

Unannounced Care Inspection Report

1 June 2016



Alpine House

Type of Service: Residential Care Home
Address: 20 Ballyholme Road, Bangor, BT20 5JN
Tel no: 028 9145 4904
Inspector: Alice McTavish

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 22 beds that provides care for older people.

3.0 Service details

Registered organisation/registered person: Alpine House/Mr Sathrouhun Bogun	Registered manager: Ms Joanne Glendinning
Person in charge of the home at the time of inspection: Mrs Mandy Grigg, Senior Care Assistant	Date manager registered: 3 April 2009
Categories of care: I - Old age not falling within any other category	Number of registered places: 22

4.0 Inspection summary

An announced care inspection took place on 1 June 2017 from 09:55 to 16:50.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation residents being treated with dignity and respect.

Following the inspection, the registered persons were required to attend a meeting in RQIA with the intention of issuing three Failure to Comply Notices. These were in regard to maintenance of the home, cleanliness/hygiene of the home and fire safety. This meeting was subsequently held on 12 June 2017.

During the meeting Mr Bogun agreed with the findings of the inspection and discussed actions that had been and would be taken to address the identified concerns. Whilst it was acknowledged that work was ongoing to address these concerns, RQIA was not fully assured that all issues would be satisfactorily addressed. Three Failure to Comply notices were issued on 13 June 2017 under Regulation 27 (2) (b) relating to maintenance of the home, Regulation 27 (2) (b) relating to cleanliness and hygiene in the home and to Regulation 27 (4) (b) relating to fire safety.

Further inspection will be undertaken to validate that compliance has been achieved and sustained.

Additional areas requiring improvement were identified in relation to the limited access to records, poor staffing arrangements and the staff duty rota.

Residents said they were happy with the care in the home and that they enjoyed living there.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	7	6

Details of the Quality Improvement Plan (QIP) were discussed with Ms Joanne Glendinning, registered manager, by telephone on 2 June 2017 as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 31 January 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the lay assessor met with twelve residents and the inspector met with three staff and one resident's representative.

A total of twelve questionnaires were provided for distribution to residents' representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

A lay assessor, Mrs Marian Thompson, was present during the inspection and residents' comments are included within this report.

The following records were examined during the inspection:

- Staff duty rota
- Care records of four residents
- Accident/incident/notifiable events register
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures manual

The following records were not available as the person in charge did not have access to the records:

- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey

The following records were not available but were forwarded to RQIA after the inspection:

- Monthly monitoring reports
- Fire safety risk assessment
- The employer's liability insurance certificate
- The home's Residents' Guide

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance was recorded as not met.

The findings of the inspection were provided to the registered manager by telephone after the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 January 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 31 January 2017

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: Regulation 27 (2) (b) Stated: First time To be Completed by: 14 May 2017	The registered provider must ensure the following areas identified as requiring improvement are made good: the window and handles in the dining room need replaced, one identified vanity unit needs replaced, the pathway into the home needs repaired.	Not met
	Action taken as confirmed during the inspection: Inspection of the premises identified that the window and handles in the dining room were not replaced, the one identified vanity unit was not replaced and the pathway into the home was not repaired. This area for improvement was stated for a second time and subsumed into enforcement action.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

On the day of inspection the registered manager was not available. There was limited access to a range of documents required to be available at all times for inspection in the home by the Regulation and Improvement Authority. Action is required to ensure compliance with the regulations in relation to the availability of these documents.

The person in charge confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. The inspector was advised that the registered manager was due to be on duty but was not present in the home due to illness. Two senior care assistants and one cook were on duty. A part time staff member was also scheduled to be on duty for domestic and laundry tasks, but was not present and no alternative staffing arrangements were in place. In discussion with staff, it was evident that they were under additional pressure to complete all care and domestic tasks. There was,

however, sufficient assurance provided by staff and evidence available that all the care needs of the residents were met. Action is required to ensure compliance with the regulations in relation to staffing arrangements.

