



The **Regulation** and  
**Quality Improvement**  
Authority

## **Unannounced Follow Up Care Inspection Report 21 October 2019**



### **Mountvale**

**Type of Service: Nursing Home**

**Address: Brewery Lane, Meeting Street, Dromore BT25 1AH**

**Tel No: 028 9269 9480**

**Inspectors: Julie Palmer and Catherine Glover**

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

---

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 51 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mountvale Private Nursing Home Ltd  <b>Responsible Individual:</b> William Trevor Gage	<b>Registered Manager and date registered:</b> Heather Joan Maxwell Registration Pending
<b>Person in charge at the time of inspection:</b> 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  A maximum of 1 named resident receiving residential care in category RC-I

### 4.0 Inspection summary

An unannounced inspection took place on 21 October 2019 from 09.45 hours to 14.20 hours. This inspection was undertaken by the care and pharmacist inspectors.

The term 'patient' is used to describe those living in Mountvale which provides both nursing and residential care.

Following the last care and medicines management inspection carried out on 11 June 2019, RQIA was concerned that the medicine management issues evidenced during the inspection had the potential to affect the health and well-being of patients. A decision was taken to hold a serious concerns meeting to discuss the outcome of the inspection with the registered persons. The meeting was held at RQIA Belfast office on 18 June 2019. During the meeting, the management team provided RQIA with an action plan and details of the completed and planned actions to drive improvement, to ensure that the concerns raised at the inspection were addressed.

The inspection was undertaken to ensure that the identified concerns had been effectively addressed. The inspection also assessed progress with all areas for improvement identified in the home since the last care and medicines management inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing, staff recruitment, supervision and appraisal, infection prevention and control (IPC), record keeping, the culture and ethos, governance arrangements and teamwork. Additional areas of good practice were found in relation to the standard of maintenance of the personal medication records, medicine administration records, the management of medicine changes and the management of medicines on admission.

An area for improvement was identified in relation to ensuring that care plans were in place for the management of pain for those patients requiring regular pain relief.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Heather Maxwell, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 11 June 2019

The most recent inspection of the home was an unannounced care and medicines management inspection undertaken on 11 June 2019. As previously discussed in section 4.0 enforcement action resulted from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care and medicines management inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 14 to 27 October 2019
- staff training records
- incident and accident records
- two staff recruitment and induction files
- staff supervision and appraisal schedule
- four patients' care records including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- a sample of monthly monitoring reports from June 2019 onwards
- RQIA registration certificate
- personal medication records, medicine administration records, medicines requested, received and transferred/disposed
- management of medicines on admission and medication changes
- management of controlled drugs, antibiotics, insulin and injectable medicines
- care planning in relation to distressed reactions and pain
- medicine management audits, storage of medicines and stock control

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either; met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

## 6.1 Review of areas for improvement from previous inspections

Areas for improvement from the last care and medicines management inspection dated 11 June 2019		
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 13 (4) <b>Stated:</b> Third and final time	The registered person shall develop and implement a robust auditing process which covers all aspects of medicines management.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The auditing process has been developed and enhanced. Audits are completed regularly by the manager who is also supported by the community pharmacist. The outcome of this inspection shows that the process is effective in highlighting areas for improvement in the management of medicines.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> Second time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of the environment evidenced that the identified infection prevention and control deficits had been effectively resolved.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 13 (1) (a) (b) <b>Stated:</b> Second time</p>	<p>The registered person shall ensure that nursing staff carry out clinical and neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. A post fall risk assessment should be completed within 24 hours of all falls.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of care records for patients who had had a fall evidenced that clinical and neurological observations had been completed as appropriate and the post fall risk assessment had been updated within 24 hours of the fall.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Regulation 17 <b>Stated:</b> First time</p>	<p>The registered person shall ensure an annual quality report is compiled in order to reflect upon and review the quality of nursing and other services provided in the home.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Following the inspection RQIA were provided with a copy of the 2018/2019 report; this report reflected upon the quality of nursing and other services provided in the home.</p>	



