

# Inspection Report

21 July 2022



## Mountview Retreat

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

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

<b>Organisation/Registered Provider:</b> Inspired 2 Care Limited	<b>Registered Manager:</b> Mrs Emma Rafferty
<b>Responsible Individual:</b> Mrs Rosemary Dilworth	<b>Date registered:</b> Acting
<b>Person in charge at the time of inspection:</b> Mrs Emma Rafferty	<b>Number of registered places:</b> 9
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. 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 residents accommodated in the residential care home on the day of this inspection:</b> 9
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 9 residents. Accommodation is on a ground floor level with shared communal living rooms and dining room.	

## 2.0 Inspection summary

This unannounced inspection took place on 21 July 2022, from 9.20am to 2.35pm by a care inspector.

The inspection assessed progress with the one area of improvement identified in the home since the last care inspection and the previous areas of improvement at the last finance inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Safe, effective and compassionate care was delivered in the home and the home was well led by the manager. It was evident that staff promoted the dignity and well-being of residents and they were knowledgeable and trained to deliver safe and effective care.

Residents said that living in the home was a good experience.

No areas of improvement were identified at this inspection.

RQIA were assured that the delivery of care and service provided in Mountview Retreat was safe, effective, and compassionate and that the home was well led.

### **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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this 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.

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.

The findings of the inspection were discussed with Mrs Emma Rafferty, Manager at the conclusion of the inspection.

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

All the residents spoke warmly about the provision of care, their relationship with staff, the provision of meals and the homely atmosphere in the home.

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support.

## 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 was undertaken on 27 April 2022 by a pharmacy inspector; no areas for improvement were identified.

Areas for improvement from the finance and care inspections		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 15.12  <b>Stated:</b> First time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time	<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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> This policy and procedure was in place and there was evidence that this area for improvement was met.</p>	

<p><b>Area for Improvement 3</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>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</b></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>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 taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<p><b>Met</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 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 taken as confirmed during the inspection:</b> RQIA were informed of this outcome of discussions with the Trust.</p>	<p><b>Met</b></p>

<b>Area for improvement 6</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time	The registered person shall ensure that any gaps in an applicant's employment record are fully explored.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Evidence was in place to confirm that any gaps in employment history are properly explored.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of two staff members' recruitment records confirmed that there was a robust system in place to ensure staff were recruited correctly to protect residents.

The staff duty rota reflected 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.

Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of two staff members' assessments found these to be comprehensive in detail to account for the responsibilities of this role.

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

There were systems in place to ensure staff were trained and supported to do their job. A detailed programme of induction was in place for all newly appointed staff. A range of mandatory and additional training was completed by staff on a regular basis.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NICSS). These checks were maintained appropriately.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs

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

It was observed that staff respected residents' 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. Staff sought resident's consent with assisting with care by expressions such as; "Would you like to ..." or "Are you okay with ..."

The dining experience was an opportunity of residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

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.

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. Issues of assessed need had a recorded statement of care / treatment given with effect of same. The outcome of visits from any healthcare professional was also recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic. The Manager explained that plans were being put in place to redecorate the corridor walls and flooring. The Manager also explained that she will be seeking to address the issue of curtains in residents' bedrooms which had been removed.

Cleaning chemicals were maintained safely and securely.



All staff were in receipt of up-to-date training in fire safety. Fire safety records were well maintained with up-to-date fire safety checks of the environment and fire safety drills. The home's most recent fire safety risk assessment was dated 8 July 2021. This assessment had corresponding evidence of actions taken in response to any recommendations made.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE 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.

#### **5.2.4 Quality of Life for Residents**

Residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Two residents made the following comments; "I love this place. It's very peaceful and the staff are very good." and "This is great here. The staff are always nice to you and talk to you. The food is very good too."

The environment suitably facilitated to support residents with social needs and comfort.

#### **5.2.5 Management and Governance Arrangements**

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Responsible Individual was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

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 or worries about patients, care practices or the environment. It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

Discussions with the Manager and a review of the record of complaints confirmed that expressions of dissatisfaction were taken serious and managed appropriately.



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 are available for review by residents, their representatives, the Trust and RQIA.

## **7.0 Quality Improvement Plan/Areas for Improvement**

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.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care