



The Regulation and  
Quality Improvement  
Authority

Mountview Retreat  
RQIA ID: 1329  
19 Rocktown Lane  
Knockloghrim  
Magherafelt  
BT45 8QF

Inspector: Ruth Greer  
Inspection ID: IN022255

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**Unannounced Care Inspection  
of  
Mountview Retreat**

**19 May 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced inspection took place on 19 May 2015 from 9 50 to 1 40. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Ciaran Patrick Maynes	<b>Registered Manager:</b> Ciaran Patrick Maynes
<b>Person in Charge of the Home at the Time of Inspection:</b> Mr C Maynes	<b>Date Manager Registered:</b> 14 November 2014
<b>Categories of Care:</b> RC-I, RC-LD, RC-LD(E), RC-MP, RC-MP(E), RC-PH, RC-PH(E)	<b>Number of Registered Places:</b> 9
<b>Number of Residents Accommodated on Day of Inspection:</b> 7	<b>Weekly Tariff at Time of Inspection:</b> From £470 - £520

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish.**

**Theme: Residents Receive Individual Continence Management and Support.**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

During the inspection we met with 5 residents and 1 staff (in addition to the manager) There were no visiting professionals or relatives in the home on the day.

The following records were examined -

- Policy on continence management
- Policy on Death and Dying
- Residents' care files( 5 )
- Accidents/incidents
- Complaints.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an announced estates inspection dated 11 December 2015. The completed QIP was returned and approved by the specialist inspector.

#### 5.2 Review of Requirements and Recommendations from the last Care Inspection

No requirements or recommendations resulted from the primary announced care inspection of Mountview which was undertaken on 14 October 2014.

#### 5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Mr Maynes has recently bought the home and is registered as provider and registered manager with effect from December 2014. One resident who had been in the home for many years has died since Mr Maynes has taken over.

### **Is Care Safe? (Quality of Life)**

Residents are able to spend their final days in the home unless there are documented assessed health care needs which prevent this. One resident has died recently in the home. The care plan was kept under continual review and amended as this resident's circumstances changed. The multi-disciplinary team were involved and assessed the resident's continued placement as appropriate and in line with the resident's wishes. The care records examined showed that risk assessments were in place for any area identified as an individual risk. The staff member who spoke with us described her role in caring for residents who are dying and die in the home. The staff member demonstrated knowledge of how to care for a seriously ill resident and the importance of hydration/diet and pain control. Staff and the manager were aware of when to contact the G P and/ or nurse and of the importance of keeping families regularly updated on the resident's condition.

### **Is Care Effective? (Quality of Management)**

The policy on "End of Life Care" was inspected and was found to be a generic policy. The registered manager forwarded an updated policy to the RQIA which reflected the ethos of the home and provided more specific guidance to the staff in Mountview Retreat.

The manager and care assistant were aware of their responsibility to inform the RQIA and GP of any death in the home.

On the death of any resident his/ her belongings and valuables are boxed and stored until the family or executor make arrangements to collect them.

Mr Maynes was previously employed in a hospice and he has an accredited qualification in palliative care. We were informed that he has planned training sessions for staff on end of life care.

### **Is Care Compassionate? (Quality of Care)**

The staff and manager we interviewed were knowledgeable and their response to questions reflected a person centred approach in respect of the care of a very ill/ dying resident. Staff demonstrated a compassionate approach not only in relation to the resident but to his/ her family. Examples given showed that sensitive communication takes place between staff and the ill resident and those identified as important to them.

Relatives and friends can be with residents who are very ill. A comfortable chair is provided in the bedroom for a relative/ friend who wish to remain during the night.

Spiritual needs are identified and ministers/ priests are welcomed at any time.

Our observations of care practice on the day of the inspection showed that it was respectful, timely and compassionate.

Residents who spoke with us confirmed that staff were kind and attentive.

### **Areas for Improvement**

There were no areas identified for improvement in respect of this standard.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.4 Theme: Residents Receive Individual Continence Management and Support

There were 7 residents accommodated in the home. We were informed that none of the residents have been assessed as incontinent. This was supported by the assessments of needs in the care files. Residents can attend to their personal hygiene needs independently. Several require minimal assistance from staff with bathing and dressing only. Therefore the chosen theme of managing incontinence could not be fully assessed at this inspection.

### Is Care Safe? (Quality of Life)

We were informed that the manager and staff are aware of the signs if any resident becomes incontinent. A care plan will be devised with the input of the community nurse. Residents at present are fully continent, are monitored and all steps taken to ensure they remain so for as long as possible.

### Is Care Effective? (Quality of Management)

The home has a policy on the promotion of continence dated May 2015. In discussion with the manager and care staff they were able to identify continence issues, the referral system and the importance of continued review and evaluation. There was no malodour in any part of the home at this inspection.

### Is Care Compassionate? (Quality of Care)

Staff who spoke with us recognised the potential loss of dignity associated with incontinence. We were given various examples of how they ensure that as much as possible, the resident's dignity and independence is maintained when assisting with individual personal care needs.

### Areas for Improvement

There were no areas identified for improvement in relation to this theme.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

### 5.5.1 Residents Views

We spoke with residents individually. All responses were positive in regard to the quality of life experienced and the kindness of staff. A selection of residents comments are as follows–

“This is a good place”

“The girls (staff) are lovely”

“It’s great to get looked after “

### 5.5.2 Staff levels and staff views

On the day of this inspection the following staffing levels were found-

- Manager x 1
- Care assistant x 1

There were 5 residents in the home and we consider this level of staff as satisfactory to meet the needs and numbers of residents accommodated that day.

We observed staff practice and found to it be friendly and professional. The staff member we interviewed demonstrated knowledge of each resident as an individual. We were informed that she enjoys looking after any resident who is very ill/ dying especially if the resident has been in the home for some time.

### 5.5.3 Fire

The fire risk assessment of the premises was undertaken in line with HTM 84 on 22 July 2014.

We were advised by the registered manager that fire training was up to date and had last taken place on 23 March 2015. Fire alarm systems are checked weekly from a different zone and the outcome recorded.

### 5.5.4 Environment

We inspected the home's internal environment and found it to be clean and fresh smelling. Residents' bedrooms and communal areas were adequately furnished. Décor in some areas is dated and tired in appearance but remains fit for purpose.

### 5.5.5 Complaints

There have been no complaints since the previous inspection.

### 5.5.6 Accidents/incidents

There have been no accidents /incidents since the previous inspection

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

**No requirements or recommendations resulted from this inspection.**

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Ciaran Maynes	<b>Date Completed</b>	01-06-15
<b>Registered Person</b>	Ciaran Maynes	<b>Date Approved</b>	01-06-15
<b>RQIA Inspector Assessing Response</b>	<b>Ruth Greer</b>	<b>Date Approved</b>	<b>22.06.15</b>

Please provide any additional comments or observations you may wish to make below:

The inspector, Mrs Greer, was more than accomodating to all the residents and staff on the day of inspection and indeed has been very helpful throughout the whole transfer and registration process of Mountview, and for this we would like to thank her very much. With regard to the inspectors comments regarding the décor of the home being "tired" in some areas, i do recognise this however if possible i would like it reflected that there is a refurbishment programme in place which is currently being rolled out through out the home as was our plan since taking over the home at the end of last year. Thank you.

*\*Please complete in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

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