

# Inspection Report

12 and 13 September 2023



## Mountvale

Type of service: Nursing

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Mountvale Private Nursing Home Ltd  <b>Responsible Individual:</b> Mr William Trevor Gage	<b>Registered Manager:</b> Miss Heather Joan Maxwell  <b>Date registered:</b> 13 January 2020
<b>Person in charge at the time of inspection:</b> Miss Heather Joan Maxwell	<b>Number of registered places:</b> 51
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 48 on 12 September 2023 and 50 on 13 September 2023
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 51 patients. Bedrooms and living areas are located over two floors with access to communal lounges, dining rooms and outdoor spaces.	

## 2.0 Inspection summary

An unannounced inspection took place on 12 September 2023 from 10 am to 5.30 pm and continued on 13 September 2023 from 11.50 am to 5.30 pm, 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.

Five new areas for improvement were identified in relation to patient experience, supplementary care records, the fire risk assessment, storage of continence products, and consultation with patients.

The home was clean and warm and there was a homely and welcoming atmosphere. There was evidence of good practice in relation to visiting arrangements, provision of activities and social events, meal time coordination, the senior care assistant role, teamwork, and decontamination of equipment.

Patients looked well cared for in that attention had been paid by staff to the personal care and dressing needs of patients. The majority of patients reported having overall positive experiences living in Mountvale. A small number of patients told us that while they were generally satisfied with the services provided in the home, they said that they had experienced some negative interactions with a minority of staff. This is discussed further in sections 4.0 and 5.2.1.

Staff demonstrated good teamwork in their communication with each other and were seen to be polite and compassionate during interactions with patients.

Following additional discussions with the manager and responsible individual (RI) following the inspection, RQIA were assured that the delivery of care and services provided in Mountvale was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, 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 were provided to give patients 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 Miss Heather Joan Maxwell, Manager, and Mr William Trevor Gage, RI, during and at the conclusion of the inspection.

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

Patients told us that they were happy with the environment and facilities in the home and that their bedrooms and communal areas were cleaned daily and well maintained. Patients said that the food was tasty and that there was a variety of choices on the menu.

Patients said that family or friends could visit whenever they wished and some patients told us that they often enjoyed trips out of the home either with staff or with family.

There was mixed feedback from patients in relation to staff. The majority of patients described staff as “great”, “lovely”, “kind and hardworking”, and said that staff were “always available”, and that “they couldn’t do any more for you.” However, a small number of patients described negative experiences with some staff, giving examples of staff being rushed or inattentive when delivering care. Detailed feedback about patient experiences was shared with the management team for their consideration and action. Details of actions taken can be found in section 5.2.2 of this report.

Relatives told us that they were very satisfied with the care and services provided in Mountvale. Relatives said they could visit their loved ones at any time and always felt welcomed in the home. Relatives described staff as “lovely”, and said that they were kept well informed about any changes with their loved one’s care or the running of the home.

Staff said that they felt supported through regular training and communication with management. Staff described having good teamwork and said that they were happy working in Mountvale.

One completed relative questionnaire was received within the allocated timeframe. This relative indicated that they were satisfied that the services provided in Mountvale were safe and that care was delivered with compassion. The relative said that in relation to the effectiveness of care and the management of the home, they were neither satisfied nor dissatisfied. The relative commented that they believed more patients could avail of the communal dining rooms and outdoor spaces to encourage exercise and social stimulation. This relative feedback was shared with the manager for review and action.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 13 December 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 21 (1) (b) <b>Stated:</b> First time	The registered persons shall ensure that a robust system is in place to monitor relevant staffs’ registration with a professional body.	<b>Met</b>
	<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></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that staff adhere to best practice with hand hygiene and remain bare below the elbows.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  There was evidence that staff compliance with hand hygiene was monitored regularly through auditing. However, despite training and monitoring, evidence remained that effective hand hygiene was not embedded into practice. Some staff continue to wear nail varnish or gel nails.</p> <p>This area for improvement was not met and is stated for a second time.</p> <p>This is discussed further in section 5.2.3.</p>	<p><b>Not Met</b></p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall implement management control measures to maintain the fire safety risk at an acceptable level until the remaining fire risk assessment action plan recommendations have been implemented.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  There was evidence that the actions required following the home's previous fire risk assessment dated 9 June 2022 had been implemented; therefore, as written, this area for improvement was met.</p> <p>However; a new area for improvement has been identified under this Regulation, in relation to the home's most recent fire risk assessment.</p> <p>Further detail can be found in section 5.2.3.</p>	<p><b>Met</b></p>

