The Regulation and Quality Improvement Authority

Inspection Report

24 May 2024

Millbrook Court

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

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

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: Sharon Stewart	**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:** 42
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 24 May 2024, from 9.30 am to 4.00 pm 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.

It was evident that staff had a good understanding of residents' needs and treated them with kindness and respect. Residents looked well cared for and said that living in the home was a good experience.

Staff spoke positively of their experiences working in the home and of the support provided by the manager. Additional comments received from the residents and staff are included in the main body of the report.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 7.0.

RQIA were assured that the delivery of care and service provided in Millbrook Court was safe, effective, compassionate and well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' lived 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.

4.0 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 fantastic", "staff look after me so well" and "staff are kind".

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

One relative spoke highly of the care provided in the home, stating that they are happy with the care and support being provided to their loved one.

Five questionnaire responses were received from residents and their representatives following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

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 17th October 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 27(1) **Stated:** First time	The registered person shall, subject to regulation 3(3), not use premises for the purposes of a residential care home unless the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose. This is stated in relation to the guest room being used as a resident's bedroom.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 6.6 **Stated:** First time	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to pressure area care.	**Not met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and will be restated for a second time. Please see section 5.2.2 for further details.	
Area for improvement 2	The registered person shall ensure records are maintained for each resident detailing personal care and support provided. This is stated in relation to repositioning charts.	

Ref: Standard 8.2 **Stated:** First time		**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 **Ref:** Standard 12.4 **Stated:** First time	The registered person shall ensure that the daily menu is displayed in a suitable format, and in an appropriate location.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 4 **Ref:** Standard 6.6 **Stated:** First time	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to the management of diabetes, and the impact of a locked keypad on DOL safeguards.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 5 **Ref:** Standard 1.2 **Stated:** First time	The registered person shall ensure that regular residents meetings are taking place in the home.	**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. Although a system was in place to ensure staff were recruited correctly to protect residents, there were inconsistencies in the information recorded in recruitment records and with what information was being shared with the manager by the Human Resources department. It is important that the manager has full oversight of recruitment processes for managing new recruits to the home. An area for improvement has been identified.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training compliance in the home was of a good standard. However, a review of the staff training matrix evidenced that Deprivation of Liberty Safeguards (DoLS) training had not been completed by some senior staff. An area for improvement has been identified.

A review of staff records confirmed that new staff had completed an induction within the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Advice was provided to the manager to ensure the duty rota consistently identifies the person in charge when the manager is not on duty. This will be reviewed at the next care inspection.

The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

There were no competency and capability assessments in place for staff left in charge of the home in absence of the manager. An area for improvement has been identified.

Staff received supervision sessions and an annual appraisal; and records were maintained.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

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 and managed distressed reactions in a caring and compassionate manner.

Staff told us there was good teamwork, communication is good and they enjoy working in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Team.

Some care records had not been regularly reviewed or updated to ensure they continued to meet the needs of residents. For example, a resident's care plan and risk assessment had not been reviewed to include details of skin care changes. Another resident who had a specific care need recorded in their care plan, did not have a risk assessment in place for this.

Another residents risk assessment was not in keeping with their Speech and Language Assessment outcomes. Two areas for improvement have been identified, one for a second time.

At times some residents may be required to use equipment that can be considered to be restrictive. For example; bed rails and alarm mats. It was established that safe systems were in place to manage this aspect of care. However; a review of the restrictive practice register highlighted that it needed to be reviewed by the manager. An area for improvement has been identified.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

Examination of records and discussion with the management team confirmed that the risk of falling in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Daily progress records were kept in relation to how each resident spent their day and the care and support provided by staff. However; these records had significant gaps and lacked person centred detail in relation to the level of support provided to residents in relation to their emotional health and well-being, activities and visits from professionals. An area for improvement has been identified.

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.

Staff ensured that residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was a choice of meals offered, the food was attractively presents and looked appetising. There was a daily menu available for residents and their representatives to view.

Staff told us how they were made aware of residents' nutritional needs and confirmed that accurate residents care records were important to ensure residents received the right diet.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised where necessary with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely. There were no malodours detected in the home.

A hairdressing room was unlocked and products potentially accessible to residents were observed to be easily accessible. There were a number of resident's bedrooms that had topical creams accessible to residents. There was also a trolley containing cleaning chemicals left unattended. These items require a secure storage facility in keeping with Control of Substances Hazardous to Health (COSHH) regulations and medicines management requirements, in order to reduce the risk of harm to anyone using or potentially accessing them. This was discussed with the manager for appropriate action and an area for improvement has been identified.

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 29 February 2024 and fire drills were being carried out regularly. However, a review of the environment evidenced that there was furniture positioned close to fire exits in two areas of the home, which could cause an obstruction in the case of an emergency. This was discussed with the manager for immediate action and an area for improvement has been identified.

Systems and processes were in place for the management of infection prevention and control. For example; there were ample supply of personal and protective equipment (PPE) and staff confirmed good availability of cleaning products.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spend their day.

Residents spent time in the communal lounges chatting to each other. Some residents preferred to spend time alone relaxing, watching television or having visits with loved ones.

