

# Inspection Report

**Name of Service:** Mountview Retreat  
**Provider:** Inspired 2 Care Limited  
**Date of Inspection:** 23 June 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Inspired 2 Care Limited
<b>Responsible Individual:</b>	Mrs Rosemary Dilworth
<b>Registered Manager:</b>	Mrs Emma Rafferty
<b>Service Profile –</b> This home is a registered residential care home which provides health and social care for up to nine residents, over or under 65 years of age, who are living with a learning disability, a mental disorder excluding learning disability or dementia or a physical disability. All accommodation is provided on the ground floor. Residents have access to communal lounges, a dining area and a secure outdoor space.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 June 2025 from 9.45 am to 4.40 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.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; recruitment, post falls management and management of risks.

As a result of this inspection five new areas for improvement were identified. 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 resident'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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Comments included: "This is our home. We have a feeling of trust. I love the setting", "It's a lovely place. The staff are sound and they make me a lovely dinner", "We play bingo, knit and bake. I love Charlie Landsborough and Daniel O'Donnell" and "It's home from home. It's a good home and everybody is very good."

Residents stated that they felt safe in the home. Discussions with residents confirmed that there was enough staff on duty and if they wanted anything all they had to do was ask.

Residents told us that they were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance. Staff reported that there was a good staff team in the home which facilitated good communication.

We did not receive any responses from the staff online survey within the timescale specified.

We received nine questionnaire responses from residents who were very complimentary of the care provided to them. Comments included, "Always someone here if I need them" and "I feel very safe as staff here all the time."

### 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 residents.

There was evidence of systems in place to manage most aspects of staffing, although review of staff recruitment records established that all pre-employment checks had not been completed prior to each staff member commencing in post. An area for improvement was identified.

Residents 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. Staff were always available and responded promptly to call bells. Staff knew what they were required to do each day and understood the needs of the residents.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty in a kind and compassionate manner.

#### 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 residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Observations of the staff and resident's interactions during activities found staff to be reassuring and compassionate.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others. Residents reported that they could choose what time they could get up in the morning; if they wanted to participate in the activities available or spend time privately. Expressions of consent were observed during interactions with staff and residents.

Examination of records regarding the management of falls evidenced that these were not consistently managed in keeping with best practice guidance. Review of two falls confirmed that there was no evidence that residents were appropriately monitored for signs and symptoms of a head injury and daily progress notes did not consistently comment on the status of the resident following an unwitnessed fall. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. The food was attractively presented and portions were generous and included a choice of meal. There was a variety of drinks available. It was observed that residents were enjoying dining experience as they were having a leaving party for one of the staff.

Residents were appropriately supervised throughout the serving of the meal. Discussion with residents confirmed that the food provision was good and there was always a choice of meal offered.

The importance of engaging with residents was well understood by management and staff and residents were encouraged to participate in their own activities such as watching TV, reading, writing poetry, resting or chatting with each other and staff. Arrangements were also in place to meet residents' social, religious and spiritual needs. Residents were observed listening to music and one resident said they had visited alpaca's the previous week.

Residents spoken with told us they enjoyed living in the home, that staff were friendly and commented that there was always something to do. It was pleasing to note that residents engaged in a project called 'food to fork' where they participated in growing and cooking their own vegetables.

### 3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Care staff made regular entries about the delivery of care, however it was not clear that a daily evaluation was recorded for residents at the end of each shift. This was discussed with the deputy manager who agreed to review the handover record to ensure a contemporaneous record is available for review which evidences which staff member completed the evaluation and at what time.

### 3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and generally well maintained and this was further reiterated by the residents. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

A small number of environmental issues were identified and were addressed before the end of the inspection. A number of trip hazards were noted at the rear the building. This was discussed with the responsible individual who provided assurances that these works would be addressed without delay.

Concerns about the management of general risks to the health, safety and wellbeing of residents, staff and visitors to the home were identified. Three fire doors were found to be propped or wedged open preventing closure in the event of the fire system activating and sharp knives were accessible to anyone entering the kitchen. A number of areas for improvement were identified.

Examination of records and discussion with staff evidenced deficits relating to legionella prevention controls. It was noted that infrequently used water outlets had not been managed appropriately. This was discussed with the deputy manager and the aligned estates inspector following the inspection and assurances were received that appropriate measures were now in place. An area for improvement was identified.

Systems and processes were in place to manage infection prevention and control (IPC) which included regular monitoring of the environment and staff practice to ensure compliance.

A small number of shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the deputy manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

### **3.3.5 Quality of Management Systems**

There has been no change in the management of the home since the last inspection. Mrs Emma Rafferty has been the manager of this home since 28 February 2022.

Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Residents spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

#### 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
<b>Total number of Areas for Improvement</b>	4	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Megan McCloskey, Deputy Manager, 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 Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (1) (b) Schedule 2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2025</p>	<p>The registered person shall ensure that all pre-employment checks are completed before any staff commence working in the home and evidence retained of managerial oversight of all such records.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b> Organisations On Boarding Process ammended along with Application Form, all staff in employment successfully provided all details of previous employment which is now in personnel files.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2025</p>	<p>The registered person shall ensure that staff manage falls in keeping with best practice.</p> <p>Ref: 3.3.2</p> <p><b>Response by registered person detailing the actions taken:</b> Falls Management Policy updated for organisation. All staff informed of updated Policy and have confirmed by sign sheet.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (4) (d) (i)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2025</p>	<p>The registered person shall ensure that fire doors in the home are not propped or wedged open preventing closure in the event of the fire alarm system activating</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Daily Walkaround documentation updated and implemented by management to ensure all Fire Doors are closed. Staff notified of regulation via internal communication system and Flash Meetings.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2025</p>	<p>The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b> Daily Walkaround documentation updated and implemented by management to ensure all areas of home are free from hazards. Staff notified of regulation via internal communication system and Flash Meetings</p>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 June 2025</p>	<p>The registered person shall ensure that all infrequently used water outlets within the home are identified and flushed a minimum of twice weekly, in accordance with current best practice guidance (HSG274 Part 2, HSENI). Suitable records should be maintained and be available within the home for inspection.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Documentation in place and implemented for Twice Weekly flushing of all Outlets as per best practice guidance.</p>

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The Regulation and  
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Authority

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