A review of the duty roster identified that the hours due to be worked by the registered manager and the designations of staff were not noted; in addition, in the absence of the registered manager when two senior care assistants were on duty, the duty rota did not specify which staff member was in charge of the home. Action is required to ensure compliance with the regulations in relation to the staff duty rota.

Completed induction records were not available. Discussion with a staff member evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Induction records will be reviewed during future inspections.

Discussion with staff also confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was not available for inspection. These will be reviewed during future inspections.

Staff confirmed that competency and capability assessments were undertaken for any person with responsibility of being in charge of the home in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were not available for inspection and will be reviewed during future inspections.

Recruitment and selection of staff was inspected during a previous care inspection and was not reviewed on this occasion. A staff member advised that she had recently commenced employment in the home and had undergone the full recruitment and selection process. The staff member confirmed that an enhanced AccessNI disclosure was provided to the registered manager prior to the commencement of employment. Staff recruitment and selection will be reviewed during future inspections.

Staff confirmed the arrangements in place to monitor the registration status with their professional body (where applicable). Staff received written notification of annual payment of registration fees and confirmed that the registered manager regularly checked that fees were paid.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Staff confirmed that they were provided with mandatory adult safeguarding training.

Discussion with the person in charge identified that the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably locked external doors with keypad entry systems. The home also operated a smoking policy regarding the management of smoking materials for a small number of residents. Discussion with the person in charge regarding such restrictions confirmed these were for the purposes of security and that residents were free to exit the building at will. A review of the Residents Guide identified that restrictions were not adequately described. Action is required to ensure compliance with the standards.

A review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Discussion with staff established that they had an understanding of IPC policies and procedures. An inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Some issues were, however, noted and these are referred to later in this report.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager later reported by telephone that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling and appropriately heated. Although the home had been refurbished following a fire in 2016, there was evidence that areas of the home needed ongoing maintenance and that the home was not being maintained to an adequate standard of cleanliness and hygiene.

The following issues were identified in relation to maintenance of the home:

- A double glazed window unit in a communal lounge was damaged
- A wash hand basin in an upstairs toilet was plumbed for cold water only
- An alarm plate outside the staff bathroom was incomplete and internal electrical wiring was visible
- Freestanding wardrobes in a number of residents' bedrooms were not secured to the wall
- In a first floor bathroom, the tiling around the bath was not in place and the bath panel was loose
- Valance sheets in the bedrooms of some residents trailed on the floor which may present a trip hazard
- In one bedroom, the paintwork on window frames was in poor condition and window handles were broken
- In one bedroom, the curtain rail was not of sufficient quality and there were too few curtain hooks to allow the curtains to be used effectively
- Lights in a number of bedrooms did not work and some were not fitted with lightbulbs
- In some bedrooms, there was insufficient light provided by overhead light fittings
- In another bedroom, the door saddle was not properly secured
- In an en-suite bathroom, the wall tiles were cracked
- In a separate bedroom, the nurse call system was broken

- In a number of bedrooms there were no mirrors above wash hand basins
- Garden furniture was in poor state of repair and cleanliness
- The dishwasher in the catering kitchen was leaking water
- In the communal lounges and in some residents' bedrooms the seating was found to be in need of replacement. There were numerous wooden framed, high backed seats in the lounges; the frames of some of the seats were unstable due to age and use and the upholstery was damaged, faded or stained. The seating, whilst functional, did not provide the rooms with a comfortable and domestic feel

Action is required to ensure compliance with the regulations.

The following issues were identified in relation to an adequate standard of cleanliness and hygiene of the home:

- Water taps in communal bathrooms and in residents' en suite bathrooms had not been properly cleaned
- Carpet tiles in a communal lounge and in a corridor were stained
- In a first floor bathroom, the bath lift was rusted beneath and was not clean; the underside of the raised toilet seat was not clean
- In an en-suite bathroom, the underside of the toilet frame was not clean and the toilet roll dispenser was not properly fixed to the wall
- The footplate on the stair lift was not clean

Action is required to ensure compliance with the regulations.

