

# Unannounced Care Inspection Report 11 October 2016



## Mountview Retreat

Type of service: Residential Care Home  
Address: 19 Rocktown Lane, Knockloghrim, BT45 8QF  
Tel No: 02879642382  
Inspector: Ruth Greer

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Mountview Retreat residential care home took place on 11 October 2016 from 10 00 to 14 00.

The inspection sought to assess progress with any issues raised since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to infection prevention and control, risk management and the home's environment. However a process of staff supervision and appraisal had not been implemented.

One requirement was made in regard to the implementation of staff supervision and appraisal.

### Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

One recommendation was made in regard to a record of residents meetings.

### Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found throughout the inspection in relation to the quality of care provision and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ciaran Maynes, registered provider/manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 5 May 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Mr Ciaran Maynes	<b>Registered manager:</b> Mr Ciaran Maynes
<b>Person in charge of the home at the time of inspection:</b> Ciaran Maynes	<b>Date manager registered:</b> November 2014
<b>Categories of care:</b> I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Number of registered places:</b> 9

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with five residents and one care staff. There were no visiting professionals and no resident's visitors present on the day.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal documentation
- Sample of competency and capability assessments
- Staff training schedule/records
- Three residents' care files
- The home's Statement of Purpose and Residents' Guide
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register

- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 5 May 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was reviewed at this inspection and one requirement has been re stated in the QIP of this report.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 5 May 2016

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 20.(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered manager shall review the numbers of hours he is on duty each week and ensure that sufficient staff are on duty in such numbers as appropriate.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the manager's hours had been reviewed and that these had been reduced.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 20 (1)(c)(i)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered manager shall ensure that all newly appointed staff have a planned and recorded induction to the home and that a programme of staff supervision and appraisal is implemented in the home.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that an induction programme is in place. Templates had been prepared for supervision and appraisal but these had not yet taken place. The requirement is restated in this report.</p>	<b>Partially Met</b>

<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2016</p>	<p>The registered manager shall undertake a competency and capability assessment for any person left in charge of the home in the manager's absence and maintain a record of this.</p> <p><b>Action taken as confirmed during the inspection:</b> A template had been devised and the manager confirmed that he was currently undertaking competency and capability assessments for all staff who are left in charge of the home in his absence.</p>	<b>Met</b>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 28 (2)(e)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2016</p>	<p>The registered manager shall confirm that insurance arrangements are in place for any staff who use their own car to transport residents.</p> <p><b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that staff no longer transport residents in their private cars</p>	<b>Met</b>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 13 (9) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2016</p>	<p>The registered manager should ensure that good personal and professional relationships are maintained between him and the staff.</p> <p><b>Action taken as confirmed during the inspection:</b> The manager and staff on duty confirmed that there are good inter staff/management relationships in the home</p>	<b>Met</b>
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2016</p>	<p>The registered manager should ensure that staff meetings occur at least four times a year with minutes recorded and available for inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> A staff meeting took place in May 2016 and one is planned for October 2016</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 25.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2016</p>	<p>The registered manager should ensure that time is scheduled at shift changes to handover over information regarding residents.</p> <p><b>Action taken as confirmed during the inspection:</b> Time is now set aside for handover at each shift change</p>	<b>Met</b>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 12.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2016</p>	<p>The registered manager should ensure that the record of food served is maintained and kept up to date to enable any person inspecting it to judge whether the diet for each resident is satisfactory.</p> <p><b>Action taken as confirmed during the inspection:</b> Records of food served were available and up to date at the time of inspection.</p>	<b>Met</b>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2016</p>	<p>The registered manager should ensure that the care plan of the resident identified at the inspection should be updated to reflect any potential safeguarding issues.</p> <p><b>Action taken as confirmed during the inspection:</b> The care plan was available and up to date at the time of inspection.</p>	<b>Met</b>

#### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty:

Registered Manager x 1  
Care staff x 1

Review of completed induction records and discussion with the registered manager evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training was regularly provided. A schedule for mandatory training was maintained and was available for inspection. Templates had been prepared for formal supervision and appraisal but there had been no sessions carried out. This issue was raised in the previous quality improvement plan and will be restated in this report.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. There have been no new staff employed since the previous inspection. Recruitment records were not examined on this occasion and may form part of a future inspection.

The registered manager confirmed that enhanced Access NI disclosures were viewed by him for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager confirmed that there are plans in place to implement the new adult safeguarding procedures (relating to the establishment of a safeguarding champion)

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff in January 2016

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

Review of the infection prevention and control (IPC) policy and procedure dated confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 21 July 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently in July 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were and were regularly maintained. The records showed that firefighting equipment was most recently serviced in July 2016. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

A staff member who was spoken with during the inspection made the following comments:

“This is a great wee home, it’s like an extended family and we know the residents really well and their individual ways”

### Areas for improvement

One area for improvement was identified in relation to the implementation of staff appraisal and supervision.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. Due to the small numbers of residents in the home staff reported that they are free to get up/retire to bed and undertake activities of their own choice at times which they choose.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, accidents and incidents take place monthly. As part of the admission assessment residents must be independently mobile. There have been no falls recorded in the past year in the home.



The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews. Formal residents' meetings do not take place. The registered manager confirmed that due to the small numbers accommodated he spends time each day with residents individually and in a group. A recommendation is made that a written record is maintained of group meetings between the manager and residents. A staff meeting was held in May 2016 with minutes available and one was planned for October 2016. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Records showed that GP's undertake an annual review of each resident. This was in addition to the annual care management review.

Staff and residents spoken with during the inspection made the following comments:

"Ciaran (manager) takes me to the doctors if I have to go"(resident)

"There is good communication between staff, there is a written hand over report at the conclusion of each shift" (staff)

**Areas for improvement**

One area for improvement was identified in relation to maintaining a record of residents' meetings

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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**4.5 Is care compassionate?**

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home.

The registered manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff and residents observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example on the day of this inspection, residents were knitting, reading the daily newspapers, having their nails varnished. One resident was going to a day care placement. Arrangements were in place for residents to maintain links with their friends, families and wider

community. For example one resident told the inspector that she was going to spend the weekend with her family. This occurs one weekend each month.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and residents, confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents are consulted with, at least annually, about the quality of care and environment. A satisfaction questionnaire had been devised and distributed to residents and relatives. The findings from the returned questionnaires is in the process of being collated by the manager into a summary report which will be made available for residents and other interested parties to read.

Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Staff and residents spoken with during the inspection made the following comments:

"I am thoroughly spoiled here, I'm ruined" (resident)

"The girls are lovely" (resident)

"I'm still really happy here" (resident)

"I love it" (resident)

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSPPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, leaflets etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that no complaints had been recorded since the registered manager/registered provider had taken over the home two years ago.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide. Discussion with the registered provider identified that he had understanding of his role and responsibilities under the legislation.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers’ liability insurance certificate were displayed.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. This included a disciplinary procedure. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ciaran Maynes as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p>Ref: Regulation 20 (1) (c) (i) Standard 24</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 15 November 2016</p>	<p>The registered provider shall ensure that a programme of staff supervision and appraisal is implemented in the home.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The provider recognises the inspectors requirement and a programme of supervision and appraisal has been commenced since the unannounced inspection.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 1.1, 1.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 15 November 2016</p>	<p>The registered provider should maintain a record of residents meetings.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>A residents meeting has taken place since the unannounced inspection and details of same have been recorded and are available for inspection.</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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