



## Inspection Report on

**Millview Care Home**

**Mill View Care Home  
Brook Street Ystrad  
Pentre  
CF41 7RB**

## **Date Inspection Completed**

10/02/2023

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## About Millview Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	BKM LTD
Registered places	40
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">14 February 2022</a>
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Millview provides care and support in a warm and friendly environment. The premises are generally safe and accessible. Currently, not all communal spaces are suitable for use by people at the service, and not all equipment is stored away safely to reduce risks to them. These are areas of improvement and need to be addressed by the provider.

Staff know people well and interact and in a kind and caring manner. Care files detail how people like their needs met and are evaluated regularly. Hard copy files are in the process of being moved over on to an electronic system, but the service needs to ensure staff are clear which is being used and have all the information they need. There is an activities co-ordinator at the service who ensures a regular programme of activities appropriate to individual needs and special occasions throughout the year. Medication Administration Records (MAR) are not always clear, accurate, and contain unexplained gaps. This is an area of improvement and needs to be addressed by the provider, to ensure safe administration of medication and reduce the number of incidents/errors.

Staff are visible throughout the service and turnover is low. There are robust recruitment and vetting processes in place, and all regulatory information available in staff files has improved since our last inspection. Staff supervision, appraisal and training is carried out and staff feel well supported and happy in their jobs.

Notifications of regulatory events are received by CIW, but the service needs to ensure this remains consistent for all notifiable issues/incidents. Audits and oversight by the management team are carried out. The Responsible Individual (RI) carries out his duties as required.

## Well-being

People choosing to live at Millview have support and opportunity to have control over their lives. Personal plans are clear, involve people and their representatives, and are evaluated regularly. It was evident that staff are familiar with people. The service needs to ensure all staff are clear which system they are using and have all the information they need, whilst care files are being moved over from hard copy to an electronic system. A statement of purpose and written guide is available and outlines the assessment and admission process, the nature of the service provided, and how to raise a complaint. The management team deals with complaints.

There are systems in place to promote people's physical and emotional health. People have access to healthcare professionals as needed, and we are told the service has good relationships with those such as GP's, Tissue Viability Nurses, and Speech and Language Therapy. Positive feedback came from one attending the service at the time of the inspection, including prompt referrals and implementation of advice and care plans. Accurate recording on MAR charts is needed to ensure safe administration of medicines and reduce the number of medication incidents and errors. Meal choices are offered, and dietary requirements are considered at the service. The service currently has a good Food Standards Agency score of 4. Activities are regular and varied at the service, which was evident during our inspection.

Staff are able to identify when people may be at risk of harm or abuse. Risks to people's health and safety are included in personal plans and risk assessments. Policies such as safeguarding, whistleblowing, health and safety are in place for staff, and in line with current legislation and guidance. The management team and staff members we spoke to understand the requirements when reporting a potential safeguarding issue.

People are able to contribute to, and enjoy, safe and healthy relationships. Interactions between staff and people are warm, friendly, and familiar. It is clear people feel safe and happy at Millview, and feedback from relatives is positive. One relative told us: *'the girls are great...fabulous...I can't fault them'*. There are no restrictions on visitors to the service, family members and friends were observed coming and going throughout our inspection.

## Care and Support

The service considers a wide range of views and information to confirm it can meet people's needs and outcomes. A summary of the admissions policy is in the statement of purpose. The management team completes a pre-admission assessment before deciding about admissions, and we saw these on hard copy care files.

Staff have a plan to provide care to people. We saw files with plans which are clear and involved people staying at the service, relatives and professionals but could generally be more person-centred. Care plans vary depending on people's needs and are evaluated regularly. Staff need to be clear these are formally reviewed at least 3 monthly as per regulation. Supplementary daily information such as food charts, position changes and mattress checks are carried out, but mainly completed in daily notes on the electronic system. The service is currently in the process of transferring hard copy files over to the electronic system and staff use tablets to quickly access and update this information. The service needs to ensure the system is fit for purpose, and all staff are clear which they are using so have all the information they require to meet people's outcomes.