<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 29</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the monthly quality monitoring report is sufficiently detailed and contains information on areas for improvement identified at previous inspections and/or on progress made to address these areas.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of the monthly quality monitoring report evidenced that this included areas for improvement identified at previous inspections and progress made to address these areas.</p>		
<p><b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b></p>		<p style="text-align: center;"><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the reason for leaving previous employment is recorded and any gaps in an employment record are explored and explanations recorded.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of two staff recruitment files evidenced that the reasons for leaving previous employment were recorded. No employment gaps were identified in the files reviewed. The manager assured us that this area would be explored at interview if necessary; an interview checklist was completed to ensure all the required information was obtained.</p>		
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure the outcome of care delivered is monitored and recorded contemporaneously. In addition, it is subject to review at agreed intervals and there is evidence of evaluations. This area for improvement is made in with specific reference to wound care management.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of wound care records evidenced that these were contemporaneous and regular evaluation was recorded.</p>		

<b>Area for improvement 3</b> <b>Ref:</b> Standard 40 <b>Stated:</b> First time	The registered person shall ensure that a staff supervision and appraisal schedule is implemented and maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A staff supervision and appraisal schedule had been developed and was in operation.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 46 <b>Stated:</b> First time	The registered person shall ensure that staff receive additional training in infection prevention and control measures and that this training is embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of staff training records evidenced that additional infection prevention and control (IPC) training was provided in July and August 2019. Discussion with the manager evidenced that IPC practices were monitored through observations, audits and discussion with staff to ensure training was embedded into practice.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall review the management of incidents to ensure that staff recognise that when there is no supply of a medicine, this is reported to management and RQIA.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The management of incidents has been reviewed and any medicine related incidents have been appropriately managed and reported.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time	The registered person shall review the management of distressed reactions to ensure that the reason for and outcome of each administration of medicine is recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An additional recording sheet has been placed in the medicines file for each relevant patient to document the date, time, reason and outcome of administering medicines for distressed reactions.	



<b>Area for improvement 7</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time	The registered person shall ensure that where medicines are crushed and or added to food prior to administration, evidence of professional advice is in place and also recorded in the patient's care plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A care plan was in place for one patient who required medicines to be crushed but not for a second patient. The registered manager advised that this would be completed immediately after the inspection. Due to this assurance, this area for improvement was assessed as met.	
<b>Area for improvement 8</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall ensure thickening agents and nutritional supplements are safely and securely stored and that a risk assessment of storage arrangements is completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the completed risk assessment and observation of the environment evidenced that thickening agents and nutritional supplements were safely and securely stored in the home.	

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to monthly review to ensure the assessed needs of the patients were met. The duty rotas reviewed evidenced that the planned daily staffing levels were adhered to. Staff spoken with told us that they were satisfied with staffing levels.

We also sought staff opinion on staffing via the online survey; no responses were received.

Patients spoken with told us that they were satisfied with staffing levels. One patient commented that "all the staff are very kind but they could do with more of them". We did not have the opportunity to speak to any patients' visitors during the inspection.

We also sought the opinion of patients and patients' visitors on staffing levels via questionnaires; one response was received from a relative and this indicated that the respondent was satisfied with staffing levels.

Review of two staff recruitment files evidenced that the reasons for leaving previous employment were recorded. No employment gaps were identified in the files reviewed. An interview checklist was included in the files; this was completed to confirm that all the required information was obtained to ensure that staff were suitable to work with patients in the home prior to commencing work there. This area for improvement had been met.

A staff appraisal and supervision schedule was in place and a record of supervisions and appraisals was maintained. This area for improvement had been met.

A review of the home's environment was carried out and included observations of a sample of bedrooms, bathrooms, shower rooms, lounges, storage areas, sluices, treatment rooms and dining rooms. The home was found to be warm, clean, tidy and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Environmental infection prevention and control (IPC) deficits that had been identified at the previous inspection had been resolved. This area for improvement had been met.

Review of training records evidenced that staff had received additional, face to face, IPC training in July and August 2019. The manager told us that she ensured this training was embedded into practice through observations, audits and discussion with staff. This area for improvement had been met.

We observed that staff used personal protective equipment (PPE), for example aprons and gloves, appropriately and that these were readily available throughout the home.

