

# Inspection Report

27 April 2022



## Mountview Retreat

Type of service: Residential Care Home  
Address: 19 Rocktown Lane, Knockloghrim, Magherafelt, BT45 8QF  
Telephone number: 028 7964 2382

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Inspired 2 Care Limited</p> <p><b>Responsible Individual:</b> Mrs Rosemary Dilworth</p>	<p><b>Registered Manager:</b> Mrs Emma Rafferty</p> <p><b>Date registered:</b> 3 April 2020</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Emma Rafferty</p>	<p><b>Number of registered places:</b> 9</p> <p>Not more than 2 people requiring use of wheelchairs can be accommodated at any time.</p>
<p><b>Categories of care:</b> Residential Care (RC) 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.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 9</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential home which provides social care for up to nine persons. All residents have individual bedrooms and they have access to a communal lounge, a dining room and a garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 27 April 2022, from 10.30am to 1.15pm. The inspection was completed by a pharmacist inspector and focused on medicines management. The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

Following discussion with the aligned care and finance inspectors, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection, with the exception of one area for improvement in relation to fire risk assessment which was assessed as met. Areas for improvement which were previously identified by the aligned estates inspector have been assessed as met.

Review of medicines management found that robust arrangements were in place for the safe management of medicines. Medicine records and medicine related care plans were well maintained. There were effective auditing processes in place to ensure that staff were trained and competent to manage medicines and residents were administered their medicines as prescribed. No new areas for improvement were identified.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

RQIA would like to thank the residents and staff for their assistance throughout the inspection.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. The inspection was completed by examining a sample of medicine related records, the storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. Staff views were also obtained.

### **4.0 What people told us about the service**

Residents were observed to be relaxing in the lounge and garden areas of the home.

Staff interactions with residents were warm, friendly and supportive. It was evident that they knew the residents well.

The inspector met with senior care staff and the manager. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes.

At the time of issuing this report, one completed staff response was received. The respondent indicated they were very satisfied that the service was well led by the management team and that care delivered to residents is safe, effective and compassionate.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last inspection on 18 May 2021		
Action required to ensure compliance with The Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> First time	The registered person shall arrange maintenance/service works are completed in accordance with manufacturer`s instructions & health and safety guidance on the following: <ul style="list-style-type: none"> <li>• Space heating boiler</li> <li>• Electrical appliances Portable Appliance Testing</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The aligned estates inspector confirmed this area for improvement has previously been addressed as met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> First time	The registered person shall arrange for completion of the following: <ul style="list-style-type: none"> <li>• Maintain the emergency lighting system in accordance with BS5266;</li> <li>• Install a fire detection sensor in the space heating boiler room in accordance with BS5839</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The aligned estates inspector confirmed this area for improvement has previously been addressed as met.	

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 15.12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall develop and implement a system for recording the reconciliations of monies and valuables held on behalf of residents (including monies held in the residents' bank account) at least quarterly.</p> <p>The record of the reconciliations should be signed by the person undertaking the reconciliation and countersigned by a second member of staff to evidence that they have taken place.</p> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the policies and procedures operated at the home are updated to include all of the financial procedures undertaken by staff on behalf of residents e.g. the procedure for staff to purchase items on behalf of residents.</p> <p>A record should be retained showing that staff have read and understood the policies and procedures.</p> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 20.14</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the system for recording residents' transactions is reviewed in order to improve the accuracy of recording and to facilitate the policies and procedures operated at the home. Errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.</p> <p>The practice of writing over records and the use of correction fluid should cease immediately.</p>	<p><b>Carried forward to the next inspection</b></p>

	<b>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.</b>	
<b>Area for Improvement 6</b> <b>Ref:</b> Standard 4.2 <b>Stated:</b> First time	<p>The registered person shall ensure that copies of signed written agreements are retained within all residents' files. The agreements should show the current fee paid by, or on behalf of, residents, including the current amount of the third party contribution.</p> <p><b>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.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for Improvement 7</b> <b>Ref:</b> Standard 20.14 <b>Stated:</b> First time	<p>The registered person shall contact the Health and Social Care Trust to request a review of the current arrangements for monies forwarded from the Health and Social Care Trust on behalf of a number of residents and retained within the residents' bank account.</p> <p>The registered person should inform RQIA of the outcome of the discussions with the Trust.</p> <p><b>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.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for Improvement 8</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time	<p>The registered person shall ensure that any gaps in an applicant's employment record are fully explored.</p> <p><b>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.</b></p>	<b>Carried forward to the next inspection</b>

<b>Area for Improvement 9</b> <b>Ref:</b> Standard 29.1 <b>Stated:</b> First time	The registered person shall ensure that any recommendations identified in the fire safety risk assessment action plan are addressed and signed off as completed by the manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Recommendations identified in the fire safety risk assessment action plan had been addressed and signed off as completed by the manager.	

