

Unannounced Care Inspection Report 2 July 2020



Mountview Retreat

Type of Service: Residential Care Home (RCH)

**Address: 19 Rocktown Lane, Knockloghrim,
Magherafelt BT45 8QF**

Tel No: 028 7964 2382

Inspector: Laura O'Hanlon

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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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to nine residents.

3.0 Service details

Organisation/Registered Provider: Inspired 2 Care Ltd Responsible Individual: Rosemary Dilworth	Registered Manager and date registered: Julie Beacom - 3 April 2020
Person in charge at the time of inspection: Julie Beacom	Number of registered places: 9
Categories of care: Residential Care (RC) I – Old age not falling within any other MP – Mental disorder excluding learning disability or dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. LD (E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 9

4.0 Inspection summary

An unannounced inspection took place on 2 July 2020 from 10.10 to 16.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they felt safe in the home and that staff were kind to them.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*6

*The total number of areas for improvement includes six under the standards, which were not reviewed and have been carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Julie Beacom, manager, and Rosemary Dilworth, responsible individual, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

The following records were examined during the inspection:

- staff duty rotas
- two staff competency and capability assessments
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met. Six areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 25 April 2019. The quality improvement plan from the previous inspection was partially reviewed and any areas outstanding will be reviewed at a future inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.11 Stated: First time	The registered person shall complete a monitoring report on a monthly basis. This report summarises any views of residents ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.	Met
	Action taken as confirmed during the inspection: An inspection of the reports of the monthly monitoring visits evidenced that these were completed on a monthly basis. These reports further evidenced that the views of the residents were recorded and an action plan was in place with timeframes.	
Area for improvement 2 Ref: Standard 27.8 Stated: First time	The registered person shall arrange maintenance/service works are completed in accordance with manufacturer`s instructions & health and safety guidance on the following: <ul style="list-style-type: none"> • Space heating boiler • Electrical appliances Portable Appliance Testing 	Carried forward to the next care inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

<p>Area for improvement 3</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p>	<p>The registered person shall arrange for completion of the following:</p> <ul style="list-style-type: none"> • Maintain the emergency lighting system in accordance with BS5266; • Install a fire detection sensor in the space heating boiler room in accordance with BS5839 	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p>	<p>The registered person shall develop and implement a system for recording the reconciliations of monies and valuables held on behalf of residents (including monies held in the residents' bank account) at least quarterly.</p> <p>The record of the reconciliations should be signed by the person undertaking the reconciliation and countersigned by a second member of staff to evidence that they have taken place.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the policies and procedures operated at the home are updated to include all of the financial procedures undertaken by staff on behalf of residents e.g. the procedure for staff to purchase items on behalf of residents.</p> <p>A record should be retained showing that staff have read and understood the policies and procedures.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		

<p>Area for improvement 6</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the system for recording residents' transactions is reviewed in order to improve the accuracy of recording and to facilitate the policies and procedures operated at the home. Errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.</p> <p>The practice of writing over records and the use of correction fluid should cease immediately.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that copies of signed written agreements are retained within all residents' files. The agreements should show the current fee paid by, or on behalf of, residents, including the current amount of the third party contribution.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		
<p>Area for improvement 8</p> <p>Ref: Standard 20.14</p>	<p>The registered person shall contact the Health and Social Care Trust to request a review of the current arrangements for monies forwarded from the Health and Social Care Trust on behalf of a number of residents and retained within the residents' bank account.</p> <p>The registered person should inform RQIA of the outcome of the discussions with the Trust.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>		

6.2 Inspection findings

6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota. We noted an instance where the rota did not detail the full names and grades of staff. However, when we reviewed the rota for the following week, this information was recorded.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

The staff reported that they all work together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "There is a stable staff team here with good support from each other and we all work well together. I have no concerns; we are just like a family here. I would be happy to have a family member here because the residents are well cared for. "
- "I am very happy working here. There is minimal use of bank staff, the staffing levels are fine. We have enough time to undertake our duties."

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

6.2.2 Infection prevention and control procedures

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

One of the staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff. We observed that staff used PPE according to the current guidance.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- “I like it here; the food is very good.”
- “I think this home has improved; I can speak to the manager at any time.”
- “I am very happy here. It’s a lovely home; very friendly and welcoming. The staff are very kind. The manager is lovely and she is very approachable. I feel safe in here.”
- “I like it here; there are new bosses in here.”

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was still suspended due to the current pandemic. The care staff assisted residents to make phone or video calls with their families in order to reassure relatives that their loved one was well.

