The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Millbrook Resource Centre**

Provider: **Northern HSC Trust**

Date of Inspection: **28 November 2025**

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:	Northern HSC Trust
Responsible Individual/Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Mrs Linda Dealey
Service Profile: Millbrook Resource Centre is a day care setting with a maximum of 54 places that provides care and day time activities for people aged over 18 years of age who have learning disabilities, physical disabilities and/or sensory impairments.	

2.0 Inspection summary

An unannounced inspection took place on 28 November 2025, between 9.45 am and 1.50 pm by a care Inspector.

The inspection was undertaken to evidence how the day care setting 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 12 December 2024; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as recruitment of staff who transfer internally within the Trust.

Service users said that the care and support provided by Millbrook Resource Centre was a good experience. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection one of the two areas for improvement previously identified was assessed as having been addressed by the provider. The other area for improvement has been carried forward and can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4. No new areas for improvement were identified.

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 day care setting 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 day care setting. This included the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users/ relatives, staff or the commissioning trust.

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

3.2 What people told us about the service

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they enjoyed attending the day care setting and that it was 'very nice'. They said that they like the company and all the activities, although some service users said that they would like more outings. The service users described how the staff took 'good care' of them; and that the staff made them feel safe. The staff were described as being 'lovely' and 'nice' and that they make the service users feel welcome there.

A number of service users said that it can be noisy at times and that they wished there was a 'sensory room that can be accessed at all times for quiet'.

Staff spoken with had no concerns to raise regarding the care and support provided. They said that they felt well supported in their roles.

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 service users.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty.

There was a process in place to ensure that staff were recruited in keeping with the Regulations. It was identified, however, that a new staff member had commenced work in the day care setting by way of an internal transfer, without having had an enhanced AccessNI check undertaken. There was discussed with the manager about the need for the provider organisation to be fully assured they have a robust system for criminal checks to be completed for staff. RQIA is aware of ongoing discussion between the Department of Health and HSC Trusts in respect of this, and will keep this matter under review. The area for improvement has been carried forward.

Newly appointed staff, including those supplied by recruitment agencies, had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

There was evidence that all staff were registered with Northern Ireland Social Care Council (NISCC) and there was a system in place which ensure manager oversight of the fee renewal and re-registration dates.

Records of all staff training were retained and were noted to be up to date. Dates have been arranged for the staff to undertake Autism awareness training. This training will be recorded on a service-specific training matrix and will be reviewed at the next inspection.

Procedures were in place for appraising staff performance and all staff received regular supervision.

3.3.2 Care Delivery and care records

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care that the staff needed to assist them in their roles. During this handover, the mealtime coordinator for the day was identified; the safety pause was also discussed and specific staff members allocated to update the activity boards in each room. An incident which may have occurred were shared with staff. The handover was also used to nominate the staff member who had the responsibility of ensuring each service user who attended had checked in and out of the day care setting.

Staff interactions with service users were observed to be friendly and supportive.

Service users' needs were met through a range of individual and group activities such as gardening, barbeques, discos, walking groups and cookery.

Service users had participated in an eight week dance class and had recently commenced music classes. The service users had attended the Rose Park, animal farm, and also went to Antrim Castle gardens. Other activities the service users enjoyed included going out for coffee and going to the library and going bowling. Millbrook also had a Halloween Bake-off and plans were in place for them to have a Christmas party.

There was also evidence that some of the service users had participated in having their social story developed with SALT; this was aimed at encouraging memory function and imagination.

Millbrook also published a quarterly Newsletter which was packed full of photographs of all the great activities the service users enjoyed.

The variety of activities provided within the day care setting is commended.

The day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. In this forum, they were also reminded to speak to staff if they had any concerns.

Service users' needs were assessed when they were first referred to the day care setting and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were well maintained and regularly reviewed. Staff recorded regular evaluations about the care and support provided. The NHSCT uses an electronic records management system. The manager advised that there is ongoing discussions in relation to day care settings being able to record supplementary information on this system. This will be followed up at a future inspection.

A Dysphagia folder was in place, which contained each service users' Speech and Language Therapy (SALT) Care Plan.

It was noted that the service user agreement was not in place for one service user; additionally, it was noted that the care plan had not been signed by the service users' representative, in lieu of the service user; following the inspection, the manager confirmed to RQIA that this had been addressed.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the relevant records were in place. Advice was given in relation to enabling the DoLS register to be retained up to date.

There was a policy in place for the use of restrictive interventions and a register was in place to ensure that it is reviewed and updated regularly.

3.3.4 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Mrs Linda Dealey has been the registered manager in this day care setting since 13 April 2016.

A number of the questionnaires completed by the service users specifically mentioned how much they liked the manager.

The day care setting was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency/day care setting. The reports of these visits were completed in detail; however, advice was given in relation to ensuring the visits are not undertaken too closely together. It was explained that there should not be two visits in the same month, regardless of whether or not a different month's data was viewed.

The manager was also advised of the need for the monitoring reports to be made available within the service in a timely manner. This will be reviewed at a future inspection.

There was a process in place to manage any complaints; any received had been managed appropriately. An area for improvement previously identified in this regard had been assessed at met.

Review of incident records identified that they were managed appropriately. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process. However, it was identified that there were a number of risk assessments and care plans that had not been updated in response to the incident which had occurred. Following the inspection, the manager confirmed to RQIA that all staff had been issued with a reminder in this regard. This will be reviewed at a future inspection.

The annual quality report was reviewed and noted to include stakeholder feedback.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. A specific individual was identified as the day care setting's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was a protocol in place for staff to follow where service users did not attend as planned.

There was also a protocol in place to check the bus transport after every journey to and from the day care setting, to ensure that every service user had safely exited the bus.

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

There was evidence that the manager 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 within the day care setting.

3.3.5 Quality and Management of the Environment

The day care setting was observed to be clean and tidy, suitably furnished, warm and comfortable and free of clutter.

There was evidence 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.

A fire risk assessment had been completed on 16 September 2025. Fire safety checks were generally undertaken on a regular basis; where a small number of omissions in recording had been identified, the manager agreed to address these with the identified staff member who had the responsibility if undertaking the checks. This will be reviewed at a future inspection.

All staff had taken part in a fire evacuation drill. The manager was advised to record the names of the service users in attendance, as part of the fire evacuation records. This will be reviewed at a future inspection.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	1*	0

* the area for improvement is one that has been carried forward for review at the next inspection.

The area for improvement and details of the Quality Improvement Plan were discussed with Mrs Linda Dealey, 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 Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 21 (3)(d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that criminal records checks (AccessNI) are undertaken prior to employment and direct engagement with service users; this includes all staff regardless of whether or not they have transferred internally within the Trust. The Registered Person shall Ref: 2.0 and 3.3.1
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

The Regulation and Quality Improvement Authority

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