



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Mountview (1329)
Date of Inspection: 14 October 2014
Inspector's Name: Ruth Greer
Inspection No: IN017762

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Home:	Mountview Residential Care Home
Address:	19 Rocktown Lane Knockloughrim Magherafelt BT45 8QF
Telephone Number:	02879 642382
E mail Address:	mountviewrocktown@gmail.com siobhancmcmullan@yahoo.co.uk
Registered Organisation/ Registered Provider:	Mr Colm McMullan Mrs Sarah McMullan
Registered Manager:	Miss Siobhan McMullan
Person in Charge of the Home at the Time of Inspection:	Miss Siobhan McMullan
Categories of Care:	RC - I RC - LD RC - LD (E) RC - MP MP (E) RC - PH RC - PH (E)
Number of Registered Places:	9
Number of Residents Accommodated on Day of Inspection:	8
Scale of Charges (per week):	£437.00
Date and Type of Previous Inspection:	11 March 2014 Primary announced inspection
Date of Inspection:	14 October 2014
Name of Lead Inspector:	Ruth Greer -- Ruth Greer was accompanied by Laura O'Hanlon

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	8
Staff	3
Relatives	0
Visiting Professionals	1

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	6	6

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Mountview Residential Care home is situated rurally outside the village of Knockloughrim.

The residential home is owned and operated by Colm McMullan and Sarah McMullan. The current registered manager is Siobhan McMullan.

The building is a bungalow and accommodation for residents is provided in single rooms several of which have en suite facilities.

A communal lounge and a dining room are provided and are situated on either side of the entrance to the home.

The home also provides for catering and laundry services.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of nine persons under the following categories of care:

Residential care

I	Old age not falling into any other category
MP(E)	Mental disorder excluding learning disability or dementia – over 65 years
MP	Mental disorder excluding learning disability or dementia
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

8.0 Summary of Inspection

This primary announced care inspection of Mountview was undertaken by Ruth Greer on 14 October 2014 between the hours of 10:00 and 15:45. On this occasion the inspector was accompanied by Laura O'Hanlon. Laura O'Hanlon is a recently appointed inspector with the RQIA and is undertaking a period of induction. Siobhan McMullan (Registered Manager) was available during the inspection and for verbal feedback at the conclusion of the inspection.

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

Prior to the inspection, Siobhan McMullan completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Siobhan McMullan in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, one visiting professional, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, reviewed staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used in the home and would only ever be considered in an emergency and as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. Residents were fully involved with the inspection and led the process in many areas. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Mountview was compliant with this standard.

Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Mountview is compliant with this standard.

Resident, staff and visiting professional's consultation

During the course of the inspection the inspector met with residents, staff and one visiting professional. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, staff and visiting professionals are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. This is a small family operated establishment and the ethos is similar to a domestic family based home. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff. Resident moved freely around the home and readily engaged with the inspectors.

Environment

The areas of the environment viewed by the inspectors presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a high standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and no recommendations were made as a result of the primary announced inspection.

The inspector would like to thank the residents, one visiting professional, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process. The RQIA acknowledges and is grateful for the homes willingness to facilitate the induction of Laura O'Hanlon.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 11 March 2014

No requirements or recommendations resulted from the primary announced inspection of Mountview which was undertaken on 11 March 2014.

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Assessment ascertains information on conduct or behaviour which requires a specific response from staff. Staff are trained on how to identify, manage or refer behaviour which presents as challenging Care plan and progress reports monitor usual behaviours, conduct and means of communication.	Substantially compliant
Inspection Findings:	
<p>The home had a Challenging Behaviour policy and procedure dated March 2014 and a policy on Restraint dated March 2014 in place. A review of the policies and procedures identified that they reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions, with residents, identified that informed values and knowledge of the residents as individuals underpinned all interventions.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Managing Challenging Behaviour including the use of Restraint in June 2014 which included a human rights approach.</p> <p>A review of eight residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p>	Compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff are provided with training and support and are aware of residents' rights.</p>	
<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Policy in place to provide guide for staff to identify uncharacteristic behaviour and how to manage and report same.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The policies and procedures of March 2014 included the following:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, the trust, relatives and RQIA. • Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Eight care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p>	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Care plan will detail where a consistent approach is required. There is also system in place for staff to follow routine. Records will show who has been informed if specific approaches are used.</p>	Compliant
Inspection Findings:	
<p>A review of eight care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Any behaviour management programmes will only be implemented following professional recommendation and guidance. Resident file will contain information pertaining tot he programme including review.</p>	Not applicable
Inspection Findings:	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Where a behaviour management programme is devised, staff will be specifically instructed and guided on use of same for the individual resident concerned.</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>A review of staff training records evidenced that staff had received training in:</p> <ul style="list-style-type: none"> • Behaviours which challenge in June 2014 <p>There are no residents who have a behaviour management plan in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>There is a procedure in place should an incident occur outside of the scope of the resident's care plan. There is a step by step guide for staff to record and report the incident.</p>	Compliant
<p>Inspection Findings:</p>	
<p>A review of the accident and incident records from 11 March 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan. Where residents' became unwell the care files identified that the relevant professional(s) had been contacted appropriately and promptly.</p>	Compliant

