



Unannounced Care Inspection Report

9 March 2021



Alpine House

Type of Service: Residential Care Home
Address: 20 Ballyholme Road, Bangor BT20 5JN
Tel no: 028 9145 4904
Inspectors: Linda Parkes

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 22 residents.

3.0 Service details

Organisation/Registered Provider: Alpine House	Registered Manager and date registered: Joanne Glendinning 3 April 2009
Responsible Individual: Sathrouhun Bogun	
Person in charge at the time of inspection: Joanne Glendinning	Number of registered places: 22
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of residents accommodated in the residential home on the day of this inspection: 16

4.0 Inspection summary

An unannounced inspection took place on 9 March 2021 from 12.20 to 17.15.

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

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- the environment/infection prevention and control
- staffing and care delivery
- residents' care records
- governance and management.

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	1	0

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

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 following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- pre-inspection audit
- the previous care inspection report.

During the inspection the inspector met with eight residents, a small group of residents in the lounge, one residents' representative, the manager and four staff. Questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received within the timescale specified. The inspector provided the manager with "Tell us cards" which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rotas for the period 1 March 2021 to 14 March 2021
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training records
- staff meeting records
- daily cleaning schedule
- regulation 29 monthly quality monitoring reports
- incident and accident records
- a selection of quality assurance audits
- compliment records
- residents' activity record book
- two residents' care records
- two residents' weight records
- three patients' food and fluid intake charts
- two residents' daily progress records
- RQIA registration certificate.

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

The most recent inspection of the home was an unannounced estates inspection undertaken on 13 March 2020. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	Validation of compliance	
Area for improvement 1 Ref: Standard 25.8 Stated: First time	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • minutes of staff meetings include the names of those attending • minutes are shared with those staff who were not present at staff meetings <p>Ref: 6.6</p> <p>Action taken as confirmed during the inspection: Discussion with the manager and review of minutes of staff meetings held on the 11 and 12 January 2021 evidenced that the names of those attending were recorded and the minutes had been shared with staff who were not present at the staff meeting. Staff signatures were observed to indicate that they had read the meeting minutes, for those unable to attend. The manager advised staff meetings are held while adhering to guidelines regarding social distancing. This area for improvement has been met. </p>	Met

6.2 Inspection findings

6.2.1 The internal environment/infection prevention and control

Upon arrival to the home the inspector had a temperature and symptom check. The manager advised that all staff had a temperature and symptom check on arrival to work and at the end of their shift and that all residents in the home had their temperature checked twice daily in order to adhere to the Department of Health and the Public Health Agency guidelines.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, the lounge, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout.

The environment had been adapted to promote positive outcomes for the residents. Bedrooms were personalised with possessions that were meaningful to the resident and reflected their life experiences. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind residents of the date, time and place.

It was noted that two door handles in the home were in need of repair or replacement. This was discussed with the manager who advised she would address the issue. Correspondence received on 1 April 2021 from the manager, confirmed that the upstairs bathroom door handle had been repaired and the identified bedroom door handle had been replaced.

Review of records from 1 March 2021 to 7 March 2021 evidenced that the daily cleaning schedule had been completed to assure the quality of care and services in relation to infection prevention and control measures.

Pull cords in bathrooms throughout the home were seen to be covered and could be easily cleaned in order to adhere to infection prevention and control best practice. However, one pull cord in an identified ensuite bathroom was observed to be uncovered. This was discussed with the manager who addressed the issue immediately.

Observation of information displayed in the home evidenced that it was laminated and could be wiped clean in order to adhere to infection prevention and control (IPC) best practice. A notice in the dining room was seen not to be laminated. This was brought to the manager's attention and it was removed it immediately.

We observed that personal protective equipment (PPE), for example face masks, gloves and aprons were available throughout the home and appropriately used by staff. Dispensers containing hand sanitiser were observed to be full and in good working order.

6.2.2 Staffing and care delivery

A review of the staff duty rota from 1 March 2021 to 14 March 2021 evidenced that the planned staffing levels were adhered to. Staff were able to identify the person in charge of the home in the absence of the manager. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the residents and to support care staff. No concerns regarding staffing levels were raised by residents, a residents' representative spoken with or staff in the home.

Observation of the delivery of care evidenced that residents' needs were met in a timely and caring manner.

Residents spoken with indicated that they were well looked after by the staff and felt safe and happy living in Alpine House. We also sought the opinion of residents and their representatives on staffing via questionnaires. No responses were received within the timescale specified.

A visiting residents' representative commented: "The staff are great. They have been kind and accommodating since day one and contact me by phone to update me on care and of any changes. I have no concerns."

Cards of thanks had been received by the home. Comments recorded included:

- "Many thanks for all the care and support given over the past few years. We wish you all well."
- "I could always leave my Dad in your caring and capable hands in the knowledge that he would be treated with kindness and dignity."

We observed the serving of the lunchtime meal in the dining room. Residents were assisted to the dining room or had trays delivered to them as required. The food appeared nutritious and appetising. Staff wore aprons when serving or assisting with meals. Tables were nicely set with condiments and flowers. Residents able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids and how to care for residents during mealtimes. The menu for the day offering residents a choice of food was appropriately displayed on the notice board.

Discussion with residents and staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Review of the residents' activity book from 3 March 2021 to 8 March 2021 evidenced that it was well recorded and that residents had participated in a variety of activities to include watching quiz shows on television, crosswords, knitting and playing games of dominoes and draughts. The manager advised that residents often declined to take part in daily activities as they like to remain independent and plan their own time.

Three residents spoken with commented:

- "I love it here. This is my home."
- "All's ok. I have no concerns."
- "I can't complain about the staff. They are careful and I would miss them if I was at home."

Discussion with the manager evidenced that care staff were required to attend a handover meeting at the beginning of each shift that provides information regarding each resident's condition and any changes noted. She advised that there was effective teamwork and that staff members know their role, function and responsibilities.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

6.2.3 Resident records

Review of two residents' care records regarding weight and nutrition evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Daily progress records reviewed for two residents from 1 March 2021 to 9 March 2021 evidenced that they were well maintained.

Three patients' supplementary charts in relation to food and fluid intake were observed to be well recorded.

Weekly weight records for two residents from 22 February 2021 to 9 March 2021 were reviewed and a system was observed to be in place to monitor patients' weight loss and weight gain.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietitian.

6.2.4 Governance and management

Since the last inspection there has been no change in management arrangements. The certificate of registration issued by RQIA was appropriately displayed in the home. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered.

The manager confirmed that a process was in place to monitor the registration status of care staff registration with the Northern Ireland Social Care Council (NISCC). Records viewed for 9 March 2021 evidenced this.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the residents. Review of staff training records for 2020/2021 evidenced that staff had attended training regarding Covid-19 awareness, infection prevention and control (IPC), the use of personal protective equipment (PPE), adult safeguarding, moving and handling and fire safety.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding falls.

We reviewed accidents/incidents records from 20 October 2020 to 2 January 2021 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation.

Monthly quality monitoring visits by the responsible individual in accordance with Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005 were reviewed. A selection of records from 28 November 2020 to 24 December 2020 evidenced that the previous month's action plan was reviewed as part of the visit to ensure that actions identified had been completed. However, monthly monitoring reports for January 2021 and February 2021 were unavailable to view. This was discussed with the manager and an area for improvement has been identified.

The manager advised that systems were in place to ensure that complaints were managed appropriately and that no complaints had been raised this year.

Residents and staff spoken with confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

Evidence of good practice was found throughout the inspection in relation to staffing, the use of PPE, in relation to the cleanliness of the environment and the personalisation of the residents' bedrooms. Good practice was found regarding adult safeguarding, care records, risk management, management of accidents/incidents and communication between residents, residents' representatives, staff and other professionals.

Areas for improvement

One new area for improvement was identified regarding monthly quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of residents and compliance with the use of PPE. Measures had been put in place in relation to compliance in best practice with IPC to keep residents, staff and visitors safe in order to adhere to the Department of Health and the Public Health Agency guidelines.

Correspondence was received by RQIA on 9 March 2021 from the manager regarding quality monitoring. Monthly quality monitoring reports for 30 January 2021 and 28 February 2021 were reviewed and were found to be satisfactory.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Glendinning, 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 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 29 Stated: First time To be completed: Immediate action required	<p>The registered person shall ensure that monthly quality monitoring reports are completed and are made available to the inspector on request during inspection in accordance of regulation.</p> <p>Response by registered person detailing the actions taken: I shall ensure that completed monthly monitoring reports are forwarded to the manager for discussion and filing by the end of each calendar month, ensuring they are available for inspection any time.</p>
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Please ensure this document is completed in full and returned via Web Portal



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