The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **Mountvale**

**Provider:** **Mountvale Private Nursing Home Ltd**

**Date of Inspection:** **7 March 2026**

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

## 1.0 Service information

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| **Organisation:** | 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 7 March 2026, from 10.00 am to 5.30 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 20 January 2025; 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 patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of the environment and care records.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. 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 patients, 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

Patients who were able to share their opinions on life in the home said they were well looked after. Some patients may have difficulty telling us about their experiences. Patients who had communication difficulties looked relaxed in their environment and during interactions with staff. Patients were observed to give non-verbal cues to indicate their wellbeing, such as smiling or hand gestures.

Patient comments included "they (the staff) are very good and the food is lovely", "It's brilliant in here", "The girls (staff) are great, I enjoy the craic", "It's nice here" and "I am quite content".

Staff spoken with said that Mountvale was a good place to work. Staff said that they were satisfied with staffing levels, teamwork was good, the management team were approachable and they thoroughly enjoyed working in the home and caring for the patients.

We did not receive any questionnaires or response from the staff online survey within the timescale specified.

## 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. Although recruitment records were not reviewed on this inspection, staff compliance with training was observed as good and systems were in place to ensure staff received their supervision and appraisal.

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.

The staff duty rota accurately reflected the staff working in the home on a daily basis.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

### 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 were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

Staff were observed to be prompt in recognising patients' needs and the staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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 observed that a number of bedrails within patient bedrooms were third party and not integrated to the bed frame. This was discussed with the manager who confirmed and provided evidence of the additional checks required for this type of bed rail.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs.

Examination of care records and discussion with the staff confirmed how the risk of falling and falls were managed, referrals were made to other healthcare professionals as needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if

required. However, review of care records did not evidence that staff fully or consistently completed post falls observations or documentation as per best practice guidance. An area for improvement was stated for a second time.

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.

It was observed that only a few patients dined in the dining rooms, this was discussed with the manager who confirmed that patients are encouraged to use the dining rooms but many choose to dine in the lounges. Observation of the lunchtime meal confirmed that enough staff were available in either the dining rooms or lounges to support the patients with their meal. The food served smelt and looked appetising. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The daily menu was displayed in the dining rooms and the patients confirmed they had a choice of meal at each sitting. The patients commented positively about the food served.

The importance of engaging with patients was well understood by the manager and staff. There was a range of activities provided for patients by activity staff. The patients confirmed that activities took place in the home, an activities planner for the month was available for review. The range of activities included social, community, cultural, religious, spiritual and creative events.

Some recent events included entertainment by “Strings and Sings”, games, beauty therapy and a Church service. Art and crafts with a Mother’s Day theme was also planned. Patients’ needs were met through a range of individual and group activities. Activity records were maintained which included patient engagement with the activity sessions. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals.

### 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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients’ needs. We discusses how the care records could be improved by providing a more person centred details. Nursing staff recorded regular evaluations about the delivery of care.

Review of care records specifically for those patients who required wound care evidenced that the wound dressing records were not consistent with the patients prescribed care. An area for improvement was stated for a second time.

### 3.3.4 Quality and Management of Patients’ Environment

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. In general the home was clean, warm and comfortable. Patients' bedrooms were tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home. The manager advised of an ongoing refurbishment and redecoration plan for the home.
However, an upstairs dining room / kitchenette area was observed in need of a better clean. An area for improvement was identified.

The morning tea trolley was left unattended, the tea trolley had two containers of thickening agent on it. This is a potential risk to patients who may be mobilising around the home or be at risk of choking or ingesting this item. An area for improvement was identified.

Review of records confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last care inspection; Miss Heather Maxwell, has been the registered manager of Mountvale since 13 January 2020.

Staff commented positively about the manager and described her as supportive and approachable.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

## 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 |
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| **Total number of Areas for Improvement** | 1 | 5* |

*The total number of areas for improvement includes two standards that have been stated for a second time and a further 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 Miss Heather Maxwell, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## Quality Improvement Plan

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| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 14 (2) (a) (c)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>7 March 2026 | The Registered Person shall ensure as far as reasonably practical that all parts of the home to which patients have access are free from hazards to their safety.<br><br>This is stated with specific reference to the storage of thickening agents.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken**: The home has purchased lockable cabinets that the thickener containers are placed in. |
| **Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 29<br><br>**Stated:** First time<br><br>**To be completed by:**<br>15 January 2024 | The Registered Person 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.** |
| **Area for improvement 2**<br><br>**Ref:** Standard 28<br><br>**Stated:** First time<br><br>**To be completed by:**<br>15 January 2024 | The Registered Person 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. |
| | **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.** |
| **Area for improvement 3**<br><br>**Ref:** Standard 4.9<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>7 March 2026 | The Registered Person will ensure that post falls checks are completed fully, accurately and in a timely manner.<br><br>Ref: 2.0 and 3.3.3 |
| | **Response by registered person detailing the actions taken:** Post falls documentation has been reviewed , staff have been reminded of the need of the consistency required on completing all post falls documentation, additional training has been organised. |

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| **Area for improvement 4**<br><br>**Ref:** Standard 4.8<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>7 March 2026 | The Registered Person will ensure that wound care plans and assessments are consistently directing the care and that the planned care is delivered<br><br>Ref: 2.0 and 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>All nursing staff have been reminded of the importance of the need to ensure that dressings undertaken by external Trust staff are recorded and that CMS care plans are consistent with the wound care files. |
| **Area for improvement 5**<br><br>**Ref:** Standard 43<br><br>**Stated:** First time<br><br>**To be completed by:**<br>7 March 2026 | The Registered Person will ensure that all areas of the home which patients have access to is kept clean.<br><br>This is stated with specific reference to the upstairs dining room / kitchenette.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>The small kitchenette area has been throughtly cleaned and has been seperated out on the cleaning schedule. The area has been reorganised and has been added to the home's refurbishment plan. |

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

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