The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Millcroft

Provider: Carewell Homes Ltd

Date of Inspection: 18 August 2026

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/Responsible Person:	Mrs. Carol Kelly
Registered Manager:	Mrs. Carmen Leonard
Service Profile: Millcroft is a nursing home registered to provide 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. There is a separate registered residential care home which occupies the same site and this home is managed by a different registered manager.	

2.0 Inspection summary

An unannounced inspection took place on 18 August 2026 from 9.20am to 2.45pm. The inspection was conducted 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 two areas for improvement identified by RQIA during the last care inspection on 26 February 2026; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

These two previous areas of improvement were met.

The two areas of improvement form the last medicines management inspection on 26 February 2026 were not reviewed on this occasion and are carried forward to the next inspection.

The home was found to be clean and well maintained to a good standard.

Patients said they were happy in the home, staff were kind and they enjoyed the meals.

Staff reported that there was good teamwork in the home and staff understood their roles and responsibilities. Staff were found to be knowledgeable in relation to the needs and preferences of the patients. Staff praised the manager and reported that they were approachable and responsive.

There were no areas for improvement identified as a result of this inspection.

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 well cared for in the home, staff were kind and attentive and they enjoyed the meals. Three patients made the following comments; "The nurses and care staff are brilliant. They do their best and work very hard. I can't find anything wrong with here.", "It's working out very well here. I am very happy here. No complaints." and "Everything is alight here. No problems."

Those patients who could not articulate their views. Presented as comfortable and at ease.

Three visiting relatives said that they were very happy with the home and found staff to be kind and caring.

Staff spoke positively about their roles and duties, the care, staffing levels, teamwork, training and managerial support. Staff also said that they would have no concerns about reporting concerns with the manager and felt these would be taken seriously.

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 robust systems 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 noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example; if they wished to have a lie in or if they preferred to eat their breakfast later than usual and call assistance alarms were answered promptly.

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

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. Observations of the staff and patients interactions found staff to be kind and compassionate.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress, including those residents who had difficulty in making their wishes or feelings known.

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. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by skin to change their position regularly and care records accurately reflected the patients' assessed needs. The clinical lead nurse was the lead nurse for wound care and disseminated training and learning to the staff team in this area of care.

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, patients referred to their GP if required.

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. The dinner time meal was seen to be appetising, wholesome and nicely presented.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. A visiting singer was entertaining a large group of patients in the afternoon of this inspection. Before this event several patients commented on how they enjoyed such events in the home and looked forward to same.

3.3.3 Management of Care Records

Patients' care records were maintained safely and securely.

The manager confirmed that a preadmission assessment is undertaken before a patient is admitted to the home. This is to ensure that the home can meet the assessed needs. Following admission care plans are developed to direct staff how to meet patients' needs. These included any advice or recommendations made by other health care professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet patients' needs.

Daily evaluations of care were generally well written with issues of assessed need having a recorded statement of care / treatment given with effect of same.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy, with a good standard of décor and furnishings. Patients' bedrooms were comfortable and personalised. Communal areas were suitably furnished and homely. Bathrooms and toilets were clean and hygienic.

The grounds of the home were suitably maintained with good accessibility for patients to avail of.

Cleaning chemicals were stored safely and securely.

The home's most recent fire safety risk assessment was dated 23 April 2026. Corresponding evidence was in place to confirm that the recommendations made from this assessment was addressed.

Fire safety training, fire safety drills and fire safety checks were maintained on a regular and up-to-date basis.

Review of records and observations confirmed that appropriate 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

Mrs. Carmen Leonard is the Registered Manager of the home.

Patients and staff commented positively about the management team and described them as supportive and approachable.

The manager had processes in place to monitor the quality of care and other services provided to patients. Systems of audit and quality assurance were well maintained with action plans in place to address any issues identified.

Accidents and incidents are reported to the relevant stakeholders. The manager undertakes a monthly audits of these events to establish if there are any trends or patterns and if necessary follow action.

Records of the visits on the behalf of the responsible individual were maintained in good detail and on an up-to-date basis. These records confirmed good governance arrangements for the home.

4.0 Quality Improvement Plan/Areas for Improvement

There were no areas for improvement identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	2 *

* The areas for improvement are two that have been carried forward for review at the next inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs. Carmen Leonard, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 26 February 2026	The registered person shall ensure that the temperature of all medicine storage areas is monitored and recorded daily to ensure that medicines are stored as per manufacturers' recommendations.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. **Ref: 2.0**
Area for improvement 2 **Ref:** Standard 30 **Stated:** First time **To be completed by:** 26 February 2026	The registered person shall ensure that the maximum, minimum and current temperatures of medicine refrigerators are monitored and recorded daily and that corrective action is taken if the temperature recorded is outside the recommended range.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection. **Ref: 2.0**

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

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