The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Millverne**

Provider: **Carewell Homes Ltd**

Date of Inspection: **30 October 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 Julianne Treacy

Service Profile:–

Millverne is a registered residential care home which provides health and social care for up to 45 residents. The home is registered to provide care to residents with a range of needs, including dementia, mental health and frail elderly. The home is based across three floors.

There are a range of communal areas throughout the home and residents have access to an outdoor area.

There is a separate registered nursing home that occupies the same site.

2.0 Inspection summary

An unannounced inspection took place on 30 October 2025, between 10.20 am and 4.50 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 14 October 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.

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

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Other comments were shared with the management team for review and action as appropriate.

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, six areas for improvement were assessed as having been addressed by the provider. Two medicine related areas for improvement were not reviewed as part of this inspection and have been carried forward for review at a future in section. 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 resident'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. 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

Residents spoken with provided mostly positive feedback about their experiences residing in the home. Some of the comments shared included, "it's brilliant, I love it." Some residents spoken with were unsatisfied with certain aspects of their care, the details of these were shared with the management team and assurances were provided that action had been taken to address the concerns raised.

Resident questionnaires returned provided positive feedback, some of the comments shared included, "the care and support could not be any better" and "I'm very happy with all of the staff."

Visitors to the home who were spoken with said they were mostly happy with the care their relatives were receiving in the home; some of the comments described the staff as "warm and

welcoming." Other comments were shared with the management team for review and action as appropriate.

Residents told us that the staff offered choices to them 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.

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 systems in place to manage staffing. There was evidence of a system in place to review staff's registration with the Northern Ireland Social Care Council (NISCC). It was evident that those staff requiring to be registered had this in place. A discussion took place with the manager to ensure the audit system evidences that this is kept under regular review.

Residents 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.

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

Staff said they enjoyed working in the home and that there was good team work and support from the management team if required.

Staff were not all observed wearing name badges. The systems in place to enable residents and relatives to recognise staff by their name was discussed with the management team and assurances were provided that a plan was in place to provide name badges for all staff.

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 residents' 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 residents 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 monitor those residents who required a Deprivation of Liberty Safeguard (DoLS).

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP, or for physiotherapy. Further details are discussed in section 3.3.5.

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. Prior to the mealtime staff considered those residents who required a modified diet to ensure they received the correct diet. 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.

The importance of engaging with residents was well understood by the manager and staff. 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, families and staff advising of future events.

Residents' needs were met through a range of individual and group activities such as arts and crafts, card games, exercise and ball games. There was also evidence of seasonal activities planned, for example: pass the pumpkin. Residents told us they were offered opportunities to get involved with the activities but some chose to remain in their rooms with their own preferred activity, for example; watching the television or listening to the radio.

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 mostly person centred, well maintained and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

There was evidence of risk assessments and care plans in place to outline the management plans and smoking arrangements for those residents who smoke. Further improvements were required with regards to these records, to ensure they clearly reflect the decision making and those involved in the decisions surrounding smoking risk management arrangements. The details of this were shared with the management team and a new area for improvement was identified.

Resident's weights were documented in their care files, however there was not always evidence of these being completed on a monthly basis. The details of this were shared with the management team and assurances were provided that residents weights were being completed on a monthly basis. The management team agreed to review the current system to ensure these records accurately reflect ongoing monitoring of residents weights. An area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Resident's bedrooms were personalised with items important to the resident. There was evidence of refurbishments having taken place across the dementia unit within the home. The management team confirmed there are ongoing refurbishments planned to take place as part of a rolling plan.

The carpet along the main stairwell appeared tired and worn. The management team confirmed there was an action plan in place to address this.

Some of the shower heads in resident's bathrooms required a deeper clean due to excess limescale. The details of this were shared with the management team and assurances were provided regarding the actions taken to address this and ensure action is taken in a timely manner.

Review of records and discussion with the management team 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.

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 Julianne Treacy has been the Registered Manager in this home since 1 April 2005.

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

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, the environment and/or the quality of services provided by the home.

The systems in place to monitor falls required review to ensure that this reflects analysis of falls so that actions can be identified were required to reduce the risk of further falls. The details of this were shared with the management team for review and action. This will be reviewed at a future inspection.

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	2*	2

* the total number of areas for improvement includes two regulations that have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Julianne Treacy, Manager and Mrs Emma Cassidy, Deputy 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (4) **Stated:** First time **To be completed by:** With immediate effect (9 December 2024)	The registered person shall ensure that medicines are stored at the manufacturers' recommended temperature. The temperature of the treatment rooms should be maintained at or below 25ºC. Ref: 2.0
	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.
Area for improvement 2 **Ref:** Regulation 13 (4) **Stated:** First time	The registered person shall ensure eye preparations have the date of opening recorded, are administered as prescribed and disposed of at expiry. Ref: 2.0

To be completed by: With immediate effect (9 December 2024)	
	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.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Version 1.2, December 2022)	
Area for improvement 1 **Ref:** Standard 6 **Stated:** First time	The Registered Person shall ensure smoking care plans are developed in line with the multidisciplinary team (MDT) and if a decision is made for staff to manage lighters, the rationale for this is included in the care plan. Ref: 3.3.3
To be completed by: 13 November 2025	**Response by registered person detailing the actions taken:** Smoking care plans are develpoed in line with the MDT, and if a decision is made for staff to manager lighters this is documented on the care plan.
Area for improvement 2 **Ref:** Standard 9.3 **Stated:** First time	The Registered Person shall ensure that resident's weights are continually monitored and recorded. If there is a reason these are unable to be completed, this should be clearly recorded in the residents care records. Ref: 3.3.3
To be completed by: 6 November 2025	**Response by registered person detailing the actions taken:** Resident's weights are regularly monitored and recorded, if this is not completed for any reason this is documented.

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

The Regulation and Quality Improvement Authority

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