

**Unannounced Care Inspection  
of  
Alpine House**

**14 March 2016**

## 1. Summary of inspection

An unannounced care inspection took place on 14 March 2016 from 10.00 to 14.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard and theme inspected was assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

The details of the QIP within this report were discussed with the Joanne Glendinning, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/ Registered Person:</b> Sathrouhun Bogun	<b>Registered Manager:</b> Joanne Glendinning
<b>Person in charge of the home at the time of inspection:</b> Joanne Glendinning	<b>Date manager registered:</b> 03/04/2009
<b>Categories of care:</b> RC-I	<b>Number of registered places:</b> 22
<b>Number of residents accommodated on day of inspection:</b> 18	<b>Weekly tariff at time of inspection:</b> £520 - £530

## 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

## 4. Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were reviewed:

- accident/incident notifications
- RQIA report and quality improvement plan (QIP) from the previous inspection.

Discussion took place with ten residents, the manager and two care staff.

Ten staff and ten resident satisfaction questionnaires were provided for distribution, completion and return to RQIA.

The following records were examined during the inspection:

- four care plans, risk assessments
- accident/incident records
- complaints
- staff training
- policies and procedures relating to continence management and death and dying.
- monthly monitoring visits
- indemnity insurance certificate
- RQIA registration certificate

An inspection of the internal environment of home was undertaken.

## 5. The inspection

### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 27 October 2015. The completed QIP was returned and approved by the care inspector.

**Review of requirements and recommendations from the last Care inspection dated 27 October 2015.**

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 27 <b>Stated:</b> First time <b>To be Completed by:</b> 27 December 2015	<p>The registered person must replace the carpet in the lounge, the hallway and in the two identified bedrooms.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>            Carpets within the hallway and lounge had been replaced as required. Carpets in the two bedrooms had been deep cleaned with good effect. Plans are in place to replace the carpets in the two bedrooms are to be replaced whenever another bedroom becomes available and residents can, with their permission, be temporarily relocated while new carpets are fitted.</p>	<b>Met</b>

### 5.2 Inspection Focus

The inspection sought to determine if the following standard and theme had been met.

#### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

##### Is care safe?

The manager and staff confirmed to us that residents can and do spend their final days of life in the home. This is unless there is a documented health care need that would necessitate transfer to hospital or a nursing facility.

The manager explained there would be close collaboration with the resident's representative and the commissioning Health and Social Care Trust (HSCT) care management team when a resident was very ill.

The manager and staff confirmed that staffing levels would always be kept under review. If necessary these would be increased to ensure that a resident who was very ill or dying would not be left alone. Support services could also be commissioned through the district nursing service. For example the Marie Curie or Macmillan service.

To ensure that the care provided by staff was safe the manager and staff confirmed that assessment of the resident's care needs would be closely monitored and reviewed by the district nurse. Care staff would provide care in keeping with the district nurse's care plan. The resident, their representative and the general practitioner would be consulted in regard to any proposed changes in care.

The manager and staff confirmed that risk assessments complement the resident's holistic needs assessment. Risk assessments would include for example; moving and handling, nutritional and pressure area risk. Identified risk assessments were reflected within care plans examined with measures to minimise risk identified.

Staff training in death and dying had been provided with a record of attendance retained.

### **Is Care Effective?**

The home had a policy/procedure on dying and death which was dated August 2015. The policy was signed / dated by staff when read. Staff demonstrated awareness of the policy and procedures to follow in the event of a resident becoming very ill.

The manager confirmed that staff had undertaken training in this area of care. Other training recorded within records examined included administration of medications and safe moving and handling. Training records reflected staff attendance. Contents of the training programme were retained.

Care records examined reflected resident choice, preference and spiritual wishes. Evaluations and reviews of care retained within care records reflected that the care provided was effective and when necessary care management review with multi-professional collaboration address any issues arising.

In discussion with the registered manager and staff they confirmed that the resident's general practitioner and district nurse would visit the home on a regular basis. This was to ensure that the care provided was in keeping with the care prescribed and to carry out a reassessment as necessary. The district nurse would undertake risk assessments, for example; nutritional and pressure area risk assessments to ensure that the care provided was safe and effective.

In our discussions with staff they confirmed that additional resources in the form of a profiling bed, air wave pressure relieving mattress and cushion would be provided by the district nursing service.

### **Is care compassionate?**

Discussion with the registered manager and staff confirmed that the philosophy of care and practice was to provide a friendly and caring atmosphere. The manager and staff confirmed that residents and their relatives are always listened to and treated with dignity and respect.

Staff demonstrated to us that they had knowledge and understanding of the importance to uphold each resident's core value of rights. Staff also confirmed to us that there was a supportive ethos within the management of the home to support residents and staff deal with dying and death. The manager described how relatives would be made welcome and supported to be with the resident who is very ill or dying.

The manager confirmed that the body of the deceased resident would be handled with care and respect and in accordance with their expressed social, cultural and religious preferences which would be reflected within the care plan.