The manager confirmed that a redecoration schedule was in place and that she met once a week with the responsible individual and the owner to discuss progress and any additional areas that required improvement. We observed that the carpet outside the first floor treatment room was stained, the manager told us that this was as the result of a spillage and the carpet was due to be deep cleaned. Following the inspection the manager confirmed that the carpet had been deep cleaned with good effect.

## **Management of medicines**

Satisfactory systems for the following areas of the management of medicines were observed: medicine records, the management of the medicines on admission and medicines changes, controlled drugs, management of injectable medicines and records for distressed reactions.

The management of medicines prescribed for pain was discussed. The registered manager was advised that a care plan should be in place for the management of these medicines should they be required for regular administration. An area for improvement was identified.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, training, supervision and appraisal, IPC measures, the standard of maintenance of the personal medication records, medicine administration records, the management of medicine changes and the management of medicines on admission.

## Areas for improvement

An area for improvement was identified in relation to ensuring that care plans were in place for the management of pain for those patients requiring regular pain relief.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	0	1

### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Observation of care delivery and the daily routine in the home evidenced that patients care needs were met in a timely manner. Patients spoken with were satisfied that they received the right care at the right time. Patients unable to voice their opinions appeared to be comfortable, content and settled in their surroundings.

Review of four patients' care records evidenced that care plans and risk assessments were in place to direct the care required and reflected the assessed needs of the patients. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Food and fluid intake charts were maintained and the records reviewed were up to date.

We reviewed the management of wounds and observed that recording on wound charts was up to date and that the wound care delivered was consistently recorded and evaluated in the daily records. This area for improvement had been met.

Review of care records for patients who had had a fall evidenced that clinical and neurological observations had been completed as appropriate and the post fall risk assessment had been updated within 24 hours of the fall. This area for improvement had been met.

A risk assessment had been completed to review storage of thickening agents and supplements in the home. Review of the environment evidenced that these were safely and securely stored. This area for improvement had been met.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, wound care recording, post falls management and risk assessment.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

During the inspection we spoke with 16 patients about their experience of living in Mountvale. Patients commented positively about life in the home and the care they received, they told us:

- “It’s absolutely great, I love it.”
- “Everyone is very nice.”
- “Staff are very helpful.”
- “The food is excellent.”
- “The home is as good as can be.”
- “The staff are great, I couldn’t say a bad word about the place.”
- “It’s always nice and clean and smells fresh.”
- “The food is terrific.”
- “The girls are very good.”
- “There is nothing wrong with this place.”

We observed that patients who were unable to voice their opinions, appeared to be content and settled both in their surroundings and in their interactions with staff.

During the inspection staff interactions with patients were observed to be kind and caring; they treated patients with dignity and respect. Staff were seen to knock on bedroom and bathroom doors before entering rooms and to keep doors closed when assisting patients in order to ensure their privacy was maintained.

Following the inspection we were provided with a copy of the 2018/2019 annual quality report; this report reflected upon the quality of nursing and other services provided in the home. This area for improvement had been met.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy and taking account of the views of patients.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. There had been a change in management arrangements since the last inspection and RQIA had been appropriately notified.

Discussions with staff and observations within the home confirmed that it was operating within the categories of care registered.

Staff told us they found the manager accessible and approachable and that teamwork was good within the home; they commented positively about working in the home:

- “I love it here.”
- “It’s good here.”

Discussion with the manager and review of auditing records evidenced that a number of monthly audits were completed to assure the quality of care and services. Audits were completed, for example, regarding accidents/incidents, care records, use of restrictive practices, wounds, falls and infection prevention and control practices. An action plan was developed where shortfalls were identified.

Systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

We reviewed a sample of monthly quality monitoring reports from June 2019 onwards and found that these included areas for improvement identified at previous inspections and progress made to address these areas. This area for improvement had been met.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement, teamwork and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Heather Maxwell, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



## Quality Improvement Plan

### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 November 2019</p>	<p>The registered person shall ensure that care plans for the management of pain are completed for patients requiring regular pain relief.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All patients requiring pain relief now have a care plan for the management of pain.</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care