

Unannounced Care Inspection Report 28 February 2017



Millbrook Court

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Millbrook Court took place on 28 February 2017 from 11:10 to 15:35.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, adult safeguarding, infection prevention and control and the home's environment.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

One requirement was made in regard to the availability of records.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

Two requirements were made. One requirement was made in regard to the management of notifications. One requirement was made in regard to providing RQIA with a copy of the home's annual quality review report for 2016.

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

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Vigi Varghese, senior care assistant at the conclusion of the inspection and with Mrs Strong, registered manager following the inspection as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Fold Housing Association/ Fiona McAnespie	Registered manager: Siobhan Diane Strong
Person in charge of the home at the time of inspection: Vigi Varghese, senior care assistant	Date manager registered: 1 April 2005
Categories of care: DE – Dementia	Number of registered places: 50

3.0 Methods/processes

The following records were analysed prior to the inspection: the previous care inspection report, notification of accidents and incidents and intelligence information.

During the inspection the inspector met with fifteen residents, three care staff, three ancillary staff, one administrative staff and one resident's visitor/representative.

The following records were examined during the inspection:

- Staff duty rota
- One staff annual appraisal record
- Staff training schedule/records
- Four residents' care files
- Complaints and compliments records
- A sample of accident/incident/notifiable events
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Three questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 6 October 2016

The most recent inspection of the home was an unannounced care inspection. There were no requirements or recommendations made as a result of the last care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 6 October 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The person in charge confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Staff did acknowledge that on occasion they may not have a full complement of staff but on these occasions they can meet residents' needs. One questionnaire from a resident's representative noted that staff, "are stretched, especially at weekends." Staff stated that residents' dependency levels were not high at present and they could call on colleagues for assistance from other areas within the home when required.

The inspector observed the chef bringing lunch to one dining area for a member of care staff who was working alone that morning. The staff member reported that this was not unusual and that the staff in the home work together as a team. The person in charge reported that when required, senior care staff work on the floor.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

The registered manager was not present during the inspection and therefore completed induction records for new staff were not available. These may be reviewed during the next care inspection. Discussion with the person in charge and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff, a review of one staff appraisal and returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was maintained and was reviewed during the inspection.

Discussion with the registered manager following the inspection confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the person in charge confirmed that whilst no adult safeguarding issues had arisen since the last care inspection, all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

Discussion with the person in charge identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The person in charge confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, alert mats and exit alarms. Discussion with the person in charge regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Staff training records confirmed that all staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels available in the communal facilities. Staff confirmed that residents have their own toiletries for use in their en-suite. Discussion with the registered manager following the inspection confirmed that separate supplies would be provided for staff to use following care delivery in the residents' en-suite. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The person in charge reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained. 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 the person in charge confirmed that risk assessments and action plans were in place to reduce risk where possible.

The person in charge confirmed that a fire risk assessment had taken place on 13 February 2017 but the report had not been received into the home. This may be reviewed during the next care inspection.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed 5 January 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

- “They are recruiting at the moment. We have been short staffed but they do try and cover the rota. We can always meet the needs of residents. We try and help each other out.”
- “I report everything.”
- “Some staff and residents are out today at La Mon today. So I’ve responsibility for only six residents today.”
- “Residents have moved on to nursing.”
- “We check the computer and notice board for training. There are more courses coming up.”

Three completed questionnaires were returned to RQIA from staff and residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents’ representatives were as follows:

- “The staff are exceptionally good at their jobs and very approachable. I do feel they are stretched especially at weekends.”
- “All staff are approachable. Staff are reliable. Cleaners are ALWAYS there when I visit.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Discussion with the person in charge established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessments and risk assessments (e.g. manual handling, dependency, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the

individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example the chef reported that in the past, residents would have had pancakes around 11.00 to celebrate pancake Tuesday. However, this had put residents off their main meal at lunch-time and so he had arranged for pancakes to be served as a dessert after tea-time.

A staff member explained that a large map of the world had been hung on a wall near to a resident's room because the resident had been a sailor and it also prompted reminiscence discussions with all residents about travel and holidays taken.

Records were stored safely and securely in line with data protection.

The person in charge confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and monthly monitoring reports were not available during the inspection. A requirement was made to ensure these records are available during an inspection. The person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were not available during the inspection. Following the inspection, the registered manager stated that these records and a number of other records would be relocated to the senior care staff office where access to the records would be improved.

