



The Regulation and
Quality Improvement
Authority

**THE REGULATION AND QUALITY IMPROVEMENT
AUTHORITY**

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ANNOUNCED ESTATES INSPECTION

Inspection No:	IN018010
Establishment ID No:	1569
Name of Establishment:	Alpine House
Date of Inspection:	21 October 2014
Inspector's Name:	Colin Muldoon

1.0 GENERAL INFORMATION

Name of Home:	Alpine House
Address:	20 Ballyholme Road, Bangor. BT20 5JN
Telephone Number:	02891 454904
Registered Organisation/Provider:	Alpine House Mr S Bogun
Registered Manager:	Ms Joanne Glendinning
Person in Charge of the Home at the time of Inspection:	Ms Joanne Glendinning
Other person(s) consulted during inspection:	N/A
Type of establishment:	Residential Care Home
Categories of Care	RC-I
Number of Registered Places:	22
Date and Time of Inspection:	21 October 2014 10.00 – 14.10
Date of Previous Inspection:	12 January 2012
Name of Inspector:	Colin Muldoon

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.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current minimum standards. This was achieved through a process of evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, 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
- Residential Care Homes Minimum Standards (DHSSPS, 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 Ms Joanne Glendinning.
- Examination of records
- Inspection of the home internally and externally. Residents' private bedrooms were only inspected when unoccupied and permission was granted.
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 CONSULTATION PROCESS

During the course of the inspection, the Inspector spoke to Ms Joanne Glendinning.

6.0 INSPECTION FOCUS

The inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and to assess progress with the issues raised during and since the previous inspection on 23 March 2012.

Standards inspected:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

7.0 PROFILE OF SERVICE

Alpine House is a residential care home set within the residential Ballyholme area of Bangor. The building was originally a dwelling which has been extended and adapted for its current use.

Resident bedrooms, washing and toilet facilities are on both of the two floors and there are two living rooms and a dining room on the ground floor.

There is a stair lift to facilitate access between floors.

The home has a garden.

8.0 SUMMARY

There was evidence of maintenance activities although some matters relating to the environment were identified. Therefore, following the Estates Inspection of Alpine House on 21 October 2014 improvements are required to comply with the Residential Care Homes Regulations (Northern Ireland) 2005 and the criteria outlined in the following standards:

- Standard 27 - Premises and grounds
- Standard 28 - Safe and healthy working practices
- Standard 29 - Fire Safety

This resulted in nine requirements. These are outlined in the Quality Improvement Plan appended to this report.

The Estates Inspector would like to acknowledge the assistance of Ms Joanne Glendinning during the inspection process.

9.0 INSPECTOR'S FINDINGS

9.1 Recommendations and requirements from previous Estates inspection on 12 January 2012.

No	Regulation Ref.	Requirements	Action taken - as confirmed during this inspection	Inspector's Comments
9.1.1	Regulation 14.- (2)(a)	All opening windows accessible to residents should be restricted with robust and non-disengagable restrictors which limit the aperture to 100mm.	The manager confirmed that all upstairs opening windows had been upgraded as necessary. The inspector reviewed random samples.	N/A
9.1.2	Regulation 14.- (2)(c)	Procedures should be established to flush water outlets in unoccupied rooms twice a week and to disinfect showerheads at least quarterly.	The manager confirmed that all outlets are run daily.	This should be kept under review to ensure that if circumstances change all water outlets are run at least twice a week. The routine to disinfect shower heads appears to have lapsed. (Item 7 in Quality Improvement Plan)
9.1.3	Regulation 14.- (2)(c)	A legionella risk assessment has been carried out. The measures which are necessary to prevent legionella in the home should be clarified and action taken to address	The legionella risk assessment was reviewed by a specialist contractor in January 2014. The assessment confirms that no action required except for schematic drawings.	There are procedures in place towards the control of legionella including the monitoring of calorifier and hot and cold unblended water temperatures.

		remedial issues and to implement suitable ongoing control and monitoring procedures. The advice of the legionella risk assessor should be sought. Records should be kept of all actions taken.		
9.1.4	Regulation 27.-(2)(c)	Arrangements should be made for the thermostatic mixing valves to be maintained in accordance with the manufacturers instructions.	It is understood that a number of thermostatic mixing valves have been replaced although there are no arrangements in place for maintenance of the valves.	<p>The maintenance of the thermostatic mixing valves was discussed.</p> <p>The latest Health and Safety Executive guidance on hot and cold water systems (HSG274 Part 2) provides guidance on TMV's and notes that they should be serviced to maintain protection against scald risk and for the control of legionella. (Item 1 in Quality Improvement Plan)</p>
9.1.5	Regulation 27.-(2)(c)	Arrangements should be made for the two stair lifts to be thoroughly examined. Reference should be made to the Lifting Operations and Lifting Equipment Regulations (NI) 1999 - (LOLER)	<p>There were current LOLER thorough examination reports for the two stair lifts.</p> <p>The report on one of the lifts notes a category B defect and makes a recommendation.</p>	The defect identified in the LOLER thorough examination report should be addressed and the recommendation followed up. (Item 2 in Quality Improvement Plan)

