



Announced Care Inspection Report 29 October 2020



Mount Alexander House

Type of Service: Residential Care Home
Address: Castle Lodge Park, Comber BT23 5DW
Tel no: 028 9187 8963
Inspector: Debbie Wylie

www.rqia.org.uk

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 residential care for up to 37 residents.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Seamus McGoran	Registered Manager and date registered: Angeline Taylor 1 April 2005
Person in charge at the time of inspection: Angela Taylor	Number of registered places: 37 The home is approved to provide care on a day basis only to 4 persons.
Categories of care: Residential Care (RC) DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 29

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- Staffing
- management arrangements
- governance systems
- infection prevention and control (IPC)
- quality of life for residents
- nutrition
- quality improvement
- consultation.

Residents consulted with spoke positively regarding their experience of living in Mount Alexander House and some of their comments can be found in the main body of the report. Those who could not verbally communicate were observed to be relaxed and settled in their environment.

The findings of this report will provide Mount Alexander House 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	3	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Angelina Taylor, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rotas from 5 to 18 October 2020
- staff training records for 2020
- the management/organisational structure of the home
- the on call arrangements out of hours
- a selection of quality assurance audits for July and August 2020
- regulation 29 monthly quality monitoring reports for June, July and August 2020
- complaints and compliments records for 2020
- incident and accident records for July, August and September 2020
- minutes of the last three residents' and staff meetings
- activity planner for September 2020
- menu plan for September 2020
- three residents' nutritional care records.

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents, residents' representatives and staff. Ten residents' questionnaires, ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place via technology with Angelina Taylor, manager and Amanda McGimpsey, project lead.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 20 May 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 4.2 Stated: Second time	The registered person shall ensure the following: <ul style="list-style-type: none"> • residents and/or their representatives are given written notice of all changes to the agreement • the written agreement is kept up to date to reflect the current weekly fee • the updated agreement is signed and dated by the resident and/or their representative. 	Met
	Action taken as confirmed during the inspection: Inspection of a sample of residents' agreements confirmed that there had been no changes in the agreement or weekly fee and the agreements were signed and dated.	
Area for improvement 2 Ref: Standard 11.1 Stated: First time	The registered person shall ensure that robust arrangements are put in place for review meetings to be held with representatives of the Trusts responsible for residents' placements in the home.	Met
	Action taken as confirmed during the inspection: The record of the arrangements in place for review meetings with representatives of the Trust was reviewed and evidenced to be complete and robust.	

6.2 Inspection findings

6.2.1 Staffing

We reviewed the staff rota from 5 to 18 October 2020. Staff names and roles were unclear on the rota and the manager's hours were not included. This was discussed with the manager who agreed to add her hours and a key code to the rota. This will be reviewed at the next inspection.

Staff were observed responding to residents' requests and care needs promptly. The manager confirmed that staffing cover in the home was at a level which met residents' care needs and would be modified if this was required. Bank staff were block booked for cover in the home when this was necessary. Comments from staff included:

- "Sometimes bank staff are hard to get but there are enough staff."
- "It's hard to get cover from bank but staffing is covered."

Staff told us they had received an induction and worked with experienced staff for support. Staff spoken with confirmed that they worked well as a team and felt they were supported by the manager. Staff had good knowledge of their roles and responsibilities and the action they should take if they had concerns about residents' care or working practices in the home.

We reviewed the record of staff meetings for 2020 and saw that these were held regularly and had good staff attendance. There was a wide and varied agenda covered during the meetings. There was no evidence of actions and outcomes being completed for all meetings. This was discussed with the manager and is to be put in place. This will be reviewed at the next inspection.

Staff confirmed they were participating in training, however, some training had been cancelled due to the current COVID-19 pandemic. Review of the staff training matrix identified that training continued to be planned and completed for mandatory requirements.

As part of the inspection process, we asked residents, family members and staff to provide comments on staffing levels via questionnaires. We received a total of 13 returned questionnaires which indicated there were no concerns about staffing levels.

6.2.2 Management arrangements

An informative and accurate outline of existing management arrangements within the home was provided for review. The manager had not changed since the last inspection.

The on-call arrangements in place to ensure staff were adequately supported at all times across the 24 hour period were not provided for review. The manager informed us that there was no agreed management cover arrangements in place and available for staff during the weekend period. This was discussed with the manager who agreed this would be put in place. This will be reviewed at the next inspection.

6.2.3 Governance systems

Discussion with the manager assured us that the home was operating within its registered categories of care. Staff commented positively about the manager and described her as supportive and approachable. Staff told us:

- “Angie is a good support.”
- “The manager is supportive and there is a good staff atmosphere.”
- “We have a good supportive manager and there is good team work.”

Inspection of the record of accidents and incidents in the home for July, August and September 2020 provided evidence that not all notifiable events, including unwitnessed falls, had been reported appropriately to RQIA. This was discussed with the manager and an area for improvement has been made.

We reviewed the quality audits provided for the working practices in the home and saw that that these had been completed comprehensively for falls in the home. However, there was no evidence that they had been completed for areas such as wound care, care plans, nutrition and restrictive practices. An area for improvement has been made.

The record of complaints received in the home was examined and informed us that only one complaint had been received in the home for 2020. The records were comprehensive and included the actions taken the outcome.

6.2.4 Infection Prevention and Control (IPC)

The reception area of the home had a supply of hand sanitising fluid, health declarations, personal protective equipment and an area for checking temperatures for anyone visiting the home. The manager confirmed that due to COVID 19 all staff, when on duty, and residents had their temperature checked twice daily. We saw that hand sanitising units and personal protective equipment stations were available throughout the home.

