

Inspection Report

Name of Service: Mountvale

Provider: Mountvale Private Nursing Home Ltd

Date of Inspection: 20 January 2025

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

1.0 Service information

Organisation/Registered Provider:	Mountvale Private Nursing Home Ltd
Responsible Individual:	Mr William Trevor Gage
Registered Manager:	Miss Heather Joan Maxwell
Service Profile – This home is a registered nursing home which provides nursing care for up to 51 patients who are under or over 65 years old and/or have a physical disability. There are bedrooms, communal lounges and dining rooms on both the ground and first floor.	

2.0 Inspection summary

An unannounced inspection took place on 20 January 2025 between 9.30 am and 7.10 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection two areas for improvement were carried forward for a future inspection and one area for improvement was stated for a third time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients told us that they felt safe and were “reasonably comfortable”, staff were “helpful enough and the food’s good” and “it’s brave and good here”. Others who were unable to clearly verbalise their experiences were observed to be comfortable in their relaxed body language and smiling responses. Patients said that staff would help them if help was requested and that staff were gentle and respectful in their approach.

Relatives told us that the care their loved one received was very good; “they’re attentive and everyone’s so nice here”. Relatives also told us they felt confident they would be listened to if they had any issue to raise.

There was evidence of resident’s views being considered through resident meetings held by staff.

Staff told us that they enjoyed their work and felt supported by management and through their training.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of systems in place to manage staffing. However; training records did not evidence that mandatory training such as Medication, Control Of Substances Hazardous to Health, Infection Prevention and Control were being completed in the frequency expected by staff. Two areas for improvement were identified.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Review of the rota identified that the planned staffing levels were met and that the person in charge in the absence of the manager was clearly identified.

In the absence of the manager, there must be a person identified to be in charge of the home. This person must be assessed to be competent and capable to carry out the tasks involved. These assessments were in place and reviewed annually. The manager agreed to review completed assessments to ensure they fully reflect staff’s individual roles, responsibilities and training needs.

Some staff required prompting to wash their hands and to ensure the correct donning and doffing of Personal Protective Equipment (PPE). This was highlighted to the manager who immediately addressed this with staff on the day. However, there was no improvement in practice during the inspection. An area for improvement were identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff also held a written report which they could make reference to throughout the shift.

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 and their diet modified.

Staff responded promptly and compassionately when patients asked for support. Specific utensils to assist patients with their meal were provided for the patients who require this. Staff made changes to the lunchtime meal if patients changed their minds and ensured patients to wear a covering to protect their clothes if they wished to do so. The menu and a choice of condiments were on display and accessible to patients.

During the serving of the breakfast and lunch time meal, it was observed that some patients may have benefitted from staff prompting or assistance with their meals. Discussion with the manager established that staff are keen to ensure care delivery promotes patient's independence and choice however; the manager agreed to review this with individual patients as required.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that systems were in place to safeguard patients and to manage this aspect of care.

Patients' needs were met through a range of individual and group activities such as bingo, quiz, room visits, balloon volley ball, singing, and beauty. A planned schedule of these activities were on display in a communal area on both floors.

Patients were also supported to engage in individual activities. For example, patients who enjoyed reading were able to do this either on their own or in the company of others.

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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.

Patients may require special attention to their skin care and some may require assistance to change their position in a chair or while in bed. Review of a sample of records identified the frequency in which the patient was assisted to change their position was not in keeping with their prescribed care. Records did not evidence that there were two staff assisting in this as required. This area for improvement was stated for a third time.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patients who required walking aids such as rollators or zimmers had them close by to facilitate independence safely. Others, while in bed, had mats on the floor which would alert staff if stepped on. There are times when a person falls that they might require ongoing monitoring which can inform whether a person requires further medical attention. Examination of these care records identified that staff's record keeping was inconsistent and not in keeping with the home's own policy and procedure. An area for improvement was identified.

Review of wound care plans and wound assessments identified that there were gaps in information and inconsistencies. For example, there was more than one care plan for skin but each had different information regarding the number of wounds identified and the frequency of dressing; wound assessments did not evidence that nurses had reviewed the wound as frequently as planned. An area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them such as ornaments and family photographs. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. Other 'homely' touches such as flowers, magazines, and refreshments were in the foyer. There were paintings and artwork on the walls throughout the home.

