



Unannounced Secondary Care Inspection

Name of Establishment: Mount Alexander House
RQIA Number: 1008
Date of Inspection: 20 January 2015
Inspector's Name: Alice McTavish
Inspection ID: IN016860

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Mount Alexander House
Address:	Castle Lodge Park Comber BT23 5DW
Telephone Number:	02891878963
E mail Address:	mtalexander.eph@setrust.hscni.net
Registered Organisation/ Registered Provider:	Hugh Henry McCaughey
Registered Manager:	Angeline Taylor
Person in Charge of the Home at the Time of Inspection:	Angeline Taylor
Categories of Care:	RC-I, RC-DE
Number of Registered Places:	37
Number of Residents Accommodated on Day of Inspection:	37
Scale of Charges (per week):	Trust Rates
Date and Type of Previous Inspection:	Primary Announced Inspection 4 November 2014
Date and Time of Inspection:	20 January 2015 11.10am – 3.10pm
Name of Inspector:	Alice McTavish

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

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

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff, a visitor and two visiting professionals
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 9 – Health and Social Care

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of Service

Mount Alexander House is situated in the town of Comber, in Co. Down close to all local amenities. The residential home is owned and operated by South Eastern Health and Social Care Trust. Mrs Angeline Taylor is manager of the home and has been registered manager for ten years.

Accommodation for residents is provided in four separate suites across the ground and first floors of the building. Access to the first floor is via a passenger lift and stairs. Hamilton Suite and Andrews Suite are located on the ground floor and comprise nine bedrooms each. Gillespie Suite and Montgomery Suite are on the first floor and comprise nine and ten rooms respectively. Each bedroom has a wash hand basin and built in wardrobes. A number of communal sanitary facilities are available throughout the home.

Communal lounges and dining areas are provided on the ground and first floors. The home also provides for catering and laundry services on the ground floor. There is access from the dining room to an enclosed outdoor patio and garden which contains a summer house, a greenhouse and has raised flower beds.

The home is registered to provide care for a maximum of 37 persons under the following categories of care:

Residential Care

I	Old age not falling into any other category
DE	Dementia

Day Care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of four residents.

7.0 Summary of Inspection

This secondary unannounced care inspection of Mount Alexander House was undertaken by Alice McTavish on 20 January 2015 between the hours of 11.10am and 3.10pm. Angeline Taylor was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken by Angeline Taylor can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9 – Health and Social Care. The health and social care needs of residents are fully addressed. Mount Alexander House was found to be compliant with this standard. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with residents, staff, a relative and two visiting professionals, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. A resident representative indicated their satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, the representative, staff and visiting professionals are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a high standard.

Staffing levels were also examined during this inspection. Further details can be found in section 10.0 of the main body of the report.

No requirements and two recommendations were made as a result of the secondary unannounced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relative, the visiting professionals, registered manager and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the Recommendations Issued as a Result of the Previous Inspection on 4 November 2014.

No.	Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	29.1	The registered manager must obtain evidence that all outstanding areas identified in the fire risk assessment have been completed.	Examination of the returned Quality Improvement Plan and discussion with the registered manager confirmed that a further fire risk assessment has been completed and areas identified have been addressed.	Compliant
2	10.1	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <p>Reference to this is made in that the policy and procedure should be updated to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and to detail that relatives should be informed of any accident or incident and that RQIA must be notified on each occasion restraint is used.</p>	Examination of the returned Quality Improvement Plan and discussion with the registered manager confirmed that this recommendation has been forwarded to the relevant Trust department for consideration of a review of the policy to reflect the issues raised.	Compliant

3	10.6	<p>Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p> <p>Reference to this is made in that RQIA should be notified of any accident or incident in which the health, care or welfare of any resident is affected.</p>	<p>Examination of the returned Quality Improvement Plan, discussion with the registered manager and examination of the accidents and incidents documentation confirmed that RQIA is now notified of any accident or incident in which the health, care or welfare of any resident is affected.</p>	Compliant
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9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident’s General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings: The care records of four residents were reviewed. In all cases the name and contact details of each resident’s General Practitioner was present, however, the details of the optometrist and dentist were not consistently noted. Discussion with the registered manager confirmed that, should a resident require to be registered with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process. A recommendation was made that all care records contain details of the residents’ optometrist and dentist, as appropriate.	Substantially compliant