In addition, the fire door to the laundry was observed to be wedged open; this was due to a build-up of excessive heat from the tumble dryer. It was noted that the office door was also wedged open. Action is required to ensure compliance with the regulations. These issues were subject to RQIA's enforcement procedures.

The home's fire risk assessment was forwarded to RQIA. The document confirmed that the fire risk assessment was completed on 7 December 2016. Two recommendations were made. One recommendation was dated and signed as completed. The other was dated only. Action is required to ensure compliance with the standards.

A fire drill was completed on 21 October 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs).

Residents spoken with during the inspection made the following comments:

- "I like it here. The staff are very nice to me."
- "I like it all right."
- "The staff do as much as they can."
- "I feel quite safe here. I like to stay as independent as I can and I don't often have to ask for help."
- "I feel happy here."
- "Yes, I think I do feel safe here."

- “The staff carry out their duties and they are friendly. When I fell one night, two staff came to me quickly.”
- “I have no complaints. The people are friendly and the food is good.”
- “I am very satisfied with the care I get here.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding.

Areas for improvement

In six areas, action was identified to ensure compliance with regulations. These were in relation to availability of documents, staffing arrangements, the staff duty rota, maintenance of the home, cleanliness and hygiene of the home and to fire safety. In two areas, action was identified to ensure compliance with standards. These were in relation to the need to review the Residents Guide and in relation to the maintenance of fire safety records.

	Regulations	Standards
Total number of areas for improvement	6	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the person in charge and the inspector's observations established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of four residents confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

It was noted that the contact details of residents' dentists, opticians and other professionals involved in care were not consistently recorded. Action is required to ensure compliance with the standards. An inspection of the care records identified that the diabetic needs of one resident, whilst noted in the monthly care plan, were not noted in the active care plan. Action is required to ensure compliance with the standards.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process. Care records reviewed were signed by the resident and/or their representative. Records were stored safely and securely in line with data protection.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe the individual needs and preferences of residents and how these were met within the home.

The person in charge confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

Residents spoken with during the inspection made the following comments:

- "This has been a good move for me. Joanne (manager) takes me to doctors' appointments. Some of the food is nice."
- "The residents would like to meet with the management. I find that the food isn't always what I want. Joanne takes me to my appointments."

A resident's representative spoken with during the inspection made the following comment:

- "Residents have told me that the food they got in (another residential home) was much better than they get here. I'm not sure if that's about the quality of the ingredients, the variety of dishes or the amount, just that the residents seemed to really enjoy the food there."

This issue was raised with the registered manager by telephone after the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

In two areas, action was identified to ensure compliance with standards. These were in relation to noting that the contact details of residents' dentists, opticians and other professionals involved in care and to noting the diabetic needs of one resident in the active care plan.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The person in charge confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents and staff confirmed that action was taken to manage pain and discomfort in residents in a timely and appropriate manner.

Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were able to describe how residents' confidentiality was protected.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. This was further verified by the inspector throughout the inspection. Residents confirmed that their views and opinions were taken into account in all matters affecting them, but stated that there had been no recent residents' meetings and that they would like there to be such meetings. This was confirmed by the registered manager. Action is required to ensure compliance with the standards to ensure that residents' meeting are held regularly.

Residents shared with the lay assessor that they found the mugs used in the home were too large and heavy, especially when filled with hot drinks. One resident commented "They are like shaving mugs!". A resident explained that she had a preference for lighter china crockery and commented "I used to make sure that my guests took their tea from nice china and I would like to see this in Alpine House, for this is my home now". This issue was raised with the person in charge.

It was noted that only one choice of meal was offered on the daily menu board. Some residents had shared with the lay assessor that they were not wholly satisfied with the quality of the catering arrangements in the home. Residents also reported that jugs of water available in the communal lounges were not replenished throughout the day and the water was warm. No alternative juice options were provided. This did not encourage residents to drink fluids, although residents did acknowledge that the hot drinks were in plentiful supply. A resident commented "The water isn't cold enough and it sits all day". Action is required to ensure compliance with the standards to ensure that residents' views and wishes are obtained and taken into account in regard to crockery options used in the home, menu choices and the provision of drinks.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, residents had manicures and reported that they took taxis to shopping centres

and local restaurants. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- “I can come and go as I please and I go to Church.”
- “There are no meetings (to allow us) to suggest anything. We would like a meeting.”
- “I have no complaints.”

