



Inspection Report

Name of Service: Millbrook Court

Provider: Radius Housing Association

Date of Inspection: 7 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation:	Radius Housing Association
Responsible Individual:	Ms Fiona McAnespie
Registered Manager:	Mrs Sharon Stewart – not registered.
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to 50 residents living with dementia.</p> <p>The home is divided into four units, all located on the ground floor; Millbrook Mews, Millbrook Street, Millbrook Avenue and Millbrook Close.</p> <p>Residents have access to communal lounges, dining room, activity areas, hairdressing room and an enclosed garden.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 7 November 2024, from 9.45 am to 3.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 24 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection ten areas for improvement from the previous care inspection on 24 May 2024, were assessed as having been addressed by the provider. One area for improvement was not met and will be stated for a second time. Full details, including one new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are helpful", "staff are great fun" and "the activities are very good".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

One questionnaire response was received following the inspection from a resident's relative, they confirmed they are very satisfied with the care and support provided to their loved one in the home.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

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. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

3.3.2 Quality of Life and Care Delivery

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

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 were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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 and their diet modified.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities. Birthdays and annual holidays were celebrated and a weekly activity planner was available for residents and their representatives to view. Activities included; reminiscence, arts and crafts, music, movies and hairdressing.

Staff demonstrated an understanding of resident's preferences and wishes and how to provide support for residents to participate in group activities or to remain in their bedroom with their chosen activity such as reading, listening to music or having visits with their relatives.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. However, some care records identified that they had not been reviewed following a fall. An area for improvement has been identified.

Care staff recorded regular evaluations about the delivery of care. These records were person centred and captured the support provided by staff to residents on a daily basis.

3.3.4 Quality and Management of Residents' Environment

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. The Fire Risk Assessment for the home was completed on 8 April 2024 and all actions identified had been completed. However, a review of the environment evidenced that there was furniture positioned close to fire exits in three areas of the home, which could cause an obstruction in the case of an emergency. An area for improvement has been stated for a second time.

There was a concern identified with environmental risk management, a storage room had been left unlocked which was storing boxes of supplements, which were easily accessible to anyone entering the room. This was brought to the attention of staff immediately who arranged for the room to be locked. No further concerns were identified during the inspection, therefore this will be reviewed at a future inspection.

3.3.5 Quality of Management Systems

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

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices were in place. There was evidence that they responded to any concerns raised with them, or by their processes and took measures to improve practice, the environment and/or the quality of services provided by the home.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. There were no complaints recorded since the last inspection.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1*	1

* the total number of areas for improvement includes one regulation that has been stated for a second time

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (4) (c) (d) (v) Stated: Second time To be completed by: 7 November 2024	<p>The registered person shall ensure that they provide adequate means of escape in the event of a fire. This is in relation to ensuring fire escapes are kept clear and free of any obstruction and checks completed by a nominated person as necessary.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: <u>————All fire exits at Millbrook Court are clear the one identified item of furniture was removed on the day of the inspection. A visual check will be completed daily.</u></p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 6.6 Stated: First time To be completed by: 1 January 2025	<p>The registered person shall ensure care records are kept up to date and reflect residents' current needs. This area for improvement is stated in relation to the management of falls care records.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: <u>————All Senior team members have been reminded of the requirement to review and update resident care plans and associated risk assessments as needed following a fall. Documentation will be subject to review by the manager each month.</u></p>

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