<p>Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p> <p>Discussions with two staff members in relation to specific residents’ needs indicated that they were knowledgeable of the residents’ care needs and the action to be taken in the event of a health care emergency. Staff members confirmed that they are provided with mandatory training and that they regularly avail of refresher training in first aid. Staff confirmed that they receive updates during staff handovers of any changes in a resident’s condition and that the care plan is updated to reflect details of resultant changes in care provided to residents.</p> <p>The registered manager confirmed that there is a staff member present on each working shift who is a qualified first aider.</p> <p>In the care records of one individual, it was noted that the care plan was not signed by the resident or their representative. A recommendation is made that care plans are appropriately signed.</p>	<p>Substantially compliant</p>

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
The four care records examined contained evidence that comprehensive care assessment had been undertaken which informed care plans and risk assessments. All areas of care were considered in detail, including the management of continence care. There was free access by staff to laundered bed linen, towels and continence products. Gloves and aprons were available to staff to assist in infection control. There was evidence of liaison with primary health and social care services. All contacts were clearly recorded in each resident's records. Records were maintained of planned appointments. Staff members on duty were able to describe the referral systems should a resident require the services of health care professionals.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
A review of the care records and discussion with the assistant manager and staff members confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records. Resident representatives are also kept informed of any follow up care during annual care reviews.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: An examination of four care records confirmed there are sufficient arrangements in place to monitor the frequency of residents' health screening and appointments and that referrals are made to the appropriate services.</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: The registered manager confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff. Residents care plans included details of cleaning and checking of walking aids and other appliances.</p>	<p align="center">Compliant</p>

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10.0 Additional Areas Examined

10.1 Resident's Consultation

The inspector met with six residents individually and with others in groups. Residents were observed relaxing in the communal lounge and dining areas whilst others were resting in their bedrooms. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "They look after me here very well."
- "They are very good and get anything I want. I want for nothing."
- "This is just like being at home. I'm very happy here. The girls (staff) are great."
- "They are lovely people and this is a great place. I like it here."
- "You couldn't get better girls than you have here, they are all great and they couldn't do enough for you."
- "They take great care of me. I'm happy here."

10.2 Relatives/Representative Consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "We are very happy with the care here. There is always plenty of staff around and they all seem very friendly and helpful."

10.3 Staff Consultation

The inspector spoke with a care assistant and a senior care assistant. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

- "Everything is going well. There is the odd time when someone (staff member) calls in sick and we have a busier time, but that only happens occasionally. Generally things are going well. This is a nice place to work. Our training is always up to date and I have everything I need to do my job."
- "The standard of care given to the residents is good. We try, as far as possible, to offer good choice of food. The staff team is good at spending time with the residents and finding out about their lives. We have an activities officer who arranges for outside agencies to come into the home and the residents seem to love this. This is a great benefit to the residents. Families appear to be very happy with the care given to their relatives and we rarely have complaints. That tells me that the staff are doing a good job and that we are appreciated."

10.4 Visiting Professionals' Consultation

Two professionals visited the home on the day of inspection. Both indicated total satisfaction with the provision of care.

Comments received included:

- “The care here is brilliant, probably the best home I have been in. The staff know the residents very well, they are aware of each resident’s care needs and respond well. I am in and out of here all the time and I have no concerns about the care given here.”
- “The staff here have maintained good communication with the community team about the resident, they have prepared the necessary review assessment form to a good standard and they have been flexible and accommodating about rearranging care review dates to best suit the family. The resident’s family has been happy with the care provided.”

10.5 Environment

The inspector viewed the home accompanied by Angeline Taylor and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard.

10.6 Staffing Levels

On the day of inspection the following staff members were on duty:

- 1 manager
- 2 senior care assistants
- 5 care assistants
- 3 domestics
- 1 laundry assistant
- 1 cook
- 2 kitchen assistants

The registered manager confirmed that the evening staff comprises one senior care assistant and five care assistants. Overnight duty comprises one senior care assistant on sleeping duty and three care assistants on waking duty. The staffing levels were within RQIA guidance.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Angeline Taylor as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Alice McTavish
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Secondary Care Inspection

Mount Alexander House

20 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Angeline Taylor either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	9.1	<p>The home has details of each resident's General Practitioner (GP), optometrist and dentist.</p> <ul style="list-style-type: none"> • Each resident's General Practitioner (GP), optometrist and dentist should be noted in the resident's care records. 	One	Each resident's GP will be recorded on admission but on occasions families/carers are unable to give optometrist and dental information. All our residents have yearly eye tests by Optomise and yearly dental screening	27 March 2015
2	6.3	<p>The resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <ul style="list-style-type: none"> • All care plans should be signed by residents or their representatives. 	One	Care plans are being reviewed and transferred to the new format of documentation. As our residents are unable to sign for themselves we are asking relatives/carers to sign when they visit next. All care plans are now signed	27 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Angie Taylor
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Hugh McCaughey

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	9 March 2015
Further information requested from provider			