A resident’s representative spoken with during the inspection made the following comment:

- “The staff are very caring and there is a lovely atmosphere. I am always made to feel welcome here. The other residents are very caring towards my (relative); they look out for her and let the staff know when she needs anything. I have noticed how staff look after the other residents and I feel they treat everyone with great kindness.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and to listening to and valuing residents.

Areas for improvement

In two areas, action was identified to ensure compliance with standards. These were in relation to reinstating regular residents’ meetings and to obtaining and taking in to account residents’ views and wishes in regard to crockery options used in the home, menu choices and the provision of drinks.

	Regulations	Standards
Total number of areas for improvement	0	2

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or

their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Complaints records were not available for inspection. These will be reviewed during future inspections.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A monthly monitoring visit had been undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. An inspection of the premises confirmed that the RQIA certificate of registration was displayed. It was noted, however, that the employer's liability insurance certificate displayed was recently out of date. An up to date certificate was later forwarded to RQIA.

A review of records and discussion with the registered manager following the inspection confirmed that no adult safeguarding issues had arisen since the last care inspection. The registered manager remained aware of her obligations to ensure that any such issues were managed appropriately and that reflective learning would take place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Residents spoken with during the inspection made the following comments:

- "I would like to see some changes (about the food)."
- "I would like a meeting (to discuss what we would like to do)."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

No areas of improvement were identified in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Joanne Glendinning, registered manager, by telephone on 2 June 2017 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 care 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 to care.team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27 (2) (b) Stated: Second time To be completed by: 11 July 2017	The registered person shall ensure the following areas identified as requiring improvement are made good: the window and handles in the dining room need replaced, one identified vanity unit needs replaced, the pathway into the home needs repaired. This area for improvement forms part of a Failure to Comply Notice issued on 13 June 2017. Ref: 6.2
	Response by registered person detailing the actions taken: The registered person has addressed these issues
Area for improvement 2 Ref: Regulation 19 (3) b Stated: First time To be completed by: 1 July 2017	The registered person shall ensure that the records referred to in paragraphs (1) and (2) are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the home. Ref: 6.4
	Response by registered person detailing the actions taken: Unfortunately on the day of the inspection the manager was absent and the keys for the filing cabinet were not available for the staff. This was not a planned absence so therefore no handover of keys took place. Keys for the filing cabinet are usually held by the manager as confidential information is contained within. Documents that the inspectors would be looking at have now been relocated for future inspection purposes.
Area for improvement 3 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 1 July 2017	The registered person shall ensure that alternative staffing arrangements are put in place when staff are not available for duty. Ref: 6.4
	Response by registered person detailing the actions taken: Alpine House are signed up to two recruitment agencies. Unfortunately at the time we experienced staff absences, the two agencies were unable to supply staff. In order to avoid this situation again, we have signed up to a further two more agencies.

