Millbrook Court
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Unannounced Care Inspection
of
Millbrook Court

25 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of inspection

An unannounced care inspection took place on 25 February 2016 from 10.50 to 16.10. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standards we inspected were assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The DHSSPS Residential Care Homes Minimum Standards (2011).

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1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

The details of the QIP within this report were discussed with the registered manager, Diane Strong, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Fold Housing Association/Mrs Fiona McAnespie	**Registered Manager:** Siobhan Diane Strong
Person in charge of the home at the time of inspection: Siobhan Diane Strong	**Date manager registered:** 1 April 2005
Categories of care: RC-DE	**Number of registered places:** 50
Number of residents accommodated on day of inspection: 50	**Weekly tariff at time of inspection:** £485

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards had been met:

Standard 5: Each resident has an up-to-date assessment of their needs.

Standard 6: Each resident has an individual and up-to-date comprehensive care plan.

4. Methods/processes

Prior to inspection we analysed the following records; the returned QIP from the previous inspection and notifications of accidents and incidents.

During the inspection we met with 36 residents, two senior care assistants, eight care assistants, the chef and six residents' visitors/representatives.

We examined the care records of three individual residents, the register of residents, the accident and incident register, the complaints and compliments register and fire safety records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced estates inspection dated 12 January 2016. The completed QIP was due to be returned to RQIA by 26 February 2016.

5.2 Review of requirements and recommendations from the last care inspection dated 10 November 2015

Previous inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 27 (4) (f)	The registered manager must ensure that sufficient fire drills are carried out in compliance with the fire plan so that all staff are capable and competent in responding to an emergency. The records must detail the response made by staff, an evaluation of the outcome of the drill in line with procedure with an action plan as required.	**Met**
	Action taken as confirmed during the inspection: An estates inspection was undertaken on 12 January 2016. Liaison with the estates inspector confirmed that all records pertaining to fire safety were found to be satisfactory.	

Requirement 2 **Ref**: Regulation 18 (2) (c)	The registered manager must ensure that the home has an adequate supply of bed-linen, towels and shades for ceiling lights for use by all residents in the home. Where residents choose to supply their own, this should continue to be facilitated.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the premises confirmed that there was an adequate supply of bed-linen, towels and shades for ceiling lights throughout the home.	
Previous inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 23.4	The registered manager should ensure that staff complete training relating to dying and death. Associated information and resources should be made available for staff in the home.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and examination of information provided after the inspection confirmed that staff completed training relating to dying and death. Associated information and resources was made available for staff in the home.	
Recommendation 2 **Ref**: Standard 5.4	The registered person should ensure that the needs assessment is signed by the resident or their representative where appropriate and the member of staff responsible for carrying it out. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	**Partially met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of residents' care records identified that there was a plan in place for needs assessments to be signed at the residents' annual care reviews. This process was ongoing and was likely to be completed by August 2016. This recommendation was therefore stated for the second time.	

Recommendation 3 **Ref**: Standard 6.3	The registered person should ensure that the resident or their representative where appropriate sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	**Partially met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of residents' care records identified that there was a plan in place for care plans to be signed at the residents' annual care reviews. This process was ongoing and was likely to be completed by August 2016. This recommendation was therefore stated for the second time.	
Recommendation 4 **Ref**: Standard 27.10	The registered person should risk assess the practice of carrying out a function check for the nurse call system and put in place an adequate system.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the premises confirmed that there was an adequate system in place for carrying out function checks on the nurse call system.	
Recommendation 5 **Ref**: Standard 17.10	The registered person should complete the complaint record dated 16 July 2014 and ensure that all complaint records include details of all communications with complainants, the result of any investigations and the action taken.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the complaint record dated 16 July 2014 confirmed that this was completed; in addition, inspection of the complaint register confirmed that this included details of all communications with complainants, the result of any investigations and the action taken.	