Residents spoke positively about the provision of activities in the home and on the day of inspection some residents engaged in quiz games. Activities offered in the home included, tea parties, walks, crafts, music and hairdressing. There was a person centred activity planner in place for residents and their representatives to view.

5.2.5 Management and Governance Arrangements

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.

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 the residents, care practices or the environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. However; there was limited assurances that the current system for auditing residents care records was effective in identifying deficits, like the ones found during the inspection in order to drive the necessary improvements. An area for improvement has been identified.

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.

There was a system in place to manage complaints. There were no complaints recorded since the last inspection.

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. The 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.

Staff and residents' meetings were held accordingly and included a comprehensive list of agenda items. A review of these records highlighted that there were no action plans being created following meetings to include; action identified, person responsible and date achieved by. This is a good method to ensure tasks are completed in an achievable timescale. An area for improvement has been identified.

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 (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	2	9*

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

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	
Area for improvement 1 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 24 May 2024	The registered person shall ensure that all areas of the home to which residents have access, are free from hazards to their safety, and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazard. This area for improvement is made with specific reference to the supervision and storage of hairdressing products, prescribed topical lotions and supervision of cleaning trolleys. Ref: 5.2.3
	Response by registered person detailing the actions taken: Action taken, Mount Charles staff were cleaning room following hairdresser visit, supervisor to ensure domestic staff lock door after cleaning. This will be double-checked by Senior Staff member on duty.
Area for improvement 2 **Ref:** Regulation 27 (4) (c) (d) (v) **Stated:** First time **To be completed by:** 24 May 2024	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. Ref: 5.2.3
	Response by registered person detailing the actions taken: Actioned, all fire exits cleared and free from obstructions.
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:** Second time **To be completed by:** 1 August 2024	The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to pressure area care. Ref: 5.2.2
	Response by registered person detailing the actions taken: Care Plans checked re: pressure area care, updated to reflect needs. Senior staff have received training since inspection on advanced EPIC care use and areas in need of clarification.

Area for improvement 2 **Ref:** Standard 19.2 **Stated:** First time **To be completed by:** 24 May 2024	The registered person shall ensure that recruitment records held in the home have consistent details recorded in relation to the recruitment of new staff in order to ensure effective managerial oversight of the recruitment process. Ref: 5.2.1
	Response by registered person detailing the actions taken: Registered Manager in conjunction with Human resources will ensure a copy of required recrutiment records(recruitment checklist) are available at the Home on commencement of post.
Area for improvement 3 **Ref:** Standard 23.4 **Stated:** First time **To be completed by:** 1 August 2024	The registered person shall ensure that staff complete Deprivation of Liberty Safeguards Training commensurate with their role and function in the home. Ref: 5.2.1
	Response by registered person detailing the actions taken: DoLs training incorporated in induction training for all new staff, all other staff are already trained in this area.
Area for improvement 4 **Ref:** Standard 25.3 **Stated:** First time **To be completed by:** 1 August 2024	The registered person shall ensure that a competency and capability assessment is completed with any staff member who is left in charge of the home in absence of the manager. These assessments should be reviewed within a meaningful timeframe. Ref: 5.2.1
	Response by registered person detailing the actions taken: Reviewed with Care and Support Services Manager and competency forms now in place.
Area for improvement 5 **Ref:** Standard 6 **Stated:** First time **To be completed by:**	The registered person shall ensure that individual risk assessments are completed to inform the care planning process and kept under review for the identified residents. Ref: 5.2.2

1 August 2024	**Response by registered person detailing the actions taken:** Actioned and on going for all new risk assessments.
Area for improvement 6 **Ref:** Standard 22.4 **Stated:** First time **To be completed by:** 1 August 2024	The registered person shall ensure that the restrictive practice register is kept under regular review. Ref: 5.2.2
	Response by registered person detailing the actions taken: In place and updated to reflect any changes.
Area for improvement 7 **Ref:** Standard 8.2 **Stated:** First time **To be completed by:** 1 August 2024	The registered person shall review the quality of recording of residents' progress records, so these are in sufficient detail. Ref: 5.2.2
	Response by registered person detailing the actions taken: Information shared with senior staff, all residents progress notes updated regularly, each day or two days at most if there have been no changes to the residents wellbeing.
Area for improvement 8 **Ref:** Standard 20.10 **Stated:** First time **To be completed by:** 1 August 2024	The registered person shall ensure that care record audits are robust and where deficits are identified, a clear, time bound action plan is completed. Action plans should be reviewed and signed off when completed. Ref: 5.2.5
	Response by registered person detailing the actions taken: Care Plan auditing tool introduced and now being used by Manager and senior staff when auditing care plans.
Area for improvement 9 **Ref:** Standard 1.5 & 25.8 **Stated:** First time **To be completed by:** 1 August 2024	The registered person shall ensure that action plans are created following staff and resident's meeting which include details of the actions agreed and plan to address any areas of concern, who is responsible for the action and date the action is achieved by. Ref: 5.2.5

	Response by registered person detailing the actions taken: Format for action plan added to meeting minutes for upcoming meetings.

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

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