The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Mountview Retreat**

Provider: **Inspired 2 Care Limited**

Date of Inspection: **11 May 2026**

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:	Inspired 2 Care Limited
Responsible Individual:	Mrs Rosemary Dilworth
Registered Manager:	Miss Megan McCloskey
Service Profile – 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 announced combined estates & care inspection took place on 11 May 2026 from 11.30am to 12.30 in connection with the variation application reference number VA012341.

The inspection focused solely on the newly built self-contained unit associated with the variation application to accommodate an additional resident to the nine already registered places within Mountview Retreat Residential home.

The maximum number of registered places will increase from nine to 10 as a result of this proposed variation application. The categories of care remain the same.

The areas for improvement identified at the previous inspection on were not reviewed and were carried forward for review at the next inspection.

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 registration information and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

3.3 Inspection findings

3.3.1 Care Inspector Findings

The recruitment of staff to work in the unit had commenced. An initial staffing complement has been decided. Staffing levels would be subject to review. New staff would receive a full induction and there were systems in place to ensure that staff would receive bespoke training and would be supported to do their job.

The unit was self-sufficient with its own bedroom, bathroom, lounge, dining room, kitchen, laundry facility, medicines storage, staff station and staffing facilities.

The new bedroom was clean, spacious, well decorated, suitably furnished, had ample natural light and had its own bathroom with ample space to provide assisted care. The fixtures, fittings, and furnishings within the bedroom was compliant with the Care Standards for Nursing Homes (2022). There was access to a private outdoor space along the side of the unit.

The new communal spaces were clean, well lit and inviting for the resident to relax in. They had been decorated to a high standard.

There was enough storage areas for equipment, linen, records and cleaning products. Rooms containing items which could be harmful to patients, such as cleaning chemicals, were locked. Waste management facilities were available for staff.

Catering arrangements were in place. All meals would be prepared in the kitchen located in new unit.

The management and governance systems already in place within the main building, such as, the suite of audits completed to monitor the quality of the service provision, will be extended to the unit. Existing policies and procedures will be incorporated into the day to day running of the unit. The manager was well aware of the records to be maintained in a care home.

In conclusion, from a care perspective RQIA were satisfied that the actions taken in relation to this variation are compliant with current DoH minimum standards and may be processed to completion.

3.3.2 Estates

The building works had been completed in accordance with the drawings submitted and to a very high standard throughout.

Documentation presented at the time of the inspection indicated that the premises and the engineering services are installed and commissioned in line with relevant legislation, Approved Codes of Practice and other relevant best practice guidance.

A fire risk assessment had been undertaken by a suitably accredited fire risk assessor, and all required actions flowing from this risk assessment were signed-off as completed. Fire safety records inspected confirmed that the physical system were being maintained in accordance with current best practice guidance.

A current legionella risk assessment was in place and the required control measures where in the process of being implemented and will continue to be maintained as required when the home is occupied. Water samples taken from outlets throughout the premises prior to the inspection confirmed that legionella bacteria was not detected at any outlet.

A number of items requiring attention were identified during the inspection. However, the manager subsequently confirmed that these items have now been addressed.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
Total number of Areas for Improvement	4*	1*

* the total number of areas for improvement includes four regulations and one standard which were carried forward for review at the next inspection.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 21 (1) (b) Schedule 2 **Stated:** First time **To be completed by:** 23 June 2025	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. Ref: 2.0 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 2 **Ref:** Regulation 13 (1) (a) (b) **Stated:** First time **To be completed by:** 23 June 2025	The registered person shall ensure that staff manage falls in keeping with best practice. Ref: 2.0 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 3 **Ref:** Regulation 27 (4) (d) (i) **Stated:** First time **To be completed by:** 23 June 2025	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. Ref: 2.0 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**
Area for improvement 4 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 23 June 2025	The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety. Ref: 2.0 **Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.**

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 27.9 **Stated:** First time **To be completed by:** 23 June 2025	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. Ref: 2.0
	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.

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

The Regulation and Quality Improvement Authority

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