A designated visiting area had been arranged in the home with social distancing in place. Visiting was planned in advance to ensure infection prevention and control measures were maintained between visitors, residents and staff.

Inspection of bathrooms in the home evidenced equipment, open supplies of gloves, aprons and wipes, damaged tiles and toiletries stored in shared toilet areas. An area for improvement was made.

In the bathrooms we saw there were open packets of gloves, aprons and wipes. There was also equipment and toiletries stored in shared toilet areas. Bathrooms had damaged wall tiles which meant that rooms could not be adequately cleaned. An area for improvement was made.

In one bathroom we also observed cleaning fluids which had not been stored securely. This was brought to the attention of staff and removed. An area for improvement was made.

6.2.5 Quality of life for residents

We undertook a virtual walk around the home on the day of inspection with the use of technology. Residents looked well and appeared relaxed while chatting with staff or watching television.

Residents' bedrooms were comfortably furnished and personalised with their own items. Residents and staff interactions were friendly and respectful while discussing everyday life in the home. Resident's comments included:

- "It's a lovely room."
- "I have a great view."
- "They are very good to me."
- "I can't complain, they are looking after me."

We reviewed a wide range of activities planned for September 2020 including; armchair exercises, nail therapy, arts and crafts, magic, ball therapy and beanbag therapy. Activities were planned twice daily and this was confirmed by the manager and staff.

We reviewed documented evidence that residents' meetings were held every three months in the home with a good attendance from residents. There were no documented or completed actions from the meetings evident in the minutes. This was discussed with the manager and will be commenced. This will be reviewed at the next inspection.

6.2.6 Nutrition

The menus provided in the home for the month of September 2020 were requested and reviewed. Discussion with the manager identified that there was no resident involvement in the choices of meals in the home. The manager agreed to review the menu with residents to ensure their involvement. An area for improvement was made.

We observed the serving of the lunch time meal. Residents had their lunch served in the dining room or in their own room if requested. Fresh drinks were available for residents throughout the day.

During the lunch time meal we saw that residents were offered choices of food and drinks and were asked if they wanted condiments with their meal. A menu was in place to inform residents what was available for each meal during the day. Resident's comments included:

- "The food is good but some of it wouldn't be my choice."
- "There's plenty of food."
- "I'm well fed today."
- "It's lovely and warm."

The nutritional care records for three residents were examined. While records were informative and up to date for areas such as weight monitoring, oral care and swallowing, the records for eating and drinking/nutritional care and contact with other professionals such as the dentist and dietician were not always completed when required. An area for improvement was made.

6.2.7 Quality improvement

No quality improvement plans were forwarded prior to or during this inspection.

6.2.8 Consultation

The home had been notified of the planned inspection 28 days in advance of the date of inspection and an inspection pack was sent to the home at this time. The pack included an inspection poster which was displayed in the home and informed residents and their representatives of contact telephone numbers and/or an e-mail address by which they could contact RQIA to provide feedback on the care provision in the home.

Questionnaires were also provided for residents, resident's representatives and staff. Staff had the opportunity to complete an online survey.

We received nine questionnaires from residents which said they were satisfied or very satisfied and one which said they were unsatisfied or very satisfied that care was safe effective, compassionate and well led.

A record of compliments and thanks was retained in the home and shared with staff. Some comments included:

- "Thank you so much for the amazing care and companionship mum received during her stay here."
- "Thank you all so much for looking after...during her stay here."
- "A very heartfelt thank you to all the staff at Mount Alexander."

Areas for improvement

Areas for improvement were identified including: reporting of notifiable events, audits of working practices in the home, IPC, storage of cleaning chemicals, resident involvement in choice of menu and care records.

	Regulations	Standards
Total number of areas for improvement	3	3

6.3 Conclusion

Residents looked well and appeared relaxed in the home. Residents and staff interactions were friendly and respectful. There was a wide range of activities provided for residents in the home. Areas for improvement were discussed with the manager at the end of the inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Angeline Taylor, manager, 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 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: immediately from the date of inspection.	<p>The registered person shall ensure all notifiable events, including unwitnessed falls, are reported appropriately to RQIA.</p> <p>Ref: 6.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: All senior staff are now aware that all notifiable events must be reported to RQIA</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 15 November 2020	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • equipment used for residents and open supplies of gloves, aprons and wipes are not stored in bathrooms • toiletries used for residents are not stored in shared bathrooms • the damaged tile is repaired. <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: All bathrooms have been cleared of all PPE and toiletries. The broken tile has been reported to estates department for repair</p>
Area for improvement 3 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure cleaning chemicals are stored securely in the home.</p> <p>Ref: 6.2.4</p> <hr/> <p>Response by registered person detailing the actions taken: Cleaning products are now all locked away in cleaners stores</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.10 Stated: First time To be completed by: 30 November 2020	<p>The registered person shall ensure quality auditing of all working practices in the home is completed; this should include wound care, care planning, nutritional care and restrictive practices.</p> <p>Ref: 6.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: We will review and put in place audit systems for working practices in above areas. We will devise documentation through our ISO system to record audits</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12.2</p> <p>Stated: First time</p> <p>To be completed by: 15 November 2020</p>	<p>The registered person shall ensure residents are involved in the planning and choice of the daily menu.</p> <p>Ref: 6.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: We are currently reviewing our menus and will take into account the feedback from residents meeting that was held on 4/12/2020</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2020</p>	<p>The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is in relation to the records for eating and drinking/nutrition and contact with other professionals.</p> <p>Ref: 6.2.6</p> <hr/> <p>Response by registered person detailing the actions taken: Senior staff have been informed that all dietary needs must be included in the care plan and reflect current needs.</p>

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



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