

Inspection Report

Name of Service:	Millcroft
Provider:	Carewell Homes Ltd
Date of Inspection:	8 February 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:	Carewell Homes Ltd
Responsible Individual:	Mrs Carol Kelly
Registered Manager:	Mrs Carmen Leonard
<p>Service Profile: This home is a registered nursing home which provides nursing care for up to 64 patients. The home is divided into three units over two floors; the Lavender suite provides dementia nursing care; the Nightingale suite and Riverside suite provide nursing care for frail elderly over 65 years of age and physical disability over and under 65 years of age. The home is approved to have one identified patient in physical disability under 65 years of age accommodated in the dementia unit. The home is also approved to provide care on a day basis for 2 persons.</p> <p>Patient bedrooms and living areas are located over two floors and all bedrooms are single occupancy with an en-suite. Patients have access to communal lounges, dining areas and a garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 8 February 2025, from 9.35 am to 6.40 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 23 May 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While care was delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; repositioning records, head injury observations, display of the menu within the dementia unit, fire safety, control of substances hazardous to health (COSHH), medicines management, infection prevention and control (IPC) and environmental audits.

Patients said that living in the home was a good experience. Patients 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 the two previous 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 patient'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

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I am very content here", "The staff are great here", "(The) staff are friendly and caring", "Very happy here" and "I feel safe here". Two patients commented that some staff are quicker at responding than others when attending to their needs. This was discussed with the manager to review and action as necessary.

Patients told us that they were able to choose how they spent their day; that they could remain in their bedroom or go to a communal room when they requested.

Four relatives spoken with during the inspection commented positively about the overall provision of care within the home. Comments included: "I feel my (relative) is getting good care and well looked after", "The staff are all very good", "Great communication from staff", "I couldn't fault the care here" and "The staff are great here".

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 patients. There was evidence that systems were in place to manage staffing.

Patients 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 observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients 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. Whilst there were safe systems in place to manage this aspect of care; a discussion was held with the manager regarding a partition stud wall with a locked door within a corridor of the dementia unit, preventing several patients from entering their bedrooms during the day. The manager advised that this was a temporary measure due to repair works being carried out on pipes relating to the heating system and immediately had the partition wall and door removed during the inspection. This is discussed further in section 3.3.4.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly. Review of a sample of patients care records identified a number of entries within repositioning charts which exceeded the recommended frequency of repositioning as per the patient's care plan. An area for improvement was identified.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed. However, review of a sample of care records evidenced that neurological observations for unwitnessed falls had not been consistently completed in line with best practice and the homes policy. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. There was a menu on display within each of the dining rooms offering a choice of two meals. However, a pictorial menu within the dementia unit was not reflective of the meals being served. An area for improvement was identified.

Patients commented positively about the food provided within the home with comments such as: “The food is mostly good. If you don’t like something they will always make you something different” and “The food is nice here”.

The dining experience was an opportunity for patients to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. There was a meal time co-ordinator to oversee the correct delivery of meals to patients.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: “Plenty of activities and always something going on” and “Plenty of things going on in the home to get involved in”.

During the inspection patients were engaged in their own activities such as; watching TV, resting or chatting to staff and whilst patients commented positively about the activities within the home, an activity schedule was not displayed. It was further identified that the orientation board within the dementia unit had not been updated for several weeks. The manager had the orientation board updated during the inspection and agreed to have the activity schedule displayed at all times going forward. This will be reviewed at a future inspection.

3.3.3 Management of Care Records

Patients’ needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients’ needs and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients’ needs and nursing staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Patients’ Environment

The home was warm and comfortable and patients’ bedrooms were personalised with items important to the patient. Some environmental issues were identified requiring repair or replacement, including; surface damage to identified floor coverings, walls and tiles. A number of ceilings also had small holes where a new call bell system had been installed. The manager said they were aware of most of the issues identified through regular audits and were in the process of having these issues addressed. This is discussed further in section 3.3.5.

