



Inspection Report on

Millheath Nursing Home

**Mill Heath Nursing Home
Parret Road
Bettws
Newport
NP20 7DQ**

Date Inspection Completed

26 July 2022

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About Millheath Nursing Home

| | |
|--|---|
| Type of care provided | Care Home Service Adults With Nursing |
| Registered Provider | FC Mill Heath LTD |
| Registered places | 40 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 16 October 2019 |
| Does this service provide the Welsh Language active offer? | The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

Millheath provides care services with nursing for up to 40 people. The manager who oversees the day to day running of the service is registered with Social Care Wales, the workforce regulator. An application is being processed for a new Responsible Individual (RI) to take over the service. Interim arrangements are in place, but some RI responsibilities have not been met.

People told us they enjoy living at the home and are treated with dignity and respect by care workers. Personal plans are clearly written and explain how best to support people. Plans are reviewed regularly to make sure they reflect people's current needs and aspirations. Overall, records are kept accurately and consistently.

The home is secure and overall, well maintained, light, bright and homely. We saw some minor tasks were required which we were advised had been completed shortly after our inspection.

Care workers feel well supported by the management team and are confident in their roles. We saw there are some gaps in the recruitment records held for care workers, which the provider assured us would be addressed.

Well-being

People have control over their day-to-day lives as much as possible. Risks to people are assessed and safely managed so that they are supported to stay safe, and their freedoms respected. We saw people socialising with each other and engaging with care workers. People choose where to spend their time. We saw some people prefer to stay in their rooms, whilst many spend time in the communal areas. People told us they enjoy living at the home, care staff are very attentive and treat them with respect, the food is very good, and they enjoy regular family visits. People enjoy participating in a range of activities, they are occupied and content.

The home welcomes visitors in line with current guidance and the providers risk assessments. People receive the support they need to maintain their health and wellbeing. The service completes a range of assessments and personal plans, which identify each person's aspirations, and care and support needs and how these can best be met.

People have their own rooms, which are personalised to their individual tastes. People have some of their own furniture and family photos, cards and collectables in their rooms, which gives a homely and familiar feel to their surroundings.

The service helps to protect people from abuse and neglect. Care workers complete training in relation to the safeguarding of adults at risk and understand their role in protecting people. The service has a safeguarding policy, which reflects the current guidance and is kept under regular review.

Care and Support

People receive the care and support they require. We saw care workers interacting positively with people throughout our inspection visit. The care needs of each person are clearly documented, and care workers access this information to inform their daily routines. Plans are regularly reviewed to ensure they are up to date and reflect people's current needs and aspirations. Accurate records are kept by care staff to evidence that people are supported as described in their personal plans.

Referrals are made to health and social care professionals as and when required. People are registered with a local general practitioner (GP). Records are kept of all appointments and outcomes for review as required within the daily notes. People are supported to maintain a healthy weight and diets are reviewed when required. Drinks are readily available for people throughout the day.

People are encouraged to engage in activities of their choice. The provider has one activities coordinator and is currently recruiting for another. The activities coordinator provides one to one activities to people as well as arranging a variety of group activities. People enjoy their meal experience and the meals provided; they are encouraged to be as independent as possible and supported when required.

Systems are in place for the safe management of medication within the service. People receive appropriate support with their medication, which helps to maintain their health. The records we checked were completed accurately. We saw the medication room has a window which compromises the safety of the storage of medicines. The manager told us this was planned to be addressed after a recent pharmacy audit also picked this up. The home is due to have bars fitted across the window.

Infection prevention and control procedures are good. Care workers wear appropriate personal protective equipment (PPE) in line with current guidance. Regular COVID-19 testing of staff is carried out. We were asked for evidence of a negative lateral flow test result and had our temperature taken before entering the home.

Environment

The home is clean, tidy and well organised. People's bedrooms are personalised to their own tastes, individuals have some of their own furniture in their rooms as well as photos of loved ones, pictures, flowers, and ornaments. We saw the home is well maintained and overall, the décor is in good order. Some ceiling tiles in a corridor had water damage, the manager assured us these were replaced the day after our inspection. We saw orientation clocks and boards had not been updated with the correct day, date and time. This could be confusing for people. These were corrected on the day of our inspection. The manager told us a plan was in place to redecorate each bedroom as it became available.

There is a spacious lounge downstairs with a large conservatory which had recently been replaced and contains dining room furniture as well as comfortable chairs. The main kitchen opens into the lounge, we saw people chatting and joking with kitchen staff. There is a smaller lounge upstairs with comfortable armchairs and a TV. The communal bathrooms are well equipped, clean & tidy. PPE stations for staff to be able to regularly change their PPE are placed around the home. The outdoor space has a level patio area with garden furniture as well as sloped lawn area which is accessible through a gate to ensure peoples safety.

People benefit from a secure environment; the front door is kept locked. We viewed the maintenance file and saw that all serviceable equipment had been checked to ensure its safety. Regular checks of the fire alarms take place at the home and staff are trained in fire safety. People living in the home have a personal emergency evacuation plan to guide staff on how to support people to leave safely in the case of an emergency. The home has a five-star rating from the food standards agency which means that hygiene standards are very good.

Leadership and Management

The manager and deputy manager oversee the day to day running of the home, we saw them interacting with people positively throughout our inspection. Care workers told us the management team are approachable and supportive. Throughout our inspection, we saw there was a sufficient number of care workers on duty to support people. We viewed four weeks of staff rota's which evidence that sufficient staff numbers are consistently deployed.

An application for a new RI is being processed, the previous RI left in May 2022. The last recorded RI visit to the home was in November 2021, these visits are required by regulations to be at least every three months. The last Quality of Care report from the RI was completed in November 2021, these are required to be completed at least every six months. The last report did not contain analysis of safeguarding or whistleblowing matters, as required. While no immediate action is required, these are areas for improvement, and we expect the provider to take action. We will follow them up at our next inspection.

Care workers usually receive regular supervision with their line manager. This one-to-one support provides an opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. Care staff receive training in relevant areas, they feel valued and supported in their roles. Not all staff personnel records contain all of the information required by regulations. Some files we checked did not have the persons full employment history recorded and one did not have all the necessary proof of ID documents. This is an area for improvement, and while no immediate action is required, we expect the provider to take action and will follow this up at our next inspection.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|--|--------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|----|---|-----|
| 35 | Staff files do not all include all of the required pre employment information | New |
| 73 | No evidence of RI visits was provided for over six months | New |
| 80 | The RI has not completed a quality of care report in the last six months. The last report does not contain analysis of safeguarding matters or whistleblowing | New |

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