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that all notifiable events are reported to RQIA within the agreed timeframe.</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>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that care records are maintained up to date and reviewed at least monthly.</p> <p>This is with specific reference to assessments and care plans.</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 2</b></p> <p><b>Ref:</b> Standard 23.2</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that pressure prevention care plans are in place for any patient assessed as being at risk of skin or pressure damage.</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 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall ensure that eating and drinking care plans are individualised. This is with specific reference to:</p> <ul style="list-style-type: none"> <li>• fluid intake targets – including how and when staff should take action if fluid intake is consistently below target</li> <li>• fluid intake records include all fluids including prescribed supplements and liquid foods</li> </ul> <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>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients.

All staff were provided with an induction programme to prepare them for working with patients. An induction booklet was completed to capture the topics covered during the induction. In addition, all new staff completed a programme of online theory training on a range of essential topics, such as, but not limited to, privacy and dignity in care, safeguarding adults, and manual handling. It was positive to note that staff could avail of this resource prior to starting work in the home.

Staff new to the home confirmed that they were supported during their induction period by working alongside more experienced staff for at least the first two weeks, to help them become familiar with the policies and procedures in the home. Agency staff confirmed that they were provided with an orientation and induction session at the start of their first shift in the home and told us that they felt welcomed and there was good teamwork.

Staff were provided with a training programme covering a range of essential topics, such as, but not limited to, medicines management, first aid, nutrition, and moving and handling. Review of records and discussion with staff confirmed that the majority of courses were completed via an eLearning system, with some additional practical sessions for moving and handling, fire safety, and first aid. The manager had oversight of staff compliance and reviewed this monthly.

There was a system in place for monitoring relevant staffs' professional registration with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC). It was noted that the system for monitoring NISCC registrations had been improved since the last inspection, with newly appointed staff being added to the tracking system at the start of their employment and the addition of a NISCC application check on staff induction forms.

There was evidence that staff meetings were held regularly and records were well maintained and available for staff.

The staff duty rotas accurately reflected the staff working in the home on a daily basis and staff said that they were satisfied with the staffing levels. Staff allocation lists were used daily to ensure all members of the team were assigned particular duties. This is good practice.

Relatives and patients said that they were satisfied with the staffing levels, and patients said that staff were available when they needed assistance. A small number of patients commented that they had experienced some issues in relation to staff conduct but that they were overall happy with the staffing arrangements. Issues relating to staff are discussed in section 5.2.2.

## 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of patients. There was evidence of good communication systems and records between care and nursing staff. An allocation sheet directed staff to where they would be working during the day and with which patients.

A nursing diary was maintained on each floor to ensure important activities, tests, or appointments were not missed.

Staff interactions with patients were observed to be polite, friendly, warm, and supportive. Relatives told us that they were happy with the delivery of care in the home and that staff were “very caring.”

The majority of patients told us that they were well cared for and that their needs were met. Patients described staff as “great”, “lovely”, “kind and hardworking”, and told us that staff were available to them when they needed anything. Some patients said that sometimes they would have to wait a short period of time if staff were busy, but that this did not impact negatively on their experience.

A small number of patients told us that, while they were generally happy with the care and services provided in the home, they had experienced some poor interactions with a minority of staff. Examples given by patients were discussed in detail with the management team both during and after the inspection. While staff were provided with some training on privacy and dignity in care as part of their mandatory training, patient’s feedback evidenced that this was not fully embedded into practice for all staff.

