



The Regulation and  
Quality Improvement  
Authority

Inspector: Kylie Connor  
Inspection ID: IN023024

Millbrook Court  
RQIA ID: 1636  
228 Donaghadee Road  
Bangor  
BT20 4RZ

Tel: 02891462472  
Email: [diane.strong@foldgroup.co.uk](mailto:diane.strong@foldgroup.co.uk)

---

**Unannounced Care Inspection  
of  
Millbrook Court**

**10 November 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 10 November 2015 from 10.00 to 16.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	5

The details of the QIP within this report were discussed with Linda Nicholls, Senior Care Assistant as part of the inspection process. We also provided feedback to Diane Strong, Registered Manager by telephone at the completion of the inspection. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Fold Housing Association/Mrs Fiona McAnespie	<b>Registered Manager:</b> Siobhan Diane Strong
<b>Person in charge of the home at the time of inspection:</b> Linda Nicholls, Senior Care Assistant	<b>Date manager registered:</b> 1/4/2005
<b>Categories of care:</b> RC-DE	<b>Number of registered places:</b> 50
<b>Number of residents accommodated on day of inspection:</b> 48	<b>Weekly tariff at time of inspection:</b> £485

### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/process

Prior to inspection we analysed the following records: Notifications of accidents and incident records submitted to RQIA and the returned Quality Improvement Plan from the previous care inspection.

During the inspection we met with 12 residents, two care staff, one administrator and one resident's visitor/representative. At the request of the registered manager, we telephoned the registered manager at the conclusion of the inspection and discussed the inspection findings.

We inspected the following records:

- Three care records
- Policies and procedures associated with the areas inspected
- Accident and incident notifications
- Compliments and complaint records
- Fire safety risk assessment and fire safety check records
- Staff training records

Following the inspection, four resident questionnaires and two staff questionnaires were returned within the timescale for reporting.

## 5. The inspection

### 5.1 Review of requirements and recommendations from the last care inspection undertaken on 15 January 2015.

Previous Inspection Recommendations		Validation of compliance
Standard 12.4	The registered person should confirm that the daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime.	Met
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>During our observation of the environment we confirmed that menus were on display. In accordance with their abilities, a number of residents confirmed to us that they knew the location of the menus.</p>	

#### Areas for improvement

There were no areas of improvement identified.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
--------------------------------	---	-----------------------------------	---

### 5.2 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is care safe? (Quality of life)

The senior care assistant confirmed to us that residents can spend their final days in the home provided there are no documented health care needs to prevent this.

Staff confirmed to us that residents in the home had received care from a range of outside professionals in the past including the local district nursing service. Staff confirmed that they would liaise closely with residents General Practitioner when supporting and caring for residents in their final days.

Staff confirmed to us that any changes in the resident's condition would be monitored closely and reflected in their assessment of need. The changes would also be included in the resident's care plan. Staff shared with us their experiences of supporting relatives and friends of residents during end of life care.

In our discussions with staff, they confirmed that residents and those identified as important to them were involved in decisions about their treatment and care. Staff interviewed were aware of the need to keep families informed of any changes in the resident's condition.

### **Is care effective? (Quality of management)**

We reviewed three care records. All of these records contained relevant information regarding residents' wishes in the event of their death. Information included residents' spiritual preferences, specific funeral arrangements and next of kin details. Staff confirmed that spiritual support is available for residents. It was reported that this is through a monthly Sunday service individual visits from church representatives and weekly singing of hymns.

Care records were only available for inspection on the computer system in use in the home. We made two recommendations that assessments and care plans are made available in a hard copy format and signed appropriately. Staff confirmed that copies are offered to residents and their representatives.

The home had a policy in place titled Care of the Dying (2010). The registered manager confirmed to us that it is currently under review to reflect current best practice. Following discussions with staff we made a recommendation that staff should complete training relating to dying and death. Associated information and resources should be made available for staff in the home.

Staff confirmed to us that following the death of a resident the deceased's belongings are handled with care and respect. Families are given time and assistance to collect the belongings.

### **Is care compassionate? (Quality of care)**

In our discussions with staff they confirmed that residents are always treated with dignity and respect. Staff showed good knowledge about communicating sensitively with residents and family members.