As mentioned above in section 3.3.2, repair work in relation to the heating system was being carried out in an area of the dementia unit. Radiators were also replaced in this area and the manager confirmed that repair work to walls and the covering of exposed pipes at ceiling level were in the process of being addressed. Two floor coverings also required repair as they were a potential trip hazard; these were addressed on a temporary basis during the inspection. Information was shared with the estates inspector for their review and follow up as necessary. This is discussed further in section 3.3.5.

A number of fire safety issues were discussed in detail with the manager in relation to the obstruction of two fire doors, the partition stud wall/door in the dementia unit, one fire door not closing fully to the frame and holes in a door where the handle had been removed. Whilst the manager addressed most of these issues during and/or after the inspection, an area for improvement was stated to ensure sustained compliance.

Cleaning chemicals were unattended and accessible within two areas of the home. An area for improvement was identified.

A number of wardrobes were not securely fitted to the wall for safety. This was discussed with the manager who agreed to have these reviewed as a matter of priority. Following the inspection, written confirmation was received that relevant action had been taken to address this.

Prescribed medication, supplements and thickening agents were accessible within two areas of the home. This information was shared with the pharmacist inspector and an area for improvement was identified.

Most staff were compliant with infection prevention and control (IPC) practices in relation to hand hygiene and the wearing of personal protective equipment (PPE). Two staff practices were discussed with the manager to review.

Some emergency and/or light pull cords were not suitably covered to aid in effective cleaning. The manager agreed to have all pull cords reviewed and to cover where necessary.

Whilst there was evidence that systems and processes were in place to manage infection prevention and control (IPC); review of communal bathrooms, toilets and patients en-suites evidenced that there was inappropriate storage of wipes and patient equipment. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Carmen Leonard has been the manager in this home since 3 October 2022.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of the record of accidents/incidents and discussion with the manager, evidenced that a notification had not been submitted in relation to the environmental repairs to pipes for the heating system. The manager submitted a notification retrospectively for the estates inspector to review.

The category of care for one identified patient was discussed in detail with the manager who agreed to submit the necessary application to RQIA for review.

As mentioned above in section 3.3.4, audits in relation to the environment were identifying some of the environmental issues observed during inspection, however, there was no evidence of a timeframe to address the issues. An area for improvement was identified.

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

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	4	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Carmen Leonard, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: 8 February 2025	The registered person shall ensure that neurological observations are consistently completed following all unwitnessed falls and for any actual or potential head injuries in line with best practice and the homes policy. Ref: 3.3.2 Response by registered person detailing the actions taken: All RNs advised and reminded re policy on neurological observations post falls.

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b) (d) (i) (iv)</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2025</p>	<p>The registered person shall ensure that fire doors are maintained in line with current legislation and free from any obstruction.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Staff reminded to immediately report any doors which need maintenance and keep all fire exit access free from obstruction at all times.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2025</p>	<p>The registered person shall ensure that chemicals are securely stored in keeping with control of substances hazardous to health (COSHH) legislation.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Domestic staff reminded of COSHH regulations. Domestic assistant on duty on day of inspection spoken to re updated COSHH training.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2025</p>	<p>The registered person shall ensure that prescribed medication, supplements and thickening agents are stored securely.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: A second medicine trolley has been obtained to hold additional stock on medicine rounds.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2025</p>	<p>The registered person shall ensure that where a patient requires repositioning this is completed in accordance with their care plan and reflected within supplementary recording charts.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Staff spoken to and reminded of responsibility to complete repositioning charts on each occasion, in a timely manner as per care plan.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2025</p>	<p>The registered person shall ensure that the pictorial menu within the dementia unit accurately reflects the meals being offered.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: Monitored daily. Pictorial menu being displayed.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 8 February 2025</p>	<p>The registered person shall ensure that patient equipment and items such as wipes are stored appropriately to reduce the risk and spread of infection.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: All wipes and equipment no longer stored in en suite bathrooms.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 8 March 2025</p>	<p>The registered person shall ensure that where issues are identified during environmental audits, a timeframe is provided to address the issues in a timely manner.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Maintenance advised that areas identified during audit process to be addressed within 2-3 weeks unless urgent.</p>

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