It was positive to note that the management team acted quickly to arrange training workshops to take place before the end of September 2023 for all staff to attend. Following the inspection, the RI provided written assurances that the workshop sessions had commenced and that staff were reporting positive learning outcomes.

In light of the mixed feedback from patients on their experiences living in Mountvale, RQIA contacted the Southern Health and Social Care Trust (SHSCT). The Trust advised RQIA that Trust key workers would link in with individual patients identified during the inspection to review their care and work with the home where necessary.

An area for improvement was also identified to ensure all care practices uphold the principles of privacy, dignity and respect.

Patients’ 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 patients’ needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records pertaining to patients’ assessment of needs and care plans were well maintained, regularly reviewed and updated to ensure they continued to meet the patients’ needs. The manager had oversight of patient records via the electronic record system and there was evidence of regular auditing of patient assessments and care plans.

Some supplementary records including food and fluid intake, and repositioning records, were found to be incomplete or inaccurate. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The dining experience was an opportunity for patients to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Patients told us that the food was “tasty” and that they had a choice at each meal sitting.

Good practice was observed in relation to the coordination of mealtimes, with the allocation of a mealtime lead at each sitting. This helped to ensure that patients received the correct meals and that specialist speech and language therapy (SALT) recommendations were followed.

There was evidence that patients’ weights were checked at least monthly to monitor weight loss or gain, and records showed appropriate onward referral where required. For example, nursing staff liaised with patients’ GP or Trust dietician.

Patients are required to have at least one joint care review annually, arranged by the commissioning Trust. There was evidence that some patients were overdue their annual reviews. This was discussed with the manager who agreed to undertake an audit on the status of all patients’ care reviews and to liaise with the responsible Trust key workers where necessary. This will be reviewed at the next inspection.

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

The home was clean, warm and comfortable.

Patients’ bedrooms were clean, tidy and personalised with items of importance or interest to the patient. Communal lounges and dining rooms were suitably furnished and comfortable.

Patients and relatives said that they were satisfied with the level of cleanliness in the home, with patients telling us that their bedrooms were cleaned daily.

There was evidence of wear and tear or damage in some areas of the home. For example, a number of handrails and parts of some walls were damaged, and some bedroom flooring was torn or lifting. This was discussed with the management team who provided us with a copy of the home’s ongoing refurbishment plan. It was positive to note that the areas identified by the inspector were already included in the refurbishment programme for repair or replacement; therefore, an area for improvement was not required at this time.

Fire safety measures were in place, in that corridors were free from clutter and fire exits were maintained free from obstruction. Staff were aware of their training in relation to fire safety and how to respond to any concerns or risks.

The most recent fire risk assessment was undertaken on 22 December 2022. A number of recommendations had been made by the assessor and there was evidence that all except one

recommendation had been actioned. This was reviewed by RQIA estates inspector following the inspection and an area for improvement was identified.

There was evidence that systems and processes were in place for the management of risks associated with COVID-19 infection and other infectious diseases. For example, any outbreak or suspected outbreak of infection was reported to the Public Health Authority (PHA).

Governance records evidenced that the manager had oversight of infection prevention and control (IPC) practices through regular auditing. Auditing records showed that staff were routinely monitored for hand hygiene practices and that on occasions staff were seen to breach IPC practice by wearing nail varnish and/or jewellery, which is not conducive to good hand hygiene. It was noted during the inspection that two staff were wearing nail polish/gel nails. Management agreed to review their current approach to address the continued breaches in hand hygiene. A previously identified area for improvement is stated for a second time.

Some good practice was identified in relation to the decontamination of equipment such as commodes and shower chairs between patient use, with the introduction of a labelling system. However, it was noted that there was inappropriate storage of continence products outside of their original packaging. This would not be conducive to IPC standards or manufacturers' guidance. An area for improvement was identified.

#### **5.2.4 Quality of Life for Patients**

Patients confirmed that they were offered choice and assistance on how they spent their day. Patients told us that they could avail of communal areas or spend time in the privacy of their own bedrooms if preferred.

