	The registered person shall ensure that the identified area is repaired, well maintained and decorated to an acceptable standard for the residents.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

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.

Review of training records identified that not all senior staff attended training for behaviours that challenge, Infection Prevention and Control (IPC) and vulnerable adults. An area for improvement was identified.

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.

A system was in place to monitor that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the numbers of staff working in the home on a daily basis. The rota did not however state the full names, grades of staff, or the person in charge of the home. An area for improvement was identified.

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. In addition, resident care records were maintained which accurately reflected 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.

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.

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. 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 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.

Care records were well maintained, 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 were detailed and 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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

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.

The Fire Risk assessment (FRA) for the home had not been completed since February 2021. This was discussed with the Manager and an area for improvement was identified.

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.

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 arts and crafts, sing -a-longs, quizzes and games.

The activity planner was on display in one area of the home. It was discussed with the manager the need to have other copies of this available throughout the home for the residents. The Manager agreed to implement this.

5.2.5 Management and Governance Arrangements

There has been a 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 limited auditing was being completed to assure of the care and services in the home. A wider range of audits could be carried out to include infection prevention and control (IPC), care planning and training audits. An area for improvement was stated for a second time.

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.

Resident's spoken with said that they knew how to report any concerns and said they were confident that the Manager would address these. Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

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.

Residents 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 (August 2011) (Version 1:1)**

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

*the total number of areas for improvement includes one that has been stated for a second time, and 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>From the date of the inspection (8 October 2020)</p>	<p>The registered person shall ensure that records for the administration of thickening agents are accurately maintained.</p> <p>Ref: 5.1</p> <hr/> <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>Area for improvement 2</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>From the date of the inspection</p>	<p>The registered person shall ensure that records for the administration of “when required” medicines are accurately maintained.</p> <p>Ref :5.1</p> <hr/> <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>Area for improvement 3</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>6 January 2021</p>	<p>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.</p> <p>Ref:5.1</p> <hr/> <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>Area for improvement 4</p> <p>Ref: Regulation 27(4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 15 April 2023</p>	<p>The registered person shall ensure that the fire risk assessment is reviewed, and if necessary revised and actioned.</p> <p>Ref 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Annual Fire Risk Assessment had been delayed given the extensive programme of refurbishment works being completed at Millbrook Court. Given the recent completion of these works which included an upgrade of fire protection systems, the Fire Risk Assessment is scheduled for completion by the Contractor this month.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</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 20.10</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required (22 June 2021)</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>Ref: 5.1, 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Management Audit template is now being used by the Manager, to collate a narrative to reflect the many audits completed each month.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2023</p>	<p>The registered person shall ensure that mandatory training requirements are met. This is stated in relation to behaviours that challenge, vulnerable adults and IPC training.</p> <p>Ref:5.2.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: From the date of the inspection</p>	<p>Response by registered person detailing the actions taken: All Senior and Care staff attend mandatory training annually which includes these 3 areas. The training matrix will be reviewed to ensure this reflects all elements of the annual training programme. Additional Adult Safeguarding and Behaviours which Challenge training have been delivered to all staff as a result of reflective learning following a particular resident incident.</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>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The staff rota has been changed to ensure full details are recorded as per standard 25.6. The Manager signs this each week and copies are retained at the home as a legal record and for governance assurance.</p>

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



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