



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Millcroft
Provider: Carewell Homes Ltd
Date of Inspection: 4 and 5 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:	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. Included in this is a 19 bedded dementia care unit. Accommodation is over two floors with shared communal and dining areas throughout the home.</p> <p>There is a separate registered residential care home which occupies the same site and this home is managed by a different registered manager.</p>	

2.0 Inspection summary

An unannounced inspection took place on 4 November 2025, from 9.30am to 3.30pm and on 5 November 2025, from 9.30am to 2pm. A care inspector conducted the inspection.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress the areas of improvement identified by RQIA, during the last care inspection on 8 February 2024. These previous areas of improvement were reviewed as met.

The inspection found that safe, effective and compassionate care was delivered to patients and the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of patients and the staff were knowledgeable and trained to deliver safe and effective care.

Patients were seen to be comfortable, content and at ease in their environment and interactions with staff.

Two areas of improvement were made as a result of this inspection. Full details of this area for improvement, 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 patients, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 said that they were comfortable and content in the home and staff were kind and they enjoyed their meals and the general atmosphere. Some comments included the following statements; "I am grand here. All is good.", "It couldn't be better. They (the staff) are very good." and "I'm alright. complaints."

Patients who were unable to articulate their views were seen to be comfortable, content and at ease in their environment and interactions with staff.

Staff spoke positively about their roles and duties, the provision of care, training, teamwork and managerial support.

Two visiting relatives said they were very happy with the care provided and the kindness and support received from staff. One visitor said they recognised that staff worked hard and done a good job but said they had specific issues with the care which she was happy to raise directly with the manager. This was raised with the manager at the inspection feedback who was in the process of arranging a care review to address these issues.

There were no questionnaires from patients and their representatives received in time for inclusion to this report.

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, regular supervision and appraisal and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

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.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

There was an effective system in place to manage the registration of nursing staff with the Nursing & Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

3.3.2 Quality of Life and Care Delivery

Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Staff interactions with patients were polite, friendly and supportive.

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 patients choice in how and where they spent their day or how they wanted to engage socially with others.

Patients were seen to be comfortable and at ease in their interactions with staff. Staff were seen to be prompt in dealing with any signs of distress with patients, in a positive manner.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls was managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. An area of improvement was made for all nursing and care staff to receive up-to-date training in falls management.

At times some patients may require the use of equipment that could be considered restrictive such as a locked door facility and / or fall alarm mats. Use of such practices were reviewed on an up-to-date basis.

Patients may require special attention to their skin care. These patients were assisted to change their position regularly and care records accurately reflected the patients' assisted needs.

Good nutrition and a positive dining experience are important to the health and social well-being of patients. Patients may need a range of support with their meal, including simple encouragement through to full assistance and their diets modified as assessed. Staff assistance and support was organised and unhurried.

A varied programme of group and individual activities and events was in place for patients to avail of and enjoy.

3.3.3 Management of Care Records

Patients' care records were stored safely and confidentially.

The manager undertakes a preadmission assessment to ensure the needs of the potential patient can be safely met in the home. Following the initial assessment care plans are developed to direct staff on how to meet patients' needs and will include any advice or recommendations made by other healthcare professionals

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Progress records were well written with issues of assessed need having a recorded statement of care / treatment given and effect of same.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and suitably maintained. Patients' bedrooms were comfortable, personalised and nicely facilitated. Communal areas were decorated to a good standard, suitably furnished and comfortable.

Bathrooms and toilets were clean and hygienic.

The home's most recent fire safety assessment was dated 14 April 2025. Corresponding evidence recorded of the actions taken with regard to the one recommendation made from this assessment.

Fire safety training, safety drills and safety checks in the environment were maintained on an up-to-date basis.

Cleaning chemicals were stored safely and securely.

Observations of care practices and review of records confirmed appropriate protocols were in place with infection prevention and control, including staff training in this area.

3.3.5 Quality of Management Systems

Mrs Carmel Leonard is the registered manager of the home. Staff spoke positively about the managerial support, saying that they would have no hesitation in reporting issues of concern and felt these would be dealt with appropriately.

There was evidence of auditing across various aspects of care and services provided by the home, such as environmental audits, care records, and falls and accidents.

Review of the record of complaints and discussions with the manager confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were in large notified to all relevant stakeholders other than staff misconduct. An area of improvement was made in respect of this.

The home was visited each month by a representative of the Responsible Individual to consult with patients, 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 patients, their representatives, the Trust and RQIA.

4.0 Quality Improvement Plan/Areas for Improvement

Two 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	1	1

The two areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Carmen Leonard, Registered 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 30(1)(g) Stated: First time To be completed by: 6 November 2025	<p>The registered person shall ensure that incidents of staff misconduct are report to RQIA without delay.</p> <p>Ref: 3.3.5</p>
	<p>Response by registered person detailing the actions taken: Retrospective submission of incident report completed for identified incident. Going forward, any further incidents of misconduct will be notified without delay.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 39(4) Stated: First time To be completed by: 5 December 2025	<p>The registered person shall ensure that all nursing and care staff to receive up-to-date training in falls management.</p> <p>Ref: 3.3.2</p>
	<p>Response by registered person detailing the actions taken: All nursing and care staff requested to complete falls management training. To date 83% have completed. face to face training organised with Care Home Support Team for New Year.</p>

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