

# Inspection Report

**Name of Service:** Millbrook Court  
**Provider:** Radius Housing Association  
**Date of Inspection:** 28 May 2025

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

## 1.0 Service information

<b>Organisation:</b>	Radius Housing Association
<b>Responsible Individual:</b>	Mrs Fiona McAnespie
<b>Registered Manager:</b>	Mrs Sharon Stewart – not registered
<p><b>Service Profile –</b>  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 inspection took place on 28 May 2025 from 9.30am and 5.15pm 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 7 November 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection two areas for improvement were assessed as having been addressed by the provider. Full details, including new areas 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 residents, 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 spoke positively about life in the home. Comments included, "The care is good," and "We are well cared for." Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident enjoying a cup of tea told us, "The staff are attentive; they couldn't be better." Another resident said, "I have no complaints, the food is good and there is plenty of activities."

A relative spoke of how the care in the home was, "Excellent."

Another relative spoke of how staff were, "On the ball and attentive."

There was evidence of regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents told us that staff offered them choices 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.

No completed questionnaires from residents, relatives or responses to the staff survey were received following the inspection.

### **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 teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels.

Review of records highlighted areas where senior staff training was not fully up to date. These areas include infection prevention and control (IPC), moving and handling and fire awareness training. An area for improvement was identified.

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.

### 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 resident's 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.

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. Staff were also observed offering resident 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.

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.

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.

The dining experience was an opportunity for 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. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

It was discussed with the manager how a pictorial menu for residents would benefit the residents dining experience. This will be reviewed at a subsequent inspection.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned activity, which was rollerball, confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities.

Staff understood that meaningful activity was not isolated to the planned social events or games.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home. The weekly programme of social events was displayed on the noticeboard and shared with residents through a newsletter.

Residents' needs were met through a range of individual and group activities such as musical activities, craft activities and gardening.

### **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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Care plans however were not being signed by residents, or when appropriate relatives. An area for improvement was identified.

### **3.3.4 Quality and Management of Residents' Environment**

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

### 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.

One resident had weight loss that had not been picked up by the governance systems in the home. Since inspection, the manager confirmed that the necessary action has been taken in regard to address this. It was discussed with the manager that a more robust system was needed to monitor residents' weights in the home. An area for improvement was identified.

Residents and their relatives spoken with said that they knew how to report any concerns or complaints and said they were confident that the manager would address these.

### 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
<b>Total number of Areas for Improvement</b>	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Sharon Stewart, Manager, as part of the inspection process. This was completed in a phone call on 29 May 2025. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time  <b>To be completed by:</b> 01 August 2025	<p>The registered person shall ensure that all mandatory training requirements are met. This is in relation to senior care staff and is stated, but not limited to dysphagia, fire awareness and moving and handling training.</p> <p>Ref: 3.3.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The Senior staff training matrix has been updated to reflect all staff training. Radius training programme covers all mandatory subjects and additional training elements to ensure Senior staff competency.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.3  <b>Stated:</b> First time  <b>To be completed by:</b> 01 July 2025	<p>The registered person shall ensure that the resident, or where appropriate their representative, signs their care plan.</p> <p>Ref: 3.3.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            This has been actioned and will be updated at a minimum annually as part of the annual review.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 01 July 2025	<p>The registered person shall ensure that the system of audits in the home is robust to include a clear action plan when deficits are identified, indicating actions taken. This is stated in relation to resident weights.</p> <p>Ref: 3.3.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            This has been actioned and added to the monthly audit for review and follow up action as needed.</p>

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



## The Regulation and Quality Improvement Authority

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