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment There is a policy on restraint in the home. Where restraint is considered necessary for the well being of a resident and only after professional recommendation will such measures be put in place. Historically and currently the practice of restraint has never been utilised by this home. Therefore there are no records to of such kind available.</p>	<p>Substantially compliant</p>
<p>Inspection Findings: A review of records, discussions with residents and staff, examination of the environment and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home’s Statement of Purpose.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activity record and attendance/ participation patterns in conjunction with stated preferences and interests indicate the activity programme is positive.	Compliant
Inspection Findings:	
<p>The home had a policy on the provision of activities. A review of eight care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activity time table shows varied range of activities which are resident centred but purposeful, appropriate and sensitive to resident's needs.	Compliant

<p>Inspection Findings:</p>	
<p>Examination of the programme of activities identified that social activities are organised each afternoon (apart from Sunday).</p> <p>The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events. Care staff and the manager confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>
<p>Criterion Assessed:</p> <p>13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Activity programme is based on resident preferences and interests including duration, time of activity and frequency. Opinions are gathered by individual assessment, through resident self development and progression of interests, introduction and innovation by staff based on resident knowledge and experience and bi – annual survey on activities.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the record of activities provided and discussions with residents, including one resident who generally stayed in his room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued twice annually by the home, resident meetings, one to one discussions with staff and care management review meetings.</p>	<p>Compliant</p>

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Activities to be held are displayed prominently, also residents are informed verbally of the activity of the day or shown equipment relating to the activity.</p>	Compliant
<p>Inspection Findings:</p>	
<p>On the day of the inspection the programme of activities was on display in the lounge. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Residents are enabled to participate in activities through mediums which are suitable and appropriate</p>	Compliant
<p>Inspection Findings:</p>	
<p>Activities are provided each afternoon by designated care staff and/or the manager.</p> <p>The manager confirmed that the home finance all social activities including any trips out of the home. The inspectors were informed that the registered persons see social activities as part of the provision of holistic care and as such any cost incurred is met by the home.</p>	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Activity duration set around residents needs, abilities and their individual routines.</p>	Compliant
Inspection Findings:	
<p>The registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>There are currently no contracted in services as such. Staff would always be present.</p>	Substantially compliant
Inspection Findings:	
<p>The registered manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.</p>	Not Applicable

Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment Not applicable at present.	Substantially compliant
Inspection Findings: The registered manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.	Not Applicable
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment Activity record holds this information.	Compliant
Inspection Findings: A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment Activity programme changes to reflect changing needs, preferences and interests of residents.	Compliant

Inspection Findings:	
<p>A review of the programme of activities identified that it had last been reviewed in June 2014 and September 2014.</p> <p>The registered manager and confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Compliant</p>

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Compliant</p>

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspectors met with eight residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I'm happy here it suits me as I can do as I please without anyone telling me what to do"
- "I'm the longest here and I still like it"
- "I like the food and the girls"
- "I like my room"

11.2 Relatives/representative consultation

There were no relatives in the home on the day of the inspection.

11.3 Staff consultation/Questionnaires

The inspectors spoke with the registered provider and a care staff in addition to the registered manager and six staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- "I've been employed here for many years and I would not have stayed if the residents care was not first class, which it is"

11.4 Visiting professionals' consultation

One professional visited the home. She expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

Comments received included:

- "I would be delighted if a member of my family needed residential care and was lucky enough to get in here"

The professional stated that the home worked closely with her and any specific instructions in regard to care she advised were carried out by them.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that there have been no complaints received for many years in this home.

11.8 Environment

The inspectors viewed the home with Miss McMullan and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspectors presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 22 July 2014.

The review identified that there were no recommendations made as a result of this assessment

A review of the fire safety records evidenced that fire training, had been provided to staff in May 2014 and is scheduled again for December 2014. The records also identified that different fire alarms are tested weekly with records retained. No obvious fire safety risks were observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Siobhan McMullan. Siobhan McMullan confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The findings of this inspection were discussed with Siobhan McMullan, Registered Manager as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

Ruth Greer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Ruth Greer
Inspector/Quality Reviewer

Date



The Regulation and Quality Improvement Authority

REGULATION AND QUALITY
12 NOV 2014
IMPROVEMENT AUTHORITY

No requirements or recommendations resulted from the primary announced inspection of Mountview which was undertaken on 14 October 2014 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: Sarah M. Mullan

NAME: SARAH McMULLAN
Registered Provider

DATE 7-11-2014

SIGNED: Siobhan Mc Mullan

NAME: SIOBHAN Mc MULLAN
Registered Manager

DATE 7-11-2014

Approved by:	Date
<u>Ruth Greer</u>	<u>12.11.14</u>