The registered manager and staff advised that residents would be informed individually of the death of a fellow resident and in a sensitive manner and that the deceased resident's belongings would be handled with care and relatives consulted regarding the arrangements for removal of same.

### **Areas for improvement**

There were no areas identified for improvement within Standard 14.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations</b>	<b>0</b>
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### **Theme: Residents receive individual continence management and support**

#### **Is care safe?**

Four care records were provided by the manager for examination. Records contained comprehensive needs assessment including elimination with actual and potential needs in regard to continence care reflected within care plans.

The manager and staff confirmed that referral is made to the community nursing service. The district nurse would undertake a continence assessment and prescribe care accordingly. If appropriate a supply of suitable continence garments would be ordered through the community nursing service and a monthly supply provided. Two staff members consulted were able to describe the system of referral to the community nursing service for continence assessment.

There was a plentiful supply and range of incontinence garments stocked in the home. In addition items such as laundered bed linens, disposable gloves, aprons and soap dispensers were available.

Staff training records examined reflected that staff training was undertaken during August 2015. In discussion with staff they were able to demonstrate knowledge and understanding of continence promotion and care.

#### **Is care effective?**

The home had a policy and procedure on continence management which was dated August 2015. The policy was readily available to staff.

Staff training in continence promotion / management was provided during August 2015 with a record of staff attendance retained. Staff demonstrated good knowledge and understanding of continence promotion and management including the importance of ensuring good hygiene, skin care and hydration.

Care plans examined reflected continence promotion including recorded interventions and review. Issues of assessed need were referred to the community nursing service for review of assessment.

## Is Care Compassionate?

From discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our discussion with residents, we endorsed that staff provide assistance with continence care in a sensitive caring manner.

### Areas for improvement

No areas were identified for improvement from the inspection of this theme.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.4 Additional areas examined

### 5.4.1 Residents views

Several residents were consulted individually and others in small group format. Residents were observed relaxing in the communal lounge areas and spoke freely about the provision of care and life in the home. Several watched television while others chose to read the local newspapers or relax in their bedrooms. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. Residents expressed their satisfaction with staffing, facilities and services provided. Some comments made included:

- “The manager and staff listen to me and would attend to anything I need”
- “There is always staff about and they answer call bells when I need assistance”
- “The food is good, I have a choice, plenty of variety”

### 5.4.2 Staff views

Two care staff members were consulted in addition to the registered manager. Staff confirmed they felt well supported in their respective roles by both the manager who always had an open door. Staff related that they had been provided with the relevant training and resources to undertake their duties in a safe, effective and compassionate way. Staff demonstrated that they were knowledgeable of the needs of individual residents.

### 5.4.3 Complaints

Examination of complaints records and discussion with the manager confirmed that no complaints were received from 1 January 2014 to date. Guidance on “How to complain” was displayed. Many complimentary letters and cards on the care provided had been received.

### 5.4.4 Accidents and Incidents

Records of accidents and incidents were retained. Notifications which did not require to be notified to RQIA were discussed with the manager. Action taken to minimise the risk of falls was reflected within care plans examined.

#### 5.4.5 Environment

An inspection of the home was undertaken. All areas of the home were observed to be clean, comfortably heated and fresh smelling throughout. Carpets within the lounge and hallway had been replaced following the last inspection. Areas requiring attention related to the following:

- Storage of a vacuum cleaner and staff coats and bags in the residents' dining room.
- Loose tiles in the shower room beside room 18
- Carpet at the doorway on the first floor beside room six presents as a trip hazard
- Touch opening bin in bathroom/ toilet beside room six
- Presence of an unsightly unused tap above the skirting in the hallway, beside the manager's office.

One requirement and one recommendation was made in regard to these issues



## 6.0 Quality Improvement Plan

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

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

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

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
<b>Statutory Requirements</b>			
<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	<p>The registered persons shall address the following issues</p> <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> <p><b>Response by Registered Person(s) detailing the actions taken:</b>            The storage of the vacuum cleaner has been addressed, as has the issue of the staff coats and bags.            The carpet upstairs outside room 6 has been repaired.            The replacement of the tiles in the shower room is scheduled for the week beginning 09/05/16.            The tap in the hallway outside the manager's office is also to be addressed the week beginning 09/05/16.</p>		
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> E 38  <b>Stated:</b> First time  <b>To be completed by:</b> 30 March 2016	<p>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.</p> <p><b>Response by Registered Person(s) detailing the actions taken:</b>            The bin in the main bathroom upstairs was replaced on the day off inspection.</p>		
<b>Registered Manager completing QIP</b>	Joanne Glendinning	<b>Date completed</b>	04/05/16
<b>Registered Person approving QIP</b>	Mr Bogun	<b>Date approved</b>	04/05/16
<b>RQIA Inspector assessing response</b>	Priscilla Clayton	<b>Date approved</b>	10/05/16

*\*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\**