Staff were aware of the need to inform other residents about any death in a sensitive manner. Staff and the registered manager confirmed residents in the home have the opportunity to pay their respects following the death of a resident. We reviewed a number of compliment cards and compliment records. These contained positive comments from families of deceased residents thanking staff for their kindness and support shown during this period of care. The comprehensiveness of these records is commended.

### **Areas for improvement**

Three areas of improvement were identified for this standard. This standard was assessed as being met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	3
--------------------------------	---	-----------------------------------	---

## 5.4 Theme: Residents receive individual continence management and support

### Is care safe? (Quality of life)

In our discussions with staff they demonstrated knowledge of supporting residents with their continence needs. Staff confirmed that input and advice was sought from the district nursing service regarding continence management.

We inspected three care records. Care plans included relevant information in relation to residents individual continence needs. Care plans were kept under review and updated on a three monthly basis or as required.

Records available in the home and discussions with staff confirmed that a number of residents were received care and support to attend to continence needs. Staff interviewed by us were aware of the need to continually monitor residents' continence needs and to promote independence.

### Is care effective? (Quality of management)

The home had a policy in place dated 20 June 2013 regarding the management of continence. This contained relevant information including reasons for incontinence, person centred care, product assessment and reporting to medical professionals. The registered manager confirmed to us that she had copies of current good practice guidelines and would share with staff without delay.

In our discussions with the registered manager she confirmed that she had completed training relating to the management of continence. The registered manager also informed us that she was currently developing information for dissemination amongst staff in the home. Staff reported to us that they had completed training in relation to continence management as part of their induction programme.

We observed adequate supplies of continence products, gloves, aprons, and hand washing dispensers throughout the home. No malodours were identified in the home. It was identified that residents supply their own towels and bed-linen and the home does not currently supply these. We made a requirement that the home must supply towels and bed-linen, and that residents' retain the choice of providing their own.

### Is care compassionate? (Quality of care)

In our observations of care practices we found that residents were treated with dignity, care and respect when being treated by staff. Continence care was undertaken in a discreet and sensitive manner.

### Areas for improvement

There was one area of improvement identified in relation to this theme. This theme was assessed as being met.

<b>Number of requirements:</b>	1	<b>Number of recommendations:</b>	0
--------------------------------	---	-----------------------------------	---

## 5.5 Additional areas examined

### 5.5.1 Residents' views

We spoke to 12 residents individually, some while seated in small groups. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Four residents' questionnaires, some of which were completed with assistance from a relative or carer, were returned and analysed by us. Positive views were expressed in regard to the focussed areas. One questionnaire commented that there were staff shortages. Staff had confirmed to us that a recruitment process had been taking place, that new staff had started and others were due to start. Staff confirmed to us that there had been no reduction in staffing levels.

Comments received included:

- "Everybody is very friendly."
- "The food is really good."
- "I love it and they are good."
- "If you're at home and you fall, there is no-one there."

### 5.5.2 Relatives/ representatives views

We met with one visiting relative/representative who shared their positive views of the care and support received by their relative. A number of relatives/representatives made comments on returned resident questionnaires.

Comments received included:

- "It is good. You couldn't fault it in any way."
- "Millbrook, although not perfect is a very good facility. Staff are so kind and caring and involve the whole family." (comment made by a relative on a resident questionnaire)
- "Always made to feel welcome by every member of staff from top management to carers. (My relative) is happy and 'safe' and that is what is important. The first time I went into Millbrook I saw how the staff and clients all got on well." (comment made by a relative on a resident questionnaire)

### 5.5.3 Staff views

We spoke with two care staff and distributed ten questionnaires to be completed and returned to RQIA. We received two completed staff questionnaires. Positive views were expressed which supported the inspection findings.

### 5.5.4 Environment

The home was observed to be clean, tidy and fresh-smelling. The décor and furnishings were observed to be maintained to a high standard. Staff informed us that the bedrooms, bedroom

doors and most communal areas had been repainted earlier this year. Staff confirmed that new seating situated around the home had been provided.

Four bedrooms were observed not have shades fitted on the two ceiling lights and we included this in a requirement made in regard to provision of bed-linen and towels.

### 5.5.5 Accidents and incidents

We reviewed a selection of the accident and incident reports from the previous inspection. We found these to be appropriately managed and reported.