9.1.6	Regulation 27.-(2)(q)	<p>There were no certificates available relating to the test and inspection of the electrical installation. A suitably qualified and competent person should provide confirmation that certificates which are valid and current have been issued and that they verify that the installation is in a safe and satisfactory condition.</p> <p>The proprietor should note when the next test and inspection of the electrical installation is due.</p>	<p>The electrical installation was tested and inspected in July 2013. The contractor considered the installation to be in satisfactory condition but did identify one category 2 issue requiring attention. A letter on file indicates that this fault was subsequently rectified.</p>	N/A
9.1.7	Regulation 27.-(2)(c) 27.-(2)(q)	<p>Plans should be made to implement the recommendations in the last gas safety certificate.</p>	<p>There was a valid gas safe certificate which confirms that the gas appliances and appliance pipework is safe to use.</p>	<p>The installation is LPG and there is a bulk tank in the grounds. This was discussed and the inspector asked for the condition of the tank and supply pipework to be checked by a competent person. (Item 3 in Quality Improvement Plan)</p>

9.1.8	Regulation 27.-(2)(b)	The sheet vinyl floor covering in the kitchen has numerous tears and splits and should be replaced.	Improvement work to the kitchen was in progress and it was confirmed to the inspector that the new flooring was to be fitted over the three days following this inspection.	N/A
9.1.9	Regulation 27.-(2)(j)	The provision of baths, showers and staff facilities should be reviewed. It is recommended that a wet room shower (with toilet) is provided on the ground floor. Reference should be made to the Minimum Standards.	A shower room has been created on the ground floor.	Some of the sealant in the shower has become mouldy and should be replaced. (Item 4 in Quality Improvement Plan)
9.1.10	Regulation 14.-(2)(c)	A system should be established to monitor the issue of medical device and equipment alerts (MDEA). All monitoring and follow up activity should be logged.	It is understood this is in place.	N/A

9.1.11	Regulation 27.-(4)(a)	A comprehensive fire risk assessment should be carried out by a suitably qualified and experienced professional. The assessment should be actioned as necessary.	The home has a current fire risk assessment which has been carried out by an accredited fire risk assessor. The assessor considers the overall fire risk to be tolerable. All the matters in the action plan arising from the risk assessment have been marked up as completed.	N/A
9.1.12	Regulation 27.-(4)(f)	Arrangements should be made for all staff to participate in practice fire drills.	There were records of a number of fire drills having been carried out over the last year. They indicate that all staff, and were possible residents, have participated.	N/A
9.1.13	Regulation 27.-(4)(d)(v)	Arrangements should be made for the emergency lights to be function tested monthly in accordance with good practice. (Ref BS 5266)	There were records to confirm that a specialist contractor carried out a test and inspection of the emergency lights in March 2014 and that defects found were also rectified in March. A further test was carried out by the contractor in September 2014. Staff carry out a weekly visual check of the emergency lighting.	<p>In order to comply with good practice (BS5266) arrangements should be made to carry out monthly function test of the emergency lights.</p> <p>The service sheets for the fire alarm system indicate that twenty five percent checks are carried out on each visit. However, the dates on the available records indicate that visits may be less frequently than quarterly. (Item 8 in Quality Improvement Plan).</p>

9.1.14	Regulation 27.-(4)(d)(i)	A bedroom door was propped open. If bedroom doors are required to be kept open for care purposes they should be fitted with hold open devices which release upon activation of the fire detection system.	No doors were propped open.	N/A
9.1.15	Regulation 27.-(4)(b)	Arrangements should be made to clean the inside of the kitchen extract ductwork. Refer to last fire risk assessment.	The inspector was informed that this work is to be carried out over the next few days during the upgrade of the kitchen.	N/A
Item	Standard	Recommendation		
9.1.16	Standard 27.	A program of redecoration should be drawn up and implemented.	It is good to note that parts of the home have been decorated.	A program of redecoration needs to be maintained. (Item 5 in Quality Improvement Plan)

9.2 Standard 27 - Premises and grounds - *The premises and grounds are safe, well maintained and remain suitable for their stated purpose*

- 9.2.1 The carpet at the threshold of one of the ground floor living rooms and at a join on the first floor corridor is starting to fray.
(Item 6 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan titled '**Standard 27 - Premises and grounds**'.

9.3 Standard 28 - Safe and healthy working practices - *The home is maintained in a safe manner*

- 9.3.1 No new issues identified.

9.4 Standard 29: Fire safety - *Fire safety precautions are in place that reduce the risk of fire and protect residents, staff and visitors in the event of fire.*

- 9.4.1 The home has a written fire procedure although it is not posted at the fire panel.
(Item 9 in Quality Improvement Plan)

These issues are detailed in the section of the attached Quality Improvement Plan titled '**Standard 29: Fire safety**'.

10.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Ms Joanne Glendinning as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the home to improve the quality of life experienced by residents.