<p>Area for improvement 4</p> <p>Ref: Regulation 19 (2) Schedule 4, 6</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2017</p>	<p>The registered person shall ensure that the hours worked by the registered manager are recorded on the staff duty rota, that the designations of staff are noted and that the person in charge of the home is specified.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered managers' hours of work were previously recorded in the office diary. However they are now recorded in the staff rota. All members of staff can confirm that the senior person in charge of each shift is determined by their name being highlighted on the duty rota. This has always been the practice within Alpine House.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 11 July 2017</p>	<p>The registered person shall ensure that all areas identified during inspection must be satisfactorily addressed. Damaged furniture/items must be repaired or replaced and lights in all residents' bedrooms must be functional and fit for purpose. A robust maintenance regime must be established and implemented to ensure that the home is well maintained on an ongoing basis.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered person is addressing this matter and is liaising with the inspectors regarding these matters.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 11 July 2017</p>	<p>The registered person shall ensure that a deep clean of the areas identified during the inspection is undertaken. A robust cleaning arrangement must be put in place to ensure that the home is maintained to a satisfactory standard of cleanliness and hygiene on an ongoing basis.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The home has received a deep clean. Unfortunately we were short of staff at the time of the inspection and have since taken steps to ensure that should the cleaner be taken sick again or for any other reason not be able to attend work, we have made arrangements for a replacement to take over.</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that fire doors must not be wedged open at any time; this will be with immediate effect. Safe alternative arrangements must be put in place to ensure adequate ventilation in the laundry room and the office.</p> <p>Ref: 6.4</p>
<p>To be completed by: 11 July 2017</p>	<p>Response by registered person detailing the actions taken: Staff have always been instructed to keep fire doors closed at all times. Since the inspection staff have received further fire training with the emphasis on the importance of fire doors and there use. Arrangements are in place for a closing mechanism to be fitted to the laundry door.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.9 Stated: First time To be completed by: 1 August 2017	The registered person shall ensure that the Residents Guide is reviewed to adequately describe any restrictions used within the home. Ref: 6.4
	Response by registered person detailing the actions taken: The residents guide has been updated to include information Re: the use of keypads on entrance doors, emphasising that the use of keypads is for security reasons only and not restrictive use.
Area for improvement 2 Ref: Standard 28.5 Stated: First time To be completed by: 1 July 2017	The registered person shall ensure that all recommendations stated in the home's fire risk assessment are dated and signed when completed. Ref: 6.4
	Response by registered person detailing the actions taken: All recommendations were completed and signed off on the 09/12/16. This completed document (hard copy/print-out) has been previously seen by an inspector in Dec 2016. The completed document is available for inspection. The current inspector requested a copy of the current fire risk assessment to be emailed through. A copy of the current fire risk assessment was forwarded to the inspector as requested. The copy forwarded was the document received from the actual risk assessor, so therefore wasn't signed off as the hardcopy/print-off was.
Area for improvement 3 Ref: Standard 9.1 Stated: First time To be completed by: 1 August 2017	The registered person shall ensure that the contact details of residents' dentists, opticians and other professionals involved in care are consistently recorded. Ref: 6.5
	Response by registered person detailing the actions taken: All residents' files contain the details of each resident's dentist, optician and professionals involved in their care. Copies of each resident's most recent examinations or reviews are held in the residents individual care plan file, alongside details of their next planned review.

<p>Area for improvement 4</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2017</p>	<p>The registered person shall ensure that the diabetic needs of residents are noted in all relevant areas of the care records.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: We currently have three type two diabetics, none of which are on medication for this condition. All of these residents are very aware and informed of their condition. Staff support residents to make good food choices. The individual residents conditions are well documented, details of which are retained in the residents' cardex and the daily food and fluid records. There is also details recorded in the kitchens documentation, all of which are available for inspection.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 1.2</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2017</p>	<p>The registered person shall ensure that residents' meeting are held regularly.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Residents meetings were held on the following dates: 09/03/16, 08/09/16, 22/12/16 (return to Alpine meeting/xmas), 25/01/17 and 16/06/17. The minutes of all these meetings are available for inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 1.3</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2017</p>	<p>The registered person shall ensure that residents' views and wishes are obtained and taken into account in regard to crockery options used in the home, menu choices and the provision of drinks.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: There has always been cups and saucers used for mealtimes in the home. At no time has any resident asked for a cup and saucer when staff have been serving tea or coffee at break times. Cups and saucers are now on the trolley at break time and a few residents have been using them. Hot drinks such as tea and coffee are served in between meals, as are cold drinks such as orange juice, milk and iced water. The jugs of juice situated in the lounges are changed several times a daily. Since the inspection a residents meeting has been held and the matter of the menu and choices was discussed. Every resident attending the meeting confirmed that they are aware that they only have to inform the cook or a member of staff if they want something different for lunch/tea. All the attending residents confirmed that there have always been alternative choices available when requested.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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