



# **Unannounced Care Inspection Report 10 August 2019**



## **Alpine House**

**Type of Service: Residential Care Home**  
**Address: 20 Ballyholme Road, Bangor BT20 5JN**  
**Tel no: 028 9145 4904**  
**Inspectors: Gavin Doherty and 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 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 registered residential care home which provides care for up to 22 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Alpine House  <b>Responsible Individual:</b> Sathrouhun Bogun	<b>Registered Manager and date registered:</b> Joanne Glendinning 3 April 2009
<b>Person in charge at the time of inspection:</b> Tori Larmour, deputy manager	<b>Number of registered places:</b> 22
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category	<b>Total number of residents in the residential care home on the day of this inspection:</b> 17

### 4.0 Inspection summary

An unannounced inspection took place on 10 August 2019 from 09.45 to 14.30 by the care inspector. An associated inspection was undertaken by the estates inspector on 5 August 2019 from 12.00 to 14.00.

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

Areas for improvement in respect of previous estates inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to the ongoing upkeep of mechanical and electrical contracts within the premises. These included the fire alarm and detection, emergency lighting, water safety, electrical safety and gas safety. The in-house user checks were also comprehensive and well maintained.

Residents described living in the home in positive terms. Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Tori Larmour, Deputy Manager, and Joanne Glendinning by telephone after the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent inspection dated 19 September 2018**

The most recent inspection of the home was an unannounced care inspection undertaken on 19 September 2018. 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.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous estates and pharmacy inspections, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, their relatives or staff.

During the inspection a sample of records was examined which included:

- staff duty rotas from 29 July 2019 to 18 August 2019
- two staff recruitment files
- five residents' records of care
- complaint records
- compliment records
- governance audits
- accident/incident records from March 2019 to August 2019
- reports of visits by the registered provider from April to June 2019
- RQIA registration certificate
- fire risk assessment
- legionella risk assessment
- mechanical and electrical service contracts
- in-house fire checks and fire evacuation drills

Additional records were requested and submitted after the inspection. These included:

- staff training schedule
- staff induction record
- staff supervision and appraisal schedule
- one competency and capability assessment
- minutes of residents' meetings
- minutes of staff meetings
- annual quality audit
- adult safeguarding position report

Areas for improvements 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 the last care inspection dated 19 September 2018

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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 30. - (1)  <b>Stated:</b> First time	The registered person shall ensure that all RQIA is given notice of the occurrence of all events outlined within current guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of accident and incident reports confirmed that RQIA is given notice of the occurrence of all events outlined within current guidance.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The deputy manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff along with kitchen and domestic staff on duty during the day and care staff in the evenings and overnight.

#### **Staffing and recruitment**

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with activities. Staff told us that there was always enough staff on duty to meet the needs of the residents.

We looked at staff files to make sure that staff were properly recruited and that all pre-employment checks had been made. All staff were properly vetted and suitable to work with the residents in the home.

#### **Staff induction, supervision, appraisal and competency**

We spoke with staff who told us that they had a good induction to working in the home. They also told us that they got formal supervision directly from the manager and that the manager and deputy manager were always on hand to give informal supervision and guidance to staff. Staff also told us that they got an appraisal of their performance every year.

All senior care staff had an assessment of their competency and capability completed by the manager to ensure that they can take charge of the home.

#### **Staff training and registration with NISCC**

We looked at the staff training records and saw that staff had received mandatory training. We also looked at an audit completed by the manager to ensure that care staff were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to NISCC standards of conduct and practice.

#### **Safeguarding residents from harm**

Staff described how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion. A report on the safeguarding arrangements for the previous year had been completed.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

## **Environment**

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. We looked in the bedrooms of some residents, with their permission. Bedrooms and bathrooms were personalised and there were no malodours. Residents told us that they liked their rooms and felt they had their own space and privacy.

There were communal lounges and a dining room for the use of residents on the ground floor. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

## **Restrictions**

The deputy manager told us that residents living in Alpine House enjoy as much freedom as possible whilst remaining safe and some restrictions were necessary to achieve this.

The front door was locked for security but residents were free to leave the home alone or with family. There was a keypad system on the door from the dining room to the garden. Some residents had their smoking materials managed by staff for their safety. We looked at care records for residents we saw that any restrictions were documented.

## **Infection prevention and control (IPC)**

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection and we saw that there were supplies of such equipment in the home.

## **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.



## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total numb of areas for improvement	0	0

### 6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

### Management of risks relating to residents

We saw evidence of assessment of residents' care needs before they could be admitted to Alpine House. When risks are identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks.

We looked at the arrangements for the management of falls in the home and we were assured that the procedure and practice was good. The manager completed an audit of accidents or incidents in the home each month which includes falls. This looks for any patterns or trends and considers actions to reduce the likelihood of further falls happening. The manager and staff were aware of how they could get professional advice from medical or trust staff.

We saw how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

### Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were audited regularly to make sure that they were accurate and up to date.



## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 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.**

## Culture and Ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

## Activities

Staff told us about the activities available and we saw that there were plentiful resources available. Residents said that they enjoyed the activities on offer and were looking forward to the quiz which was planned for that afternoon. A resident said "There is something organised for us every day. It was lovely to be able to sit outside on good days. Some of us get a taxi into town or to the shopping centre where we have lunch or a cup of coffee".

## Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. A resident said "We have residents' meetings where we discuss food and if there is anything we suggest, we get it. We also talk about activities".