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by the GP, the pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the personal medication records when they were written and updated to state that they were accurate.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

Residents will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the resident's distress and if the prescribed medicine is effective for the resident.

The management of medicines prescribed on a "when required" basis for the management of distressed reactions was reviewed.

Directions for use were clearly recorded on the personal medication records; and care plans directing the use of these medicines were in place. Staff knew how to recognise a change in a resident's behaviour and were aware that this change may be associated with pain. Records included the reason for and outcome of each administration.

The management of pain was discussed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly.

Care plans were in place when residents required insulin to manage their diabetes. There was sufficient detail in the care plan to direct staff if the resident's blood sugar was too high or too low. Insulin was administered by the district nurse.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. The temperature of the medicine storage area was monitored and recorded to ensure that medicines were stored appropriately. A medicine refrigerator and controlled drugs cabinet were available for use as needed.

Satisfactory arrangements were in place for the safe disposal of medicines and records were maintained.

### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. Most of the records were found to have been fully and accurately completed. A small number of missed signatures were brought to the attention of the manager for ongoing close monitoring. The records were filed once completed.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book.



There were no controlled drugs in stock in the home on the day of the inspection; however a controlled drug cabinet and record book were available for use as needed. Staff were aware of which drugs required storage in the controlled drug cabinet and the necessary records to be kept should a resident be prescribed these medicines.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The date of opening was recorded on all medicines so that they could be easily audited. This is good practice.

#### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions to the home. However, the admission process for new residents or residents returning from hospital was reviewed. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the community pharmacist.

#### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

#### **5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available for staff.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Ongoing review was monitored through supervision sessions with staff and at annual appraisal. Medicines management policies and procedures were in place.

Records of staff training in relation to medicines management were available for inspection.

## 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0*	6*

\* The total number of areas for improvement includes six which are 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 Emma Rafferty, Manager, as part of the inspection process and can be found in the main body of the report.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with Residential Care Homes Minimum Standards 2011</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 15.12  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2019 and at least quarterly thereafter	<p>The registered person shall develop and implement a system for recording the reconciliations of monies and valuables held on behalf of residents (including monies held in the residents' bank account) at least quarterly.</p> <p>The record of the reconciliations should be signed by the person undertaking the reconciliation and countersigned by a second member of staff to evidence that they have taken place.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2019	<p>The registered person shall ensure that the policies and procedures operated at the home are updated to include all of the financial procedures undertaken by staff on behalf of residents e.g. the procedure for staff to purchase items on behalf of residents.</p> <p>A record should be retained showing that staff have read and understood the policies and procedures.</p> <p><b>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.</b></p> <p>Ref: 5.1</p>
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 20.14  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2019	<p>The registered person shall ensure that the system for recording residents' transactions is reviewed in order to improve the accuracy of recording and to facilitate the policies and procedures operated at the home. Errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.</p> <p>The practice of writing over records and the use of correction fluid should cease immediately.</p>

	<p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 4.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 June 2019</p>	<p>The registered person shall ensure that copies of signed written agreements are retained within all residents' files. The agreements should show the current fee paid by, or on behalf of, residents, including the current amount of the third party contribution.</p>
	<p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 20.14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 7 June 2019</p>	<p>The registered person shall contact the Health and Social Care Trust to request a review of the current arrangements for monies forwarded from the Health and Social Care Trust on behalf of a number of residents and retained within the residents' bank account.</p> <p>The registered person should inform RQIA of the outcome of the discussions with the Trust.</p>
	<p><b>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.</b></p> <p>Ref: 5.1</p>
<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing (18 May 2021)</p>	<p>The registered person shall ensure that any gaps in an applicant's employment record are fully explored.</p>
	<p><b>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.</b></p> <p>Ref: 5.1</p>



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