

Inspection Report

18 May 2021



Mountview Retreat

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Inspired 2 Care Limited</p> <p>Responsible Individual: Mrs Rosemary Dilworth</p>	<p>Registered Manager: Mrs Julie Beacom</p> <p>Date registered: 3 April 2020</p>
<p>Person in charge at the time of inspection: Mrs Rosemary Dilworth</p>	<p>Number of registered places: 9</p> <p>Not more than 2 people requiring use of wheelchairs can be accommodated at any time.</p>
<p>Categories of care: 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>Number of residents accommodated in the residential care home on the day of this inspection: 8</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to nine persons. The home is an extended bungalow located in a rural area. 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 18 May 2021 between 10.20 and 4.30pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas requiring improvement were identified in relation to staff recruitment and fire safety.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents and staff, are included in the main body of this report.

The findings of this inspection provided RQIA with assurance that care delivery and service provision within Mountview Retreat was safe, effective, compassionate and that the home was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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 we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the person in charge was provided with details of the findings.

4.0 What people told us about the service

We spoke with eight residents and two staff. We received eight completed questionnaires from residents and relatives following the inspection.

All of the residents praised the care provided to them and the way in which the staff team supported them in the home. The residents talked about the range of activities available and described the home as a good place in which to live.

Discussion with two relatives confirmed that they were very happy with the care delivery to their relative and that the staff were very approachable should they need to raise any concerns.

Staff spoken with commented that Mountview Retreat was a good place to work and that they were supported in their role by the manager. The staff advised that there was good teamwork and that everyone worked well together for the benefit of the residents.

5.0 The inspection

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

The last inspection to Mountview Retreat was undertaken on 2 July 2020 by a care inspector.

Areas for improvement from the last inspection on 2 July 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 27.8 Stated: 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"> • Space heating boiler • Electrical appliances Portable Appliance Testing 	Carried forward to the next inspection
	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.	
Area for Improvement 2 Ref: Standard 27.8 Stated: First time	The registered person shall arrange for completion of the following: <ul style="list-style-type: none"> • Maintain the emergency lighting system in accordance with BS5266; • Install a fire detection sensor in the space heating boiler room in accordance with BS5839 	Carried forward to the next inspection
	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.	

<p>Area for Improvement 3</p> <p>Ref: Standard 15.12</p> <p>Stated: 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>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for Improvement 4</p> <p>Ref: Standard 20.14</p> <p>Stated: 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>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for Improvement 5</p> <p>Ref: Standard 20.14</p> <p>Stated: 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>Carried forward to the next inspection</p>

	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.	
Area for Improvement 6 Ref: Standard 4.2 Stated: First time	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. 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.	Carried forward to the next inspection
Area for Improvement 7 Ref: Standard 20.14 Stated: First time	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. The registered person should inform RQIA of the outcome of the discussions with the Trust. 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.	Carried forward to the next inspection

5.2 Inspection findings

5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a system in place to ensure staff were recruited correctly to protect residents as far as possible. However we noted on one of the records reviewed that there was no employment history recorded and this was not further explored at interview stage. This was discussed during feedback and the responsible individual advised that this had already been identified during a monthly monitoring visit. This was identified as an area for improvement to ensure that any gaps in an applicant's employment record are fully explored.

All staff were provided with a comprehensive induction programme to prepare them for working with the residents.

There were systems in place to ensure that staff were trained and supported to do their job. Staff were also provided with regular supervision and appraisal by the manager.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to residents' requests for assistance promptly and in a caring and compassionate manner.

Residents said that they felt safe in the home and that staff were always available; one comment made was "It's a great place, they look after me so well. I love it here."

Residents' relatives said that there was always staff around and available to assist residents and the staff knew the residents well and knew how best to help them.

In summary, there were robust arrangements in place to ensure that staffing was safe.

5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

The manager was identified as the appointed safeguarding champion for the home; the manager has the responsibility of implementing regional adult safeguarding guidance and the home's adult safeguarding policy.

Review of staff training records confirmed that all staff had completed adult safeguarding training this year. Staff told us they were confident about reporting concerns about residents' safety and poor practice.

Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. This helped ensure that residents felt safe within the home and were kept safe from harm.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

Observation of the home's environment evidenced that it was well maintained.

Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable.

The home's most recent fire safety risk assessment was undertaken on 11 August 2020. We noted that any recommendations highlighted in the action plan were not signed off as completed by the manager. This was identified as an area for improvement.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents said that they enjoyed having their own private space and that they could spend time in the communal areas if they wished; they felt the home was kept clean and comfortable.

5.2.4 How does this service manage the risk of infection?

Feedback from the person in charge confirmed that there were robust arrangements in place for the management of potential risks associated with COVID-19 and other infections. The home is also participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. It was noted that there was a lack of accessible hand sanitiser for staff throughout the home. This was discussed with the person in charge and confirmation was provided following the inspection that hand sanitiser dispensers were now in place.

Visiting arrangements were managed in line with Department of Health guidance.

Staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; falls and nutrition.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. This was good practice.

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

We reviewed the dining experience of residents and noted that there was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. There was a variety of drinks available. Residents said that they had enjoyed their meal and the company of others. Residents could also choose to take their meals in their own rooms and trays were taken to these residents.

The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying both their meal and the overall dining experience.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

In summary, the assessed needs of the residents were effectively and consistently met by staff; staff communicated in a manner which promoted residents' privacy and dignity.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Review of the care records sampled evidenced that these were accurately maintained and reflected residents' needs.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges. It was observed during the inspection that a number of the residents were going out, accompanied by staff for a walk.

Residents' needs were met through a range of individual and group activities such as arts and crafts, music, armchair exercises, bingo and movie nights. Where residents preferred to spend time in their rooms, staff engaged with these residents in one to one activities.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was suspended due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place and staff commented on the positive benefits to the physical and mental wellbeing of residents; the manager had communicated with residents' relatives in order to keep them updated on matters such as visiting arrangements.

Residents said the range of available activities within the home kept them occupied during the day. Staff said that they enjoyed participating in activities with the residents.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns about residents, care practices or the environment.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. The manager had completed regular audits of falls, care records, IPC and the home's environment.

There was an effective system in place to manage complaints which were seen as an opportunity to for the team to learn and improve.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as approachable and always available for guidance. Staff were particularly appreciative of the practical and emotional support provided to them by the manager during the COVID-19 pandemic.

A record of compliments received about the home was kept and shared with the staff team; this is good practice.

The home was visited each month by the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by residents, their representatives, the Trust and RQIA.

In summary, there were robust governance arrangements in place to effectively monitor care delivery and service provision, and to help drive improvement.

6.0 Conclusion

The findings of the inspection provided RQIA with assurance that care delivery to residents was safe, effective, compassionate and well led. Residents were supported by staff to have meaning and purpose in their daily life in Mountview Retreat; the interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

The environment was clean, tidy and well maintained; two areas for improvement were identified in relation to staff recruitment and fire safety

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	0	9*

* the total number of areas for improvement includes seven areas which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Rosemary Dilworth, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for Improvement 1 Ref: Standard 27.8 Stated: First time To be completed by: 20 June 2019	<p>The registered person shall arrange maintenance/service works are completed in accordance with manufacturer`s instructions & health and safety guidance on the following:</p> <ul style="list-style-type: none"> • Space heating boiler • Electrical appliances Portable Appliance Testing
	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.
Area for Improvement 2 Ref: Standard 27.8 Stated: First time To be completed by: 23 May 2019	<p>The registered person shall arrange for completion of the following:</p> <ul style="list-style-type: none"> • Maintain the emergency lighting system in accordance with BS5266; • Install a fire detection sensor in the space heating boiler room in accordance with BS5839
	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.
Area for Improvement 3 Ref: Standard 15.12 Stated: First time To be completed by: 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>
	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.

<p>Area for Improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2019</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>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.</p>
<p>Area for Improvement 5</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2019</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>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.</p>
<p>Area for Improvement 6</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 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>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.</p>

<p>Area for Improvement 7</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p> <p>To be completed by: 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>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.</p>
<p>Area for Improvement 8</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that any gaps in an applicant's employment record are fully explored.</p> <p>Response by registered person detailing the actions taken:</p>
<p>Area for Improvement 9</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>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.</p> <p>Response by registered person detailing the actions taken:</p>

Please ensure this document is completed in full and returned via Web Portal



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