Discussion with the residents evidenced that they were knowledgeable in regard to the COVID-19 pandemic and understood the need for safety precautions. The residents explained that they each had access to an individual hand sanitiser and that they understood how and why this should be used.

We observed residents engaged in activities such as, knitting or playing a guitar. A number of residents were watching television in their own bedrooms. We observed the serving of mid-morning snacks and found this to be a pleasant and unhurried experience for residents. Staff were helpful, attentive and demonstrated their knowledge of residents’ dietary preferences.

6.2.4 Care records

We reviewed three electronic care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents’ needs, as required.

6.2.5 Environment

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

Residents' bedrooms were found to be personalised with items of memorabilia and special interests. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

We observed a number of areas where the environment of the home was in poor condition and needed to be repaired or replaced, specifically: the flooring in one identified resident's bedroom, a two seater sofa in the sitting room; the vinyl covering on some kitchen cupboards and one identified resident's wardrobe. The manager and the responsible individual were informed of these deficits and stated that there is a large refurbishment plan in place to include redecoration and installation of a new kitchen. This had not commenced yet due to the current pandemic. The two seater sofa was removed before the end of the inspection. Email confirmation was also provided to RQIA following the inspection to advise that the flooring in the identified bedroom was replaced.

6.2.6 Governance and management arrangements

There is a clear management structure within the home and the manager and the responsible individual were available throughout the inspection process. The manager retains oversight of the home. The manager confirmed that she undertakes a daily walk around the home. All staff and residents spoken with commented positively about the manager and described her as supportive and approachable. One comment from staff was:

- "There has been good support from the both Julie (manager) and Rosemary (responsible individual). I feel I could approach either of them if I had a problem."

A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC, complaints and accidents and incidents. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to other relevant organisations in accordance with the legislation and procedures.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The report of the visit dated 11 May 2020 and 30 June 2020 were reviewed. These reports were noted to have been completed in a robust and effective manner. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action.

Areas of good practice

Evidence of good practice was found in relation to maintaining residents' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Beacom, manager and Rosemary Dilworth, responsible individual, 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 residential 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 QIP compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.8 Stated: First time To be completed by: 20 June 2019	<p>The registered person shall arrange maintenance/service works are completed in accordance with manufacturer`s instructions & health and safety guidance on the following:</p> <ul style="list-style-type: none"> • Space heating boiler • Electrical appliances Portable Appliance Testing <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Standard 27.8 Stated: First time To be completed by: 23 May 2019	<p>The registered person shall arrange for completion of the following:</p> <ul style="list-style-type: none"> • Maintain the emergency lighting system in accordance with BS5266; • Install a fire detection sensor in the space heating boiler room in accordance with BS5839 <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 3 Ref: Standard 15.12 Stated: First time To be completed by: 31 May 2019 and at least quarterly thereafter	<p>The registered person shall develop and implement a system for recording the reconciliations of monies and valuables held on behalf of residents (including monies held in the residents' bank account) at least quarterly.</p> <p>The record of the reconciliations should be signed by the person undertaking the reconciliation and countersigned by a second member of staff to evidence that they have taken place.</p> <p>Ref: 6.1</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2019</p>	<p>The registered person shall ensure that the policies and procedures operated at the home are updated to include all of the financial procedures undertaken by staff on behalf of residents e.g. the procedure for staff to purchase items on behalf of residents.</p> <p>A record should be retained showing that staff have read and understood the policies and procedures.</p> <p>Ref: 6.1</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2019</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that the system for recording residents' transactions is reviewed in order to improve the accuracy of recording and to facilitate the policies and procedures operated at the home. Errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.</p> <p>The practice of writing over records and the use of correction fluid should cease immediately.</p> <p>Ref: 6.1</p>
<p>Area for improvement 6</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2019</p>	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>The registered person shall ensure that copies of signed written agreements are retained within all residents' files. The agreements should show the current fee paid by, or on behalf of, residents, including the current amount of the third party contribution.</p> <p>Ref: 6.1</p>

<p>Area for improvement 7</p> <p>Ref: Standard 20.14</p> <p>To be completed by: 7 June 2019</p>	<p>The registered person shall contact the Health and Social Care Trust to request a review of the current arrangements for monies forwarded from the Health and Social Care Trust on behalf of a number of residents and retained within the residents' bank account.</p> <p>The registered person should inform RQIA of the outcome of the discussions with the Trust.</p> <p>Ref: 6.1</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
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