### 5.5.6 Fire safety

The homes' Fire Safety Risk Assessment was dated 4 March 2015. There was evidence that the recommendations made were being acted upon.

We inspected the fire drill and fire safety training records. Whilst these demonstrated that staff received training every 6 months, a number of staff were due fire safety training. The administrator confirmed to us that fire safety training was scheduled to take place for these staff in the home on 18 November 2015.

We inspected the fire safety check records and whilst these confirmed that these were being maintained, there were no checks of the nurse call system being undertaken. We made a recommendation in this regard.

Records inspected demonstrated that fire drills took place in November and December 2014. Whilst the last fire drill was undertaken on 5 October 2015 with 15 staff participating, regular fire drill practices are not being carried out. The record identified that a number of agency staff had not responded in accordance with the procedure. The record demonstrated the action take to address this by the registered manager. We made a requirement in this regard.

There were no obvious environmental fire risks observed.

### 5.5.7 Compliments and complaints

We inspected records of compliments and complaints made from 1 January 2014 to 31 March 2015. One complaint record, dated 16/7/14 did not evidence the investigation, findings, action taken and complainants' satisfaction with the outcome. This was discussed with the registered manager and we have made a recommendation.

#### Areas for improvement

We identified no areas for improvement from the additional areas examined.

<b>Number of requirements:</b>	1	<b>Number of recommendations:</b>	2
--------------------------------	---	-----------------------------------	---

## 6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Diane Strong, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

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

### **6.1 Statutory requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

### **6.2 Recommendations**

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

### **6.3 Actions taken by the registered manager/registered person**

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27 (4) (f)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 January 2016</p>	<p>The registered manager must ensure that sufficient fire drills are carried out in compliance with the fire plan so that all staff are capable and competent in responding to an emergency. The records must detail the response made by staff, an evaluation of the outcome of the drill in line with procedure with an action plan as required.</p>
	<p><b>Response by Registered Person(s) detailing the actions taken:</b> Fire drills will be completed quarterly each year ensuring involvement and compliance by all staff including any agency staff.</p>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 18 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 January 2016</p>	<p>The registered manager must ensure that the home has an adequate supply of bed-linen, towels and shades for ceiling lights for use by all residents in the home. Where residents choose to supply their own, this should continue to be facilitated.</p>
	<p><b>Response by Registered Person(s) detailing the actions taken:</b> Actioned.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 23.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 February 2016</p>	<p>The registered manager should ensure that staff that complete training relating to dying and death. Associated information and resources should be made available for staff in the home.</p>
	<p><b>Response by Registered Person(s) detailing the actions taken:</b> Training has been received by several staff and will cascade to all staff within the specified timescale.</p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 5.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 February 2016</p>	<p>The registered person should ensure that the needs assessment is signed by the resident or their representative where appropriate and the member of staff responsible for carrying it out. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p>
	<p><b>Response by Registered Person(s) detailing the actions taken:</b> Actioned. Senior Team reminded to ensure that documentation is completed as stated.</p>

<b>Recommendation 3</b> <b>Ref:</b> Standard 6.3 <b>Stated:</b> First time <b>To be completed by:</b> 1 February 2016	The registered person should ensure that the resident or their representative where appropriate sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> Actioned. Senior Team to ensure that documentation is completed as stated.		
<b>Recommendation 4</b> <b>Ref:</b> Standard 27.10 <b>Stated:</b> First time <b>To be completed by:</b> 1 January 2016	The registered person should risk assess the practice of carrying out a function check for the nurse call system and put in place an adequate system.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> Actioned. Monthly checks have been introduced.		
<b>Recommendation 5</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time <b>To be completed by:</b> 1 January 2016	The registered person should complete the complaint record dated 16/7/14 and ensure that all complaint records include details of all communications with complainants, the result of any investigations and the action taken.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> Where a complaint is more complex a summary of actions taken and outcomes will be recorded.		
<b>Registered Manager completing QIP</b>	Diane Strong	<b>Date completed</b>	15.1.16
<b>Registered Person approving QIP</b>	Fiona McAnespie	<b>Date approved</b>	15.1.16
<b>RQIA inspector assessing response</b>	Kylie Connor	<b>Date approved</b>	19/1/16

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**