

Inspection Report

14 September 2021



Alpine House

Type of Service: Residential Care Home
Address: 20 Ballyholme Road, Bangor, BT20 5JN
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Alpine House Responsible Individual: Mr Sathrouhun Bogun	Registered Manager: Mrs Joanne Glendinning Date registered: 3 April 2009
Person in charge at the time of inspection: Ms Joanne Williams, Senior Care Assistant	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 care home on the day of this inspection: 16
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides social care for up to 22 persons. Residents' bedrooms are located over two floors. Residents have access to the communal lounges, the dining room and the grounds of the home.	

2.0 Inspection summary

An unannounced inspection took place on 14 September 2021 at 10:20 am to 5:10 pm by the care inspector.

The inspection assessed progress with the 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.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships.

Six areas for improvement have been identified in relation to the availability of records, fitness of the premises, infection prevention and control, notifiable events and record keeping.

The home was found to be clean, tidy, well-lit and comfortably warm.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the residents. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were seen to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to residents by staff in an unhurried, relaxed manner.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents, a relative and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Joanne Williams, senior care assistant, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with four residents individually, small groups of residents in the dining room and lounges, a resident's relative and five staff. Residents told us that they felt well cared for, enjoyed the food and that staff were nice. Staff said that the manager was approachable and that they felt well supported in their role.

A resident's relative spoken with commented:

"Joanne, the manager and the staff are attentive. I've no concerns regarding the care."

Following the inspection we received three completed questionnaires. One returned questionnaire was from a resident and two questionnaires did not indicate if they had been completed by a resident or their representative. All returned questionnaires indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified.

The following comment was recorded:

"Care excellent. Staff approachable at all times. Important, they take time to listen."

Two staff members spoken with commented:

"I love working here as I've always enjoyed working with the elderly. Joanne (manager) is approachable. I would go to her if I had any concerns and would be confident they would be addressed quickly."

"I've no concerns and I love it here. It's a really rewarding job as you're helping people."

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

"Thank you so much for your kind care and attention to ... during her stay, especially during the challenges of Covid-19. We truly appreciate everything you did for her. She was treated with kindness and dignity."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Alpine House was undertaken on 5 August 2021 by a pharmacy inspector. The area for improvement identified at the last care inspection on 9 March 2021 has been met. No new areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Staff recruitment records requested were unavailable to view. This was discussed the senior care assistant, in charge of the home, who advised she had no access to the records. Records at all times should be available for inspection in the home by any person authorised by the RQIA and it is necessary that the person in charge of the home is able to access these records. An area for improvement was identified.

Records of how the service monitors the registration status of care staff with the Northern Ireland Social Care Council (NISCC) were also unavailable to view. The senior care assistant advised she was unable to access the records. Correspondence from the manager on 22 September 2021 confirmed that a process was in place and assurance was provided that all staff had been registered with NISCC.

Staff said there was good team work and that they felt well supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory. The senior care assistant told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded.

We discussed staff mandatory training. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. However, staff training records were unavailable to view. This was discussed with the senior care assistant who advised she had no access to the records.

Following the inspection this was discussed with the manager. On 22 September 2021, the manager provided RQIA with information on staff training for 2021. The manager advised that staff had received training in a range of subjects including adult safeguarding, donning & doffing of PPE, infection prevention and control (IPC) including hand hygiene and fire safety.

Deprivation of liberty safeguards (DoLS) and restrictive practices were discussed. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all residents but particularly those who were unable to make their own decisions. Staff told us they were confident that they could report concerns about resident's safety and poor practice. Records requested regarding DoLS training for staff were unavailable to view. Correspondence received by RQIA, from the manager, on 22 September 2021 advised that staff had attended DoLS level two training.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

A resident spoken with said: "I have no concerns. I know the manager and the staff are good. There's always enough staff on duty to help."

In summary, assurances were provided that staffing arrangements in the home were safe and staff conducted their duties in a professional and caring manner. However, availability of records requested on inspection, will be further improved, through compliance with the areas for improvement highlighted.

5.2.2 Care Delivery and Record Keeping

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents' individual likes and preferences were reflected throughout the records.

Review of residents' care records regarding mobility, nutrition, choking risk and weight management were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patients. Appropriate risk assessments and evaluations had been completed.

It was noted that supplementary records regarding patients' food and fluid intake were comprehensively completed.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about individual residents' needs including, for example, their daily routine preferences. Staff respected residents' privacy and spoke to them with respect. It was also observed that staff discussed residents' care in a confidential manner and offered personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the lunchtime meal for residents in the dining room and noted that this meal time provided residents with an opportunity to socialise together. Tables were nicely set with condiments and fresh flowers. Staff had made an effort to ensure residents were comfortable throughout their meal. The daily menu was on display with a choice of meal and the food served was attractively presented and smelled appetising. There was a variety of drinks available. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks, how to modify fluids for those on specialised diets and how to provide personalised care to residents who needed varying degrees of assistance with eating and drinking. Staff assisted residents in an unhurried manner and residents who preferred to eat in their room had meals provided on trays in a timely manner. Residents said that they enjoyed lunch.

Four residents spoken with commented:

"The cook deserves a gold star as the food is always enjoyable."

"The food's excellent. There's always plenty of it."

"This is my home and I'm happy here."

"I have no complaints. The staff are nice and the food's good. It's not a bad place to be and I'm settled and happy here."

