

# Unannounced Care Inspection Report

## 11 October 2016



## Alpine House

**Type of service: Residential Care Home**  
**Address: 20 Ballyholme Road, Bangor, BT20 5JN**  
**Tel no: 028 9145 4904**  
**Inspector: Patricia Galbraith**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Alpine House took place on 11 October 2016 from 10.30 to 16.45.

The inspection sought to assess progress with any issues raised 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.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

One requirement was made in regard to several areas in the home's environment which needed to be made fit for purpose.

### Is care effective?

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

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

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

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Joanne Glendening, registered 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.

## 1.2 Actions/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 27 September 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Sathrouhun Bogun	<b>Registered manager:</b> Joanne Glendening
<b>Person in charge of the home at the time of inspection:</b> Joanne Glendening	<b>Date manager registered:</b> 3 April 2009
<b>Categories of care:</b> I - Old age not falling within any other category	<b>Number of registered places:</b> 22

## 3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the returned Quality Improvement Plan, the previous inspection report.

During the inspection the inspector met with ten residents, four staff, one resident's visitor/representative and one visiting professional.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records
- Staff recruitment files
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Infection control register/associated records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings / representatives' / other
- Monthly monitoring report
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Safe guarding policy and procedures

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 27 September 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicine management inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 14 March 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (2) (b) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> 31 May 2016	The registered persons shall address the following issues: <ul style="list-style-type: none"> <li>• Storage of a vacuum cleaner and staff coats and bags in the residents' dining room.</li> <li>• Loose tiles in the shower room beside room 18</li> <li>• Carpet at the doorway on the first floor beside room six presents as a trip hazard</li> <li>• Presence of an unsightly unused tap above the skirting in the hallway beside the manager's office.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and observation of the premises confirmed that: <ul style="list-style-type: none"> <li>• Staff had stored the vacuum cleaner and their coats in a different area.</li> <li>• The loose tiles had been fixed.</li> <li>• The carpet had been fixed.</li> <li>• The tap in the hall way had been looked at by experts who could not ascertain where the pipe led to and therefore were unwilling to move or cover the tap.</li> </ul>	



Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> E 38  <b>Stated:</b> First time  <b>To be completed by:</b> 30 March 2016	In order to minimise the risk of cross contamination of infection the touch operated bin in bathroom/ toilet beside room six to be replaced with foot pedal type opening bin.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The bin had been replaced with foot pedal type opening bin.	

#### 4.3 Is care safe?

The registered manager 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. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager confirmed that there are plans in place to implement the new adult safeguarding procedures relating to the establishment of a 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. 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. One resident had been assessed as nursing needs and a

suitable placement had been sought and arrangements had been made for the resident to move to an appropriate home.

The registered manager confirmed there were restrictive practices employed within the home, locked doors, lap belts, bed rails, etc. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of three care records confirmed there was a system of referral to the multi-disciplinary team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. 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.

Hand hygiene was important for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with homes policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The general décor of the home was discussed with the registered manager and there were a number of areas in need of refurbishment. The areas identified were: two identified bedrooms which needed vanity units replaced, two identified rooms required the carpet to be replaced, the two main lounges needed redecorated and the two fireplaces required the tiles to be made good, the front door needed the letter box replaced and tiles in front hall needed replaced. Furniture in dining room needed refurbished. The carpet on the front stairs needed replaced and trip hazard identified outside one room needed fixed. A requirement was made in regard to these areas.

Inspection of the internal and external environment identified that the outside of the home had started to be painted. Observation of the work and discussion with the registered manager confirmed that work needed to be schedule for completion and a date forwarded to RQIA.

The home had an up to date fire risk assessment in place dated 15 June 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed every 6 months. 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 and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Some comments made by residents were as follows:

- “The home needs some redecorating carried out but the staff and the care is very good ”
- “Staff are good some places need freshened up”

### Areas for improvement

One requirement was made in regard to several areas in the home’s environment which needed to be made fit for purpose.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were 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/regular statement of health and well-being of the resident. 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. One resident liked to go out and get the daily paper.

The registered manager 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. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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

Minutes of the most recent residents’ meeting dated 9 March 2016 were available for inspection.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with residents, and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. Staff would ensure they speak to the person in charge in the office regarding resident's personal information.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. The residents in conversation confirmed the registered manager made time for them regularly to discuss their care.

Comments received from residents were as follows:

- "staff are so good to us"
- "nothing is a bother the staff get me whatever I need"
- "staff are amazing"

#### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

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 health and social care needs of residents were met in accordance with the home's Statement of Purpose and the category of care for which the home was registered with RQIA.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster / leaflet etc. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

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 regular audit of accidents and incidents was undertaken and was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit however the home had its own falls management tool.

A monthly monitoring visit was 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. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home. The registered manager confirmed the registered provider visited the home regularly and had been contactable by telephone.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration had been displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in

place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Glendening, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 27 (2) (b)

**Stated:** First time

**To be Completed by:**  
31 January 2017

The registered provider must ensure the following areas are made fit for purpose two identified bedrooms vanity units need replaced, two identified rooms needs carpet replaced, the two main lounges need to be redecorated and the two fireplace require the tiles to be fixed to be fit for purpose, the front door needs letter box replaced and tiles in front hall needs replaced. Furniture in dining room needs refurbished. Carpet on front stairs needs replaced and trip hazard identified outside one room needs fixed.

#### **Response by registered provider detailing the actions taken:**

The registered provider has upgraded most areas of the home including the above areas of concern. The registered provider will continue to upgrade the remaining areas of the interior and exterior of the building. Please find attached document containing further details of works both completed and planned.

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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