5.3 Standard 5: Each resident has an up-to-date assessment of their needs.

Is care safe? (Quality of life)

We inspected the care records of three residents and found that residents were involved in the process of assessment of their individual needs. The home had completed an initial assessment of need at the time of referral and this was revised shortly after admission. The needs assessments contained comprehensive details of each resident's physical, social, emotional, psychological and spiritual needs. Information was present about the resident's life history and current situation. Where risks had been identified, these were noted along with clear direction as to how care should be safely delivered. The care records noted the names and contact details of other professionals or agencies providing a service to the resident.

Is care effective? (Quality of management)

The care needs assessment was kept under continual review, amended as changes occurred and were kept up to date to accurately reflect at all times the needs of the resident. This supported effective care.

Is care compassionate? (Quality of care)

The assessment of need was not always signed by the resident or their representative, where appropriate, and the member of staff responsible for completing the assessment. Where the resident or their representative was unable to sign or chose not to do so, this was not recorded. We were advised by the registered manager that there was a plan in place for care needs assessments to be signed at the residents' annual care reviews. This process was ongoing and was likely to be completed by August 2016. This recommendation was therefore stated for the second time.

We found that the written care needs assessments took into account the privacy and dignity of the residents. They also clearly reflected the values which underpin compassionate care.

Areas for improvement

We found one area for improvement in the standard we inspected. We restated a recommendation that care needs assessments should be appropriately signed.

Number of requirements:	0	**Number of recommendations**:	1

Standard 6: Each resident has an individual and up-to-date comprehensive care plan.

Is care safe? (Quality of life)

In our inspection of three care plans we found that the daily care, support, opportunities and services provided by the home and others were comprehensively detailed. Where residents' specific needs and preferences were identified, the care plan indicated how these were met.

Care plans described how identified risks were managed, minimised, reported, monitored and reviewed. The care plans reflected information about each resident's lifestyle and this was used to inform care practice. The residents' daily routines and weekly programmes were set out. Where restrictions arising from risk assessments were in place, or any behaviours likely

to pose a risk for the resident or others, these were recorded. We found evidence that restrictions were regularly reviewed and removed when no longer required.

Is care effective? (Quality of management)

We found that the care plans were not consistently signed by the resident or their representative, by the staff member responsible for drawing it up and the registered manager. If the resident or their representative was unable to sign, or chose not to sign, this was not recorded. We were advised by the registered manager that there was a plan in place for care plans to be signed at the residents' annual care reviews. This process was ongoing and was likely to be completed by August 2016. This recommendation was therefore stated for the second time.

We found that care plans were reviewed monthly and were amended to reflect the current needs of the residents. The care plans were supported by separate dependency assessments, manual handling risk assessments, falls risk assessments and continence risk assessments. The care plans were reviewed monthly and any changes in the care required were noted.

Is care compassionate? (Quality of care)

In our discussions with the registered manager and care staff we found that residents had been encouraged to actively contribute to the care planning process. We found that the care plans were written in a manner which reflected a respectful approach to care delivery. This supports the delivery of compassionate care. We noted, however, that the home's policy on access to records was not current. We made a recommendation in this regard.

Areas for improvement

We found two areas for improvement in the standard we inspected. We stated for a second time a recommendation that care plans should be appropriately signed. We also recommended that the home's policy on access to records should be reviewed.

Number of requirements:	0	**Number of recommendations**:	2

5.4 Additional areas examined

Residents' views

We met with seven residents individually and with 29 others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "The girls (staff) are lovely and they would do anything for you. I couldn't complain about a single thing."
- "It's good here."
- "They are good to me here. I like it."

Residents' visitors/representatives' views

We spoke with five relatives who were visiting at the time. Two were sitting with a resident who was receiving end of life care. All relatives spoke very positively about the care provided, the friendliness and skill of the staff and the fact they, as family members, were always welcomed into the home. One relative stated that the home not only cared for his loved one but also for himself. Relatives spoke about the friendly atmosphere and one relative described how his parent "really liked" to come back to the home after a trip out with him.