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

11.0 Enquiries

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT**

Quality Improvement Plan

Announced Estates Inspection

Alpine House

21 October 2014

QIP Position Based on Comments from Registered Persons (for RQIA use only)			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.					

NOTES:

The details of the Quality Improvement Plan were discussed with Ms Joanne Glendinning as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Homes Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's minimum standards for registration and inspection, promote current good practice and should be considered by the management of the residential home to improve the quality of life experienced by residents.

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

The quality improvement plan is to be completed by the registered provider and registered manager and returned to estates@rqia.org.uk.

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	Joanne Glendinning
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr. Bogun

Announced Estates Inspection to Alpine House on 21 October 2014

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Standard 27 - Premises and grounds

The following requirements and recommendations should be noted for action in relation to Standard 27 - Premises and grounds

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
1	Regulation 27.-(2)(q)	Arrangements should be in place for maintaining the thermostatic mixing valves in accordance with the manufacturer's instructions. (Item 9.1.4 in report)	1 Month	We have spoken with a registered plumber who came to Alpine House and inspected the mixing valves, the registered plumber has stated that the particular valves we have fitted throughout Alpine House do not require servicing as they have been preset in the factory, they are set to run between 42c - 45c, allowing for any fluctuation. The plumber states there is no servicing and no adjustment needed. He recommends I continue to check the temps every week.
2	Regulation 27.-(2)(c) 27.-(2)(q)	The defect identified during the last LOLER thorough examination of the stair lifts should be addressed. The recommendation in the LOLER report should be followed up. (Item 9.1.5 in report)	As stipulated by lift inspector.	The loler report had recommended the rollers on the second small lift needed to be replaced due to wear and tear. All the rollers on this small lift has been replaced as per recommendation.
3	Regulation 27.-(2)(q)	A competent person should verify that the LPG tank and supply pipework are in satisfactory condition. (Item 9.1.7 in report)	2 Months	We have been in contact with both the local council and the flogas representative, re advice, we are currently awaiting estimates for the works from flogas.
4	Regulation	The sealant around the ground floor shower	1 Month	The Sealant has been replaced.

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	27.-(2)(b)	should be renewed. (Item 9.1.9 in report)		
5	Regulation 27.-(2)(d)	A program of redecoration should be drawn up and forwarded to RQIA. (Item 9.1.16 in report)	1 Month	Redecoration plan attached.
6	Regulation 14.-(2)(a)	The carpet at the threshold of the ground floor living room and on the first floor corridor should be repaired. (Item 9.2.1 in report)	2 Weeks	The carpet has been repaired.

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Standard 28 - Safe and healthy working practices

The following requirements and recommendations should be noted for action in relation to Standard 28 - Safe and healthy working practices

Item	Regulation	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
7	Regulation 13.-(7)	<p>A procedure should be established for cleaning and disinfecting shower heads and hoses at least quarterly.</p> <p>The flushing of infrequently used outlets should be kept under ongoing review.</p> <p>Reference should be made to good practice guidance such as the Health and Safety Executive document HSG274 Part 2: <i>The control of legionella bacteria in hot and cold water systems.</i> (Items 9.1.2 in report)</p>	1 Month	<p>The cleaning & disinfecting of shower heads and hoses will now take place once a month.</p> <p>Currently there are no infrequently used outlets, however should this changed there is already in place a facility for recording weekly checks.</p>

Announced Estates Inspection to Alpine House on 21 October 2014

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Standard 29 - Fire Safety

The following requirements and recommendations should be noted for action in relation to Standard 29 - Fire Safety

Item	Regulation Reference	Requirements	Timescale	Details Of Action Taken By Registered Person (s)
8	Regulation 27.-(4)(d)(iv) and (v)	<p>Although there are arrangements in place for visually checking and maintaining the emergency lights this should be upgraded to be in line with current good practice and include monthly function tests. Reference should be made to BS 5266.</p> <p>The servicing of the fire alarm system should be reviewed. It should be confirmed that the maintenance of the installation is in line with BS5839. (Item 9.1.13 in report)</p>	1 Month	<p>Contacted the company currently servicing the fire alarms, nurse call system and the emergency lighting, they have confirmed that a 50% test will take place twice a year. A 100% fire test took place on the 24th October 2014. Should there be any problems in between times we shall request a callout.</p> <p>It has been verbally agreed during a telephone call that the next time an engineer is in Alpine House they shall clearly mark the emergency lighting switch on the electric board, as per inspectors advice.</p>
9	Regulation 27.-(4)(a)	<p>The fire procedure should be posted at the alarm panel. (Item 9.4.1 in report)</p>	1 Month	<p>Photocopied the upstairs guidance and placed copy alongside fire panel.</p>

Announced Estates Inspection to Alpine House on 21 October 2014

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Quality Improvement Plan sign off sheet for estates inspectors

Name of Home	Alpine House
Date of Inspection	21 October 2014
	C Muldoon

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.					
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	√		√	C Muldoon	24/12/2014

Estates Inspection – QIP sign off sheet

Informing and Improving Health and Social Care