



Inspection Report on

Milsom House

**Milsom House Residential & Nursing Home
Rectory Road
St. Athan
Barry
CF62 4NY**

Date Inspection Completed

04/04/2024

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About Milsom House

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	The Manor House St.Hilary Ltd
Registered places	37
Language of the service	English
Previous Care Inspectorate Wales inspection	29/11/2022.
Does this service promote Welsh language and culture?	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

Milsom House can accommodate up to 37 people with nursing and personal care needs. This inspection was unannounced. There is a manager in place who is registered with Social Care Wales, the workforce regulator, in accordance with legal requirement. Susan Evans is the responsible individual (RI) for the service.

People receive good care and support from a friendly, stable, and experienced staff team. There are sufficient staff to provide care and assistance, with arrangements in place to cover any staffing shortfalls. People live in a pleasant environment which is suitable for their needs, however we identified where improvements are required. Activities and support in accordance with people's interests and wishes are carried out. The management team and RI are visible and engaged in the day-to-day running of the service. Systems are in place to promote and sustain the quality of care and support provided. Care documentation reflects the care and health needs of people living at the home in a person-centred way.

The home environment is secure. People are actively consulted about the care and support they receive. Infection prevention and control processes are in place to reduce the risk of infectious diseases being spread throughout the home.

Well-being

People have positive relationships with staff and are supported to achieve their personal outcomes. Care and support is personalised to enable people to achieve their personal outcomes. People told us they are extremely happy living at Milsom House and enjoy good relationships with staff. Comments included *“It is really lovely here, I couldn’t ask for anything more”* and *“the food is exceptional here”*. Care staff are happy and enthusiastic about working at the service. Comments included *“I really like my job here”* and *“we are really well supported by the management team; we work well together”*.

Measures are in place to promote best practice throughout the home. Management have good oversight of incidents, accidents, complaints, and safeguarding matters. A statement of purpose is present which reflects the service.

People are safeguarded and protected from harm. Care staff are trained in safeguarding adults at risk of abuse and have policies and procedures to guide them. Safe recruitment checks are undertaken to ensure care staff are suitable to work with vulnerable people. Care staff training is up to date and additional training offered by the RI for all care staff to attend. The service makes safeguarding referrals when required and notifies Care Inspectorate Wales (CIW) of notifiable events in a timely manner. Feedback about the service describes it as unanimously *‘very good’* from people living in and visiting the home.

The service is suitable for the needs of the people living at the home and management ensure it is a safe place for people to work, live and visit. Management oversees the training and supervision needs of care staff. Team meetings take place specific to each worker’s role. The RI demonstrates appropriate oversight of service to ensure it operates safely and in accordance with its statement of purpose.

Whenever possible people are supported to have control over their day-to-day life. People mostly follow their own routines each day with support and encouragement from the staff team. The care staff we spoke with were familiar with people’s individual preferences and these are recorded in the care documentation. People told us their views and opinions are listened to and they can raise any concerns with the staff team or management.

Care and Support

People have access to health and other services to maintain their ongoing health and well-being. Information within people's files evidence referrals and contact is made with various health and social care services. We saw these referrals were made in a timely manner and whenever people's needs changed. Personal plans include some details of people's preferences, we found these preferences are valued and respected by staff and management. We identified where documentation could be further improved this includes, ensuring staff signatures are present on all documentation completed by care staff and by recording all support provided to achieve personal outcomes.

Systems are in place to protect people who use the service. We saw people's body language and expressions indicate they feel safe and secure around the care staff who support them. People told us they feel safe and secure living at the service. Comments from people using the service included "*The food is always lovely, we are looked after well here*" (resident) and "*Staff are kind, I am so pleased with this home*" (relative). During the inspection we observed lots of visitors around the home providing a homely, environment and people feel a sense of belonging. Systems are in place to ensure people remain safe whilst promoting their independence. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse and neglect. Records we saw evidence staff have received up to date safeguarding training.