Some areas of the home had been recently decorated. There is an active refurbishment plan in place for management oversight of the home's environment. However; the inspector also identified three wardrobes requiring repair; these were addressed by the manager immediately.

There was one fire door which was broken and wedged open. This was discussed with the manager who arranged for it to be repaired immediately. However, the door was wedged open with a particularly hazardous item, raising concerns around staff' knowledge and understanding of fire safety. An area for improvement was identified.

Both the medication trolley and the cleaning trolley were left unattended, posing a potential risk to patients through the accessibility of hazardous items namely medications and cleaning products. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection.

A system for reviewing the quality of care, other services and staff practices was in place.

Review of completed audits demonstrated that while audits considered reviewed details, there was not always evidence that action plans were completed. The manager agreed to review this.

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

There was a range of 'Thank You' cards on display in the home from relatives expressing gratitude to the staff for the care of their loved ones.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	5	5*

* the total number of areas for improvement includes one standard which has been stated for a third time and two standards which are carried forward for review at a future inspection.

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (c) Stated: First time To be completed by: 20 March 2025	<p>The Registered Persons shall ensure that mandatory training for all staff is up to date. This includes but is not limited to Medication, Control Of Substances Hazardous to Health, Infection Prevention and Control</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: At the time of the inspection staff were transferring to a new training platform which created some issues with email alert systems normally triggering training however at time of writing all staff are now fully migrated and training has returned to our usual high levels of compliance. compliance is monitored on an ongoing basis.</p>

<p>Area for improvement 2</p> <p>Regulation 20 (c)</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2025</p>	<p>The Registered Persons shall ensure that there is an effective system in place to manage staff compliance with mandatory training.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The new system is now in place. There is an effective system in place to manage compliance for the 105 staff the home employs. The system consistently returns a very high level of compliance. .</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2025</p>	<p>The Registered Persons shall ensure that staff adhere to infection prevention control procedures (IPC); appropriate donning and doffing of personal protective equipment (PPE).</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Refresher training has been completed for all staff.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2025</p>	<p>The Registered Persons shall ensure potential hazardous items are not accessible; the medication trolley and cleaning trolley will not be left unsupervised with medication or cleaning products accessible.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Staff have been reminded that medication and cleaning trolleys are to be within line of sight at all times.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (4) (f)</p> <p>Stated: First time</p> <p>To be completed by: 20 March 2025</p>	<p>The Registered Persons shall ensure that all staff working in the home, including bank staff, are aware of the procedure to be followed in case of fire .</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All staff complete fire training every every 6 months including bank staff. In addition over 80% of the homes staff have completed fire warden training.</p>

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4 Stated: Third time To be completed by: 15 March 2025	The Registered Persons shall ensure that supplementary care records are maintained accurately and in a contemporaneous manner. Ref: 3.3.3
	Response by registered person detailing the actions taken: All staff are aware of the importance of ensuring that supplementary records are completed This is currently being monitored closely
Area for improvement 2 Ref: Standard 4.9 Stated: First time To be completed by: 15 March 2025	The Registered Persons will ensure that post falls checks are completed fully, accurately and in a timely manner. Ref: 3.3.3
	Response by registered person detailing the actions taken: All the home's Staff Nurses have been reminded of post falls procedures used within the home and the completion of the required records fully in an accurately and timely manner
Area for improvement 3 Ref: Standard 4.8 Stated: First time To be completed by: 15 March 2025	The Registered Persons will ensure that wound care plans and assessments are consistently directing the care and that the planned care is delivered Ref: 3.3.3
	Response by registered person detailing the actions taken: Wound care in Mountvale has been consistently good for some years however on this occasion the documentation fell short of standards expected within the home. All Staff Nurses have been reminded to be vigilant in the direction and management of wounds. This is monitored closely
Area for improvement 4 Ref: Standard 29 Stated: First time To be completed by: 15 January 2024	The Registered Persons shall ensure that complete records of the administration of medicines and nutritional supplements administered via the enteral route are maintained.
	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. Ref: 2.0

<p>Area for improvement 5</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 15 January 2024</p>	<p>The Registered Persons shall review the management of insulin to ensure the date of opening is consistently recorded on in-use insulin pen devices. A system of regular date checking should be implemented to ensure insulin is not administered past the shortened expiry date.</p> <hr/> <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>Ref: 2.0</p>
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