We saw staff are familiar with and know people well. Interactions are warm and friendly and feedback from people is positive. One told us: *'they're very good to me...the food is excellent'*. We saw there is an activities co-ordinator in place and activities such as craft and decoration during our inspection. We also saw students involved in this with people. We saw an activities file that showed activities, entertainment, and trips out over Christmas. People also told us of trips to Church, Women's Union, and the pub to watch the rugby. It was clear people are happy, settled and feel safe at Millview. There is plenty of food, choice on menus, and alternative diets are provided for.

People have care and support, and access to healthcare and other services. We saw the statement of purpose and written guide available to people. We observed positive interactions between people and staff, and saw files show involvements from other professionals. Medication administration is carried out by nursing and senior care staff, training and monitoring of competency is carried out, and a policy is in place. Audits are carried out, but incomplete and gaps in MAR charts with a number of incidents/errors involving medication are evident. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Policies and procedures are in place to prevent infection and are in line with current legislation and guidance. Cleaning was observed during the inspection.

## Environment

The service provides people with care and support in a location and environment with facilities and equipment that promotes their personal outcomes. It is accessible and safe with appropriate security measures in place. There is a Health and Safety policy that is up to date. Some refurbishment work has been carried out and further work is planned. However, there is little storage for equipment and items such as hoists, wheelchairs and zimmer frames are left out in corridors and pose a risk to mobile people living at the service. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The general environment is clean, warm, welcoming and odour free. People's rooms are personalised and nicely decorated. People are orientated to both time and place with decorations for Valentine's Day, St David's Day and reminiscence photographs. There are communal spaces for people to use such as lounge areas, dining rooms, hairdresser salon, and a bar. We are told the conservatory area is not used by residents, but it was noted it is currently not suitable for use by them. The space is currently being used for storage, has little suitable seating or furniture, was generally untidy and uninviting, and was being used by regional staff during our inspection. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

There is a maintenance staff member on site and hygienic and risk infection practices are in place. Records of maintenance and servicing are up to date including Portable Appliance Testing (PAT), Legionella and Water Safety, and Fire Safety. Fire and safety extinguishers, floor map and regular fire drills are evident at the service. The management team does regular audits and considers any issues with the RI and provider.

## Leadership and Management

The service supports people and provides staff who are suitably fit to work in a care setting. The service is currently underoccupied, but observations and information provided during our site visits and staff rotas show staffing numbers are as per statement of purpose. Staff turnover is low, and we are told agency staff are currently not used. There are robust recruitment and vetting processes in place, and all regulatory information available in staff files has improved since our last inspection.

Training is provided to ensure staff have the knowledge and skills to provide the level of care and support required to help people achieve their personal outcomes. We spoke with staff who said they were happy and confident in their jobs and felt supported by the management team. Staff told us and records show that one to one staff supervision/appraisal, and team and flash meetings take place to support staff. The service needs to ensure compliance in these areas remain consistent and high.

People have access to accurate and clear information about the service. A guide is available to people, relatives, and professionals, and provides information about service provision. The guide is simple and easy to understand but must be dated and regularly reviewed.

The provider supports staff to raise concerns about the service through whistleblowing procedures. A policy is in place and staff can access this. There are accessible Complaints and Safeguarding policies and procedures, and the service keeps records of any actions and outcomes. Compliments and thank you cards are evident at the service.

Processes are in place to monitor the quality of the service provided and follow up any actions. The RI carries out regular monitoring calls and visits, and we are told has a good relationship with people, their families, and staff at the service. The RI completes quality of care reviews and considers issues, concerns, and improvements. Information Technology (IT) systems are in place to collate information around care and support and seek feedback from people. Notifications are regularly received, but the service need to ensure all notifiable events are consistently sent to CIW.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
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58	The provider must ensure that recording of medication administration on Medication Administration Records contain no gaps/errors	New
44	The provider must ensure all communal spaces are suitable, safe and accessible for use by all the residents at the service	New
48	The provider needs to ensure that all equipment is stored appropriately to prevent risks to people	New
35	Not all information required by regulation was present in all the staff files examined.	Achieved

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