People have a good choice of meals to suit their nutritional needs and preferences. We saw people enjoying the meals provided and observed a calm, social time for people to enjoy. The home has achieved a score of five (very good) food hygiene rating for the food standard agency. We saw drinks and snacks offered throughout the visit. We saw care staff show good knowledge of people's wishes, needs and how to respond to them. We observed people throughout the visit, sitting in communal areas, chatting or enjoying quiet time alone reading or watching TV.

The service has systems in place for medication management. People receive their medication as prescribed. We looked at the medication administration records (MARs) and saw they are appropriately completed. Fridge and room temperatures are recorded daily by staff and we observed the medication room to be clean and well organised. The service promotes hygienic practices and manages risk of infection and we saw staff wearing appropriate personal protective equipment when/if required.

Environment

People are protected from environmental health and safety risks. There are two floors to the home, each accessible via a passenger lift. The home offers suitable accommodation for people living there. The home offers a choice of small communal areas for people to sit and enjoy time with others or spend quiet time alone. Bedrooms are personalised with items of people's choice and personal belongings. We saw good evidence of cleaning schedules in communal areas, and domestic staff work to ensure all areas are clean and pleasant for people. There is a large dining area and we saw people enjoying meals and a social time for people to enjoy. The service has a rating of five (very good) with the Food Standards' Agency. There are pleasant garden areas for use in the warmer months which provides seating and is accessible for reduced mobility or use specialised equipment. There is good access and egress for people living at the home with mobility needs. The entrance to the home is secure.

People are cared for in a clean and homely environment. The home offers appropriate accommodation for the people living at the home. However, we identified areas for improvement this includes but not limited to; we saw one bedroom required refurbishment, one bathroom flooring required attention and various areas throughout the home required refurbishment due to wear and tear. Whilst there is no impact on people using the service we expect the provider to take action. The manager told us the matter would be addressed and that an ongoing schedule of works to be undertaken. People can be confident that there are effective arrangements at the home that will protect public safety and minimise cross infection. There is oversight to ensure staff follow the correct infection guidance. We found call bell checks are carried out and call bells available throughout all areas of the home.

We considered various records relating to health and safety, which evidenced the provider maintained effective oversight to ensure the environment is safe. All confidential files including care and staff files are stored securely in lockable areas. Various fire-related safety checks are carried out and residents have personal emergency evacuation plans (PEEPs) in place. There is a fire safety risk assessment and care staff receive training in fire safety and first aid.

The home environment, surrounding gardens and views provide a safe, secure environment which people told us they enjoy and appreciate. We will follow up the areas for improvement at the next inspection visit.

Leadership and Management

There are clear governance arrangements in place to support the smooth running of the service. The provider ensures oversight of the service and seeks to drive improvement in all areas. Systems and processes help promote the smooth running of the home. Detailed clinical and non-clinical audits are in place in relation to key areas of service delivery, including falls, nutrition, medication, and skin care. We saw that this information is reviewed and analysed as part of the quality-of-care report produced every six months. The management team work collaboratively with external agencies and notify the regulator, CIW of any incidents in a timely manner. The RI visits the service in line with their regulatory requirements, and gather feedback from people using the service, their representatives and staff. We requested information relating to monitoring and we saw the recent quality of care review. The information demonstrated the RI undertakes formal monitoring as legally required.

Management oversees staff training and supervision needs, and we saw one-to-one supervision in accordance with regulatory requirements. Supervision provides each staff member with opportunities to discuss their performance, development, and any concerns they may have. Care staff are suitable recruited and supported to carry out their duties. There is a consistent staff team who speak warmly about their roles. The service follows safe recruitment processes and staff are supported to register with professional bodies such as Social Care Wales and the Nursing and Midwifery Council. Care staff benefit from the learning and development opportunities provided.

People have opportunities to express their views and lodge complaints. The home has a complaints policy in place and the written guide to the service informs people how to raise their concerns formally. Residents can be/and are confident that the home is operated with their best interests at the forefront of care provision. Mechanisms are in place to protect people and the documents in place set out and provide people with an understanding of the service they can expect to receive. People using the service and staff know who to approach if they have concerns and people have access to independent advocates if they wish and feel safe to do this should the need arise.

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
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44	The provider has failed to ensure the premises are properly maintained and to a standard which is appropriate for which they are being used.	New
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