

Unannounced Enforcement Care Inspection Report 5 March 2018



Alpine House

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

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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 provider 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

Organisation/Registered Provider: Alpine House Responsible Individual: Sathrouhun Bogun	Registered Manager: Joanne Glendinning
Person in charge at the time of inspection: Joanne Glendinning	Date manager registered: 3 April 2009
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of registered places: 22

4.0 Inspection summary

An unannounced inspection took place on 5 March 2018 from 09.20 to 10.35.

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 sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice. The area identified for improvement and compliance with the regulation was in relation to staff recruitment and selection. The date of compliance with the notice was 5 March 2018.

The following FTC Notice was issued by RQIA on 6 February 2018:

FTC ref: FTC/RCH/1569/2017-18/01

Evidence was available to validate compliance with the Failure to Comply Notice.

The findings of this report will provide the home 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	0	0

This inspection resulted in no areas for improvement being identified. Further enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the FTC Notice issued on 6 February 2018.

During the inspection the inspector met with the registered manager and the responsible individual.

The following records were examined during the inspection:

- Staff recruitment and selection records
- The schedule for checking staff registration with the Northern Ireland Social Care Council (NISCC)

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 the most recent inspection dated 30 January 2018

The most recent inspection of the home was an unannounced care inspection. One FTC Notice was issued on 6 February 2018.

6.2 Review of areas for improvement from the care inspection dated 2 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.8 Stated: First time	The registered person shall ensure that staff meetings are held on a regular basis and at least quarterly.	Carried forward to the next care inspection

This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 6 February 2018. The area for improvement from the care inspection on 2 November 2017 was not reviewed as part of the inspection and is carried forward to the next care inspection.

6.3 Inspection findings

FTC Ref: FTC/RCH/1569/2017-18/01

Notice of failure to comply with regulation 21 of The Residential Care Homes Regulations (Northern Ireland) 2005

21.-

(4) The registered person shall not allow a person to whom paragraph (2) applies to work at the home in a position to which paragraph (3) applies, unless –

- (a) the person is fit to work at the home;
- (b) the employer has obtained in respect of that person the information and documents specified in –
 - (i) paragraphs 1 to 7 of Schedule 2; and has confirmed in writing to the registered person that he has done so; and
- (c) the employer is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person, and has confirmed in writing to the registered person that he is so satisfied.

In relation to this notice the following four actions were required to comply with this regulation.

- AccessNI enhanced disclosure certificates are obtained for the three identified members of staff
- the two identified employees are registered with NISCC
- all gaps identified in the recruitment records of the remaining staff are addressed
- a robust audit system should be developed and implemented in relation to staff recruitment and selection procedures and NISCC registrations

An inspection of the staff recruitment and selection records confirmed that AccessNI enhanced disclosure certificates were in place for the three identified members of staff.

One member of staff was registered with NISCC. The application for registration with NISCC for the other member of staff was made and further information was requested by NISCC. It was later confirmed that this member of staff became registered with NISCC on 5 March 2018.

An inspection of the staff recruitment and selection records confirmed that no gaps were present. The registered manager advised that the recruitment and selection checklist for all staff had been amended to allow for more detail and for the responsible individual to sign that all documentation was satisfactory.

The registered manager also described the system in place for the responsible individual and the registered manager to make monthly checks for NISCC registrations for all care staff and for this to be recorded.

Evidence was available to validate compliance with the Failure to Comply Notice.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection. The QIP attached relates to a standard which was not reviewed as part of this inspection and is carried forward to the next care inspection.

Quality Improvement Plan	
Area for improvement 1 Ref: Standard 25.8 Stated: First time To be completed by: 29 December 2017	The registered person shall ensure that staff meetings are held on a regular basis and at least quarterly. Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref: 6.5



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