Visiting arrangements were in place and relatives confirmed that they were able to visit with their loved ones at any time of the day and that they always felt welcomed by staff. It was positive to note the welcoming atmosphere in the home, with visitors, staff and patients seen to converse warmly, enjoy refreshments, or play with the home's resident cat.

There was a range of activities available for patients and a monthly programme was on display around the home. The programme for September advertised events such as, but not limited to, beauty therapy, card games, word games, quizzes, musical entertainment, arts and crafts, outings, and church services.

Over the two days of inspection, patients were seen to take part in proverb games, reminiscence, and some patients attended the world sheep dog trials. Review of records and discussion with staff and patients confirmed that organised activities included social, community, cultural, creative, cognitive, religious, and spiritual events, and that patients' needs in this aspect of daily life were met.

The activities programme included a monthly committee meeting which was facilitated by the activities coordinators and attended by patients. It was positive to note that during these meetings patients had the opportunity to discuss what they enjoyed about this aspect of living in the home and could make suggestions about future planned activities. This is good practice and records were well maintained.

Discussion with staff and review of other governance records showed that patients were not routinely encouraged to share their views on other aspects of life in the home, such as views on staff, management, food, the environment, or laundry services etc. The most recent patient satisfaction survey was conducted in November 2021. An area for improvement was identified.

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

There has been no change in the management of the home since the last inspection. Miss Heather Maxwell has been the manager of the home since August 2019 and was registered with RQIA in January 2020.

Staff were aware of who was in charge of the home at any given time and expressed that they were happy with the management arrangements and that there was a clear structure of leadership. Staff also confirmed that they understood their roles and responsibilities in relation to reporting concerns about patients, 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 patients. 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 manager was identified as the appointed safeguarding champion for the home.

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 patients' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints records were maintained.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. Reports of these visits were completed; 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 patients, their representatives, the Trust and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	3

\*The total number of areas for improvement includes one under regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Heather Joan Maxwell, Manager, and Mr William Trevor Gage, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required	The registered persons shall ensure that staff adhere to best practice with hand hygiene and remain bare below the elbows.  Ref: 5.1 and 5.2.3  <b>Response by registered person detailing the actions taken:</b> Staff have been reminded that no member of staff may come to work wearing nail polish or gel nails. Frequent hand hygiene audits continue to ensure compliance.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (8) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 7 November 2023	The registered persons shall ensure that the core values of dignity, privacy, and respect are embedded into staff practice and daily life in the home.  The efficacy of training workshops on core values should be monitored and evaluated by the management team.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> The core values of dignity, privacy and respect are embedded into all training which all staff complete prior to commencement of employment.

	The efficacy of our training workshops have been and are monitored and evaluated by the management to ensure effectiveness.
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (4) (a) (d) <b>Stated:</b> First time <b>To be completed by:</b> 10 October 2023	<p>The registered persons shall ensure that the roof space compartment fire resistant barriers are reinstated in compliance with NIHTM84 and as stated on the fire risk assessment dated 22 December 2022.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  Roof space compartmentation fire resistant barriers have been reinstated as identified in the the home's Fire Risk Assessment</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	<p>The registered persons shall ensure that supplementary care records are maintained accurately and in a contemporaneous manner.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>  Staff have been reminded of the need to ensure that supplementary care records identified are maintained accurately and in a contemporaneous manner. These records will continue to be monitored to ensure a continued high level of accuracy is maintained.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time <b>To be completed by:</b> With immediate effect	<p>The registered persons shall ensure that continence products are stored correctly, in keeping with infection prevention and control standards and manufacturers recommendations.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  All continence products are stored in keeping with infection control standards and the manufacturers recommendations.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 7 <b>Stated:</b> First time	<p>The registered persons shall ensure that patients' views about the running of the home are sought formally at least once a year, and records are maintained.</p> <p>Ref: 5.2.4</p>

<b>To be completed by:</b> 31 December 2023	<b>Response by registered person detailing the actions taken:</b> The home's management in addition to the monthly resident meetings are in the process of undertaking the 2023 patient and relatives feedback survey in relation to the service provided.
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*\*Please ensure this document is completed in full and returned via Web Portal*



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