

# Inspection Report

22 February 2024



## Mountvale

Type of service: Nursing Home

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

Telephone number: 028 9269 9482

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Assurance, Challenge and Improvement in Health and Social Care

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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
<b>Brief description of the accommodation/how the service operates:</b> Mountvale 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 22 February 2024 from 9.40 am to 3.20 pm, by a care inspector.

The inspection assessed progress with areas for improvement identified in the home since the last care inspection and focused on hand hygiene practice, care delivery, fire safety, and patient experience.

The home was clean and warm, and there was a welcoming atmosphere. Staff were seen to deliver care in a compassionate manner and told us that they were well trained in their roles. Patients told us that they were satisfied with the care and services in the home.

One area for improvement that was identified at the previous care inspection was not met and has been stated for a second time. Further details can be found in the body of this report and in the Quality Improvement Plan (QIP) at the end of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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.

An Inspection Support Volunteer (ISV) was present during this inspection and their comments are included within this report. An ISV is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

### 4.0 What people told us about the service

During the inspection we consulted with patients, relatives, and staff. Patients told us that they were content with the care and services provided in the home. The majority of patients described staff as "very good" and "lovely", and told us that they felt safe living in Mountvale. One patient expressed that they had mixed experiences with staff. This was shared with the manager during the inspection and the manager provided assurances that they would explore this feedback further to ensure continuity in care delivery and patient experience.

Relatives provided feedback both during the inspection and following the inspection via completed questionnaires. Two relatives told us that they were satisfied with the care and services provided in Mountvale; they said that the home was always clean and that staff made them feel welcome.

Two relatives indicated that they were dissatisfied with some aspects of care and services within the home, including, staffing arrangements, care delivery, and activities. A summary of relative comments was shared with the manager, who provided assurances these issues would be addressed at an upcoming relatives meeting, scheduled to take place on 25 March 2024.

Staff told us that they were “very happy” working in Mountvale, and that they were satisfied with the staffing arrangements, the training provided, and the communication between staff and management.

No staff survey responses were received within the allocated timeframe.

## 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 pharmacy inspection on 15 January 2024		
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 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate action required (13 September 2023)	<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 this area for improvement was met.</p>	Met
<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	<p>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.</p> <p>The efficacy of training workshops on core values should be monitored and evaluated by the management team.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	

<b>Area for improvement 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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<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 (13 September 2023)	<p>The registered persons shall ensure that supplementary care records are maintained accurately and in a contemporaneous manner.</p> <p><b>Action taken as confirmed during the inspection:</b> Shortfalls were identified within the supplementary care records. Further detail can be found in section 5.2.1 of this report.</p> <p>This area for improvement was not met and has been stated for a second time.</p>	<b>Not met</b>
<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 (12 September 2023)	<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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 7  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2023	<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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (15 January 2024)	<p>The registered persons shall ensure that complete records of the administration of medicines and nutritional supplements administered via the enteral route are maintained.</p> <p><b>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.</b></p>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 5</b>  <b>Ref:</b> Standard28  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (15 January 2024)	<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> <p><b>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.</b></p>	

## 5.2 Inspection findings

### 5.2.1 Care Delivery and Record Keeping

Staff confirmed that there was enough staff on duty to meet the needs of the patients accommodated in the home. Patients raised no concerns in relation to staffing arrangements or the availability of staff when they needed assistance. Staff were seen to respond to requests for assistance in a timely manner.

Since the last care inspection a number of training workshops had taken place with staff on the topic of care delivery from the patients' perspective. This training was entitled 'through the residents' eyes.' Review of the training evaluation records and discussions with staff evidenced that staff found this training to be beneficial and insightful. Feedback from patients evidenced an improvement in patient experiences. The manager informed us that these workshops would be provided annually to staff. This is good practice.

A sample of care records were reviewed and evidenced that patients' needs were assessed on a regular basis and care plans were developed to instruct staff on how to best meet patients' needs. Supplementary records were in place for identified patients to evidence the delivery of care such as repositioning, personal care, and food and fluid intake. The repositioning records for two patients were reviewed and found to have long gaps between entries, which were not in line with the recommended repositioning frequencies as stated in the patients' care plans.



An area for improvement in relation to supplementary records identified at the previous care inspection was stated for a second time.

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

The home was clean and warm. Patients bedrooms were clean and personalised with items of importance or interest to each patient. It was observed that a number of window sills and walls near the windows in some patients' bedrooms were damaged. This was discussed with the manager who confirmed that these deficits had been identified during the home's environmental audit and measures were put in place to address this. This will be reviewed at the next inspection.

Communal bathrooms were clean, accessible, and free from inappropriate storage.

Fire safety measures were in place to ensure the safety of patients, staff, and visitors to the home. Corridors were clutter free and fire doors and exits were free from obstruction. Fire extinguishers were wall mounted and easily accessible. The manager confirmed that works to repair the roof space compartment barriers had been completed. The most recent fire risk assessment was conducted on 6 February 2024, and records showed that any recommendations made had been addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, hand sanitiser was made available to everyone entering the home, regular infection prevention and control (IPC) and hand hygiene audits were conducted, and the home liaised with the Public Health Authority (PHA) when required.

Staff were seen to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) correctly.

### **5.2.3 Quality of Life for Patients**

Patients confirmed that they were able to choose how and where they spent their day. For example, some patients told us that they enjoyed using the communal areas while other patients said that they preferred spending time in their own bedrooms.

Some patients talked about important relationships with family and/or friends and told us that visitors could come at any time without issue. Relatives confirmed that visiting arrangements were working well.

Patients told us that they occupied their time with hobbies and interests, such as writing, reading, listening to music, and watching television or streaming platforms.

An activities programme was available and included events such as quizzes, pamper sessions, outings, and religious services. Some patients were seen to participate in a quiz during the inspection.

A patient satisfaction survey was undertaken by the home in December 2023 and a summary of the feedback was on display.

As part of the satisfaction survey, patients were invited to share their views on staff, care, raising concerns, the quality of life in Mountvale, and the environment. The home's management team provided responses in relation to the survey feedback and told patients and relatives what actions they planned to taken to improve the service.

The ISV consulted with patients and staff. Patients told the ISV that they were satisfied with the care and services provided in Mountvale and spoke positively about the staff and treatment, with comments such as, "treated excellently...I feel safe", "staff are very kind", and "I'm quite happy here."

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **the Care Standards for Nursing Homes (December 2022)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	3*

\* The total number of areas for improvement includes one that has been stated for a second time and two areas which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Heather Joan Maxwell, 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 Care Standards for Nursing Homes (December 2022)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time  <b>To be completed by:</b> 22 February 2024	The registered persons shall ensure that supplementary care records are maintained accurately and in a contemporaneous manner.  Ref: 5.1 and 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The supplementary care records continue to be monitored to ensure a high level accuracy to reflect the care given. Staff are regularly reminded of the need to ensure complete records are maintained.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29  <b>Stated:</b> First time  <b>To be completed by:</b> 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.  Ref: 5.1
	<b>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.</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time  <b>To be completed by:</b> 15 January 2024	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.  Ref: 5.1
	<b>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.</b>

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**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)

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