In summary, no concerns were identified regarding the resident dining experience and care delivery.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the external and internal environment of the home and noted that the home was comfortably warm, fresh smelling and clean throughout.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

In order to assure the quality of care and services in relation to infection prevention and control measures, records requested regarding the daily cleaning schedule were unavailable to view. This was discussed with the manager, post inspection, who advised records were not in place. It is necessary that management devise a robust auditing system to monitor daily cleaning in the home. An area for improvement was identified.

Correspondence from the manager on 22 September 2021 confirmed that a daily cleaning schedule had been commenced and that staff are required to sign each task daily to confirm that it has been completed.

It was noted that a number of door handles were faulty and stiff making them difficult to operate and were in need of replacement. This hindered the full closure of identified doors which could be a potential fire risk in the event of an emergency. The most recent Fire Risk Assessment was unavailable to view, as the senior care assistant advised she had no access to these records. An area for improvement was identified.

Correspondence from the manager on 22 September 2021 advised that the door handles in identified rooms and several others to include the staff bathroom have been replaced and all the door closers throughout the home have been adjusted to enable the doors to close fully. The current Fire Risk Assessment was also received by RQIA. This information has been shared with the RQIA estates team.

The corridors within the home were observed to be clean and generally free from clutter. A unit containing PPE was noted to be situated in the upstairs corridor, near the fire exit that could cause a possible obstruction, should the home need to be evacuated in the event of an emergency. This was discussed with the senior care assistant who moved it immediately to an appropriate location. Carpet in the ground floor corridor, was seen to be worn and in need of replacement. In the manager's office, two large holes were observed in the carpet meaning that it could not be effectively cleaned and it could cause a possible trip hazard. In a resident's bedroom, the headboard attached to the bed, was noted to move and requires to be fixed securely to the bed. This was discussed with the senior care assistant who advised that the headboard would be addressed and that new carpets had been ordered. An area for improvement was identified.

Correspondence from the manager on 22 September 2021 advised the headboard has been removed from the identified resident's bed.

The home is visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Review of the action plan for the monthly monitoring visit on 29 August 2021 advised that new carpets have been ordered. These reports are available for review by residents, their representatives, the Trust and RQIA.

Observation of the environment highlighted several IPC deficits, namely: the hand dryer in the upstairs bathroom was not working, the toilet frame in an upstairs bathroom required to be replaced as it could not be effectively cleaned, as rust was noted around the legs of the frame, due to cracked and chipped paint, the seat of an identified stair lift was noted to be worn and in disrepair as it had a number of large tears that had been secured with tape and could not be effectively cleaned, in order to adhere to infection prevention and control (IPC). These findings were discussed with the manager, post inspection and have been identified as an area for improvement.

Correspondence from the manager on 22 September 2021 advised that arrangements have been made for the stair lift to be recovered, the hand dryer is in working order and a new toilet frame has been ordered and is due to be delivered soon.

The senior care assistant told us that systems and processes were in place to ensure the management of risks associated with Covid-19 infection and other infectious diseases. All visitors to the home had a temperature check and a health declaration completed when they arrived at the home. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves. Visiting arrangements were managed in line with DoH and IPC guidance.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for what clothes they wanted to wear, food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend time in their own room and staff were observed supporting residents to make these choices.

Discussion with staff and residents evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. Review of the resident activity book from 11 September 2021 to 13 September 2021 evidenced that residents enjoyed a range of activities such as ball games, word searches, puzzles, playing dominoes and art.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of residents.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

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

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. Staff were aware of how to raise concerns when needed.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. However, it was noted on review, that one significant accident/incident had not been recorded in the accident book. RQIA were notified appropriately and it was noted that the resident received appropriate care and attention at the time of the accident/incident. This was discussed with the senior care assistant who advised this was an oversight and that she would address the matter. An area for improvement was identified.

Further checks were made regarding accidents/incidents records in comparison with the notifications submitted by the home to RQIA in accordance with regulation. Accidents and incidents were notified, if required, to residents' next of kin and their care manager. However, not all incidents had been notified to RQIA appropriately. On two occasions it was noted that there was no recording that the resident's General Practitioner (GP) had been informed. This was discussed with the senior care assistant. An area for improvement was identified.

The senior care assistant advised that no complaints had been raised since before the last care inspection and systems were in place to ensure that complaints were managed appropriately.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

Discussion with the senior care assistant and staff confirmed that there were good working relationships.

6.0 Conclusion

Residents looked well cared for and were seen to be content and settled in the home. Staff treated residents with respect and kindness and were observed to be attentive to residents who were unable to verbally express their needs. The home was clean, tidy and comfortably warm.

Residents were seen to express their right to make choices throughout the day and staff were observed to ensure residents' dignity and privacy were maintained.

As a result of this inspection six areas for improvement have been identified in relation to the availability of records, fitness of the premises, infection prevention and control, notifiable events and record keeping. Details can be found in the Quality Improvement Plan included.

This service will be further enhanced with compliance in the areas of improvement identified.

Based on the inspection findings and discussions held we are satisfied that this service is providing care in a caring and compassionate manner.

Thank you to the residents, relatives and staff for their assistance and input during the inspection.

7.0 Quality Improvement Plan/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/or the Residential Care Homes' Minimum Standards (August 2011)

	Regulations	Standards
Total number of Areas for Improvement	4	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Joanne Williams, Senior Care Assistant, as part of the inspection process and Mrs Joanne Glendinning, Manager, post inspection. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) (b) Stated: First time To be completed: With immediate effect	The registered person shall ensure that records are at all times available for inspection in the home by any person authorised by the RQIA and that the person in charge of the home is able to access these records. Ref: 5.2.1
	Response by registered person detailing the actions taken: Personal records, sensitive information and confidential information is held in the office filing cabinet