A review of care records, along with a sample of accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The person in charge confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff spoken with during the inspection made the following comments:

- "The door signs were made as an arts and craft project."
- "We (residents and staff member) were reminiscing earlier about our first kiss!"
- "I do skittles when on shift."
- "We know the relatives and keep them informed."

A resident's representative spoken with during the inspection made the following comment:

- "They do try and find strategies to deal with issues."

Three completed questionnaires were returned to RQIA from resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Two residents’ representatives commented:

- “I can’t believe how quickly health issues are dealt with! It’s very re-assuring.”
- “Sometimes I have to ask seniors for an update on a particular issue but usually kept up to date.”

Areas for improvement

One area for improvement was identified in relation to the availability of minutes of staff meetings and monthly monitoring reports.

Number of requirements	1	Number of recommendations	0
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4.5 Is care compassionate?

The person in charge confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff, residents and a representative confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, a representative and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example, staff explained that regular discussions with residents was an effective method to aid residents making choices regarding their daily lifestyle.

The person in charge confirmed that consent was sought in relation to care and treatment. Discussion with residents, a representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected.

The person in charge and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and a representative confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, a representative and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example, residents and their representatives were encouraged to participate in annual reviews. There was also and good verbal communication with residents and their representatives.

Discussion with staff, residents and a representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, staff spoken to were aware of the importance of promoting residents independence and arranged arts and craft activities and decoration around the home to reflect interests and facilitate reminiscence discussions. One small area of the home was

being decorated to reflect and facilitate discussions around 'old school days'. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, residents and a representative confirmed that they can visit anytime and that a local Boys Brigade had made and presented three activity boards to the home. Staff explained the effectiveness of these for residents and commented that residents "love them".

Residents spoken with during the inspection made the following comments:

- "It's comfortable here."
- "I think it's very good. People are affectionate with each other."
- "They arrange that (activities)"

Three completed questionnaires were returned to RQIA from staff and residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The person in charge outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

Staff confirmed that there was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

Whilst a review of a sample of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures, just prior to and immediately following the inspection, RQIA had not been informed of the death of a resident nor furnished with requested follow-up of information regarding two separate notifications and a requirement has been made. Audits of accidents and incidents were unavailable during the inspection and may be reviewed during the next care inspection. Following the inspection, the registered manager confirmed that audits will be stored in the seniors' office where access will be available in her absence. Staff confirmed that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the person in charge confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. For example, training in Dementia awareness, human rights and activities are scheduled to take place during the next 12 months.

Records of monthly monitoring visits undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were not available during the inspection. A requirement has been made to provide RQIA with a copy.

The person in charge confirmed that learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the person in charge identified that they had understanding of their role and responsibilities under the legislation.

The person in charge confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Discussion with the person in charge and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. They confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The person in charge confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

One staff spoken to during the inspection stated:

- "She (the registered manager) is an approachable person. You can knock the door and she keeps it confidential."

Three completed questionnaires were returned to RQIA from staff and residents' representatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

One resident's representative commented:

- "I find the manager, seniors, admin and carers and maintenance all do a great job under hard circumstances."

Areas for improvement

Two areas for improvement were identified during and following the inspection in relation to notification to RQIA and provision of follow-up information pertaining to death, illness and other events and providing RQIA with a copy of the home's Annual Quality Review Report (2016).

Number of requirements	2	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during and following this inspection are detailed in the QIP. Details of the QIP were discussed with Vigi Varghese, senior care assistant and Mrs Strong, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 19 (2) (3) (b) Schedule 4 5, 20</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2017</p>	<p>The registered provider must ensure that a copy of monthly monitoring reports and records of all staff meetings held are available upon request during inspection.</p> <p>Response by registered provider detailing the actions taken: The afore mentioned documentation is now stored in a cabinet accessible to the Senior on duty to be readily available in the event of the absence of the Registered Manager.</p>
<p>Requirement 2</p> <p>Ref: Regulation 30 (1) (2)</p> <p>Stated: First time</p> <p>To be completed by: 1 April 2017</p>	<p>The registered provider must ensure that RQIA is notified of the death of a resident and that the requested follow-up information is provided.</p> <p>Response by registered provider detailing the actions taken: Requirement noted and actioned. Registered Manager and Senior Care Worker email address list reviewed to remove details of former staff.</p>
<p>Requirement 3</p> <p>Ref: Regulation 17 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2017</p>	<p>The registered provider must provide a copy of the Annual Quality Review Report for 2016 to RQIA.</p> <p>Response by registered provider detailing the actions taken: Requirement noted and actioned.</p>

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



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