Some comments included:

- "We will never be able to thank this home for all they have done for (our relative)."
- "I know (my spouse) is really well cared for and that makes a bad situation a bit more bearable for me."
- "The staff are so good, you can see the residents love them."
- "We as a family are very pleased with the care given to (our relative). The staff are great, they take great care of (our relative) and if we had any issues or worries, we could approach any of the staff – but, so far, we haven't needed to do that."

Staff views

We spoke with all staff on duty informally. All spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

We spoke with a senior care assistant, four care assistants and a chef individually and in private. Staff informed us that residents in the home were well cared for and that they (staff) worked well together as a team to provide a good quality of life for each resident. Staff demonstrated their knowledge of the residents as individuals and throughout the day there was evidence that the staff team had the skills to deliver care in a caring and compassionate manner.

Each of the staff who met with the inspectors, or who were observed during the inspection, presented as being calm and confident in there practice. Staff confirmed that there was an ongoing programme of training to refresh and develop their skills and knowledge base. A member of catering staff who spoke with the inspectors demonstrated a comprehensive knowledge of the likes and dislikes of each resident as well as individual risk assessments in place in regard to eating and nutritional needs. A newly appointed staff member confirmed that she had received a robust induction and had been "shadowed" by senior staff for the first few weeks of her employment in the home. All staff were knowledgeable of what constituted adult safeguarding and were confident in what steps they would take should any such situation be witnessed or suspected.

Some comments included:

- "I have worked in other homes as agency staff but chose to come here permanently, just because the care is so good."
- "The manager is approachable and fair."
- "The team work really well together."

Environment

We found the home to be clean and tidy. Décor and furnishings were of a good standard

Staffing

At the time of inspection the following staff members were on duty:

- 1 x manager
- 2 x senior care assistants
- 8 x care assistants
- 1 x chef
- 2 x catering assistants
- 1 x laundry assistant
- 4 x domestic staff

One administrator was scheduled to be on duty but was ill. One senior care assistant and eight care assistants were scheduled to be on duty later in the day. One senior care assistant and three care assistants were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

We were informed that a recent recruitment initiative had been successful and that the previous dependence on the use of agency staff to cover shifts had greatly diminished. A review of the duty rota for the week of the inspection showed that agency staff members were used to cover seven shifts over the week. The rota for the following week confirmed that agency staff were not scheduled as all shifts were covered by the home's own staff.

Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

Complaints/compliments

Our inspection of the complaints register confirmed that complaints are recorded and managed appropriately. The home had received several written compliments. Staff advised us that they receive many verbal compliments.

Areas for improvement

No areas for improvement were identified within the additional areas examined.

Number of requirements:	0	**Number of recommendations**:	0

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Diane Strong, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations	
Recommendation 1 **Ref**: Standard 5.4 **Stated:** Second time **To be completed by:** 31 August 2016	The registered person should ensure that the needs assessment is signed by the resident or their representative where appropriate and the member of staff responsible for carrying it out. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.
	Response by Registered Person(s) detailing the actions taken: This has been actioned , going forward assessments will be signed by the resident or their repersentative, or if they choose not to sign this will be recorded on the documentation.
Recommendation 2 **Ref**: Standard 6.3 **Stated:** Second time **To be completed by:** 31 August 2016	The registered person should ensure that the resident or their representative where appropriate sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.
	Response by Registered Person(s) detailing the actions taken: This has been actioned, going forward all care plans will be signed by the resident or their representative, or if they choose chooses not to sign this will be recorded on the documentation.
Recommendation 3 **Ref**: Standard 21.1 **Stated:** First time **To be completed by:** 31 August 2016	The registered person should ensure that the policy relating to access to records is reviewed.
	Response by Registered Person(s) detailing the actions taken: The policy will be reviewed in line with legislation and current best practice.

Registered Manager completing QIP	Diane Strong	**Date completed**	25/04/16
Registered Person approving QIP	Hilary Irwin	**Date approved**	25/04/16
RQIA Inspector assessing response	Alice McTavish	**Date approved**	26/04/16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address