Staff told us that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was also a satisfaction survey completed annually by residents, their family members and staff. We looked at a quality report which included the findings from the last survey completed in 2018 and this indicated that all parties were satisfied with the care, services and facilities in the home.

Residents told us they were happy in the home and said “The staff are wonderful”. They also commented that “It is great here....the food is lovely and we get plenty. We know what we are getting every day as it is written up on the menu board” and “It’s very good here. The staff look after us very well”.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of resident.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 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.**

Staff in the home said that they got good support from their manager who was supportive and approachable. The deputy manager described the staff team as being committed with a focus on delivering a high quality of care to residents.

### Managerial oversight

Staff described how the manager spent some time working on the floor to make sure that the care delivered to the residents by the staff was good.

The deputy manager told us how the manager completes managerial tasks to make sure she is satisfied that the home runs well. The manager completes audits of areas such as accidents and incidents, care records and environmental checks and looks for any ways in which these areas can be improved. The manager makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. The manager makes sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

## **Complaints and Compliments**

The manager deals with any complaints raised by residents or their family members. We looked at the system in place to manage any complaints and saw that this was adequate. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning. We looked at some thank you cards received since the last care inspection which contained the following comments:

- “(My relative) was very happy at Alpine House and you and the staff gave him great attention and looked after him so well...thank you for all your kindness. Well done!”
- “A great big thanks for all the care that you gave (my relative). I don’t know what we would have done without you all!”

## **Accidents and incidents**

The deputy manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

## **Communication**

We looked at the minutes of staff meetings which were used to ensure that information was shared with the staff team about any issues arising. We found that staff in attendance were not noted on the minutes and we did not see evidence of how the minutes of the meetings were shared with any staff who were not present. We asked that action be taken to ensure compliance with the Standards in this regard.

The manager also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

## **Visits by the registered provider**

The home was visited by the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits in April to June 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

## **Assessment of premises**

An estates inspection was undertaken at the home on 5 August 2019. This inspection looked at the condition of the premises both internally and externally, the mechanical and electrical services and fire safety. The home was found to be in good condition and was generally well presented both internally and externally. The following general observations were made at the time of the inspection. An area for improvement was made to comply with the Regulations.

- toilet adjacent to bedroom 9 - flooring around perimeter and at toilet bowl should be sealed
- one identified bedroom – floor boards should be fitted flush to avoid a tripping risk
- first floor bathroom window needs to have a more robust window restrictor
- corridor flooring adjacent to first floor bathroom at top of stairs needs weakness repaired
- ground floor corridor carpet from entrance to the kitchen to the dining room should be deep cleaned or replaced with a suitable slip resistant floor finish

The manager should also undertake a survey of the door handles throughout the premises. At the time of inspection many of these handles were in very poor condition and the use of door knobs in certain cases (especially bathrooms and toilets) could prove difficult for the residents to operate. On completion, suitable new door handles should be provided where deemed necessary. An area for improvement was made to comply with the Standards.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents and incidents and maintaining good working relationships.

There were also examples of good practice in relation to the ongoing upkeep of mechanical and electrical contracts within the premises. These included the fire alarm & detection, emergency lighting, water safety, electrical safety and gas safety. The in house user checks were also comprehensive and well maintained.

### Areas for improvement

One area was identified for improvement. This was in relation to staff meetings.

With regards to the estates element of the inspection two areas for improvement were identified. These were in relation to defects within the premises and the suitability and condition of the door ironmongery.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tori Larmour, Deputy Manager, and Joanne Glendinning by telephone after the inspection. 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 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

<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27.2  <b>Stated:</b> First time	The registered person shall ensure that the general observations, highlighted in the 'assessment of the premises', are undertaken in a timely manner within the time frame stipulated.  Ref: 6.6
<b>To be completed by:</b> 28 October 2019	<b>Response by registered person detailing the actions taken:</b> The 1 <sup>st</sup> floor bathroom has had a new window restrictor fitted. The toilet adjacent to room 9 has had the flooring resealed both around the toilet bowl and the edges. The ground floor carpet has been deep cleaned. Several door handles will be replaced on the 05/10/19 and the registered provider will continue to monitor the condition of the remaining handles. The flooring outside the upstairs bathroom and room 7 will be attended to on the 05/10/19.

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.8  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2019	The registered person shall ensure the following: <ul style="list-style-type: none"> <li>• minutes of staff meetings include the names of those attending</li> <li>• minutes are shared with those staff who were not present at staff meetings</li> </ul> Ref: 6.6
	<b>Response by registered person detailing the actions taken:</b> This issue has now been addressed. The manager will record at the time the name of each member of staff attending staff meeting, for those members that are unable to attend the meeting the manager will meet with them on a one to one to discuss whatever was discussed at the meeting, this ensures that everyone remains informed and up to date on the matters discussed at the meetings.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.3  <b>Stated:</b> First time	The registered person shall undertake a survey of the existing door handles used throughout the premises for suitability and condition, and replace as necessary with suitable new door handles.  Ref: 6.6
<b>To be completed by:</b> 28 October 2019	<b>Response by registered person detailing the actions taken:</b> Several door handles will be replaced on the 05/10/19 and the provider will continue to monitor the condition of the door handles

	throughout the home this will be recorded in the monthly visits.
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***\*Please ensure this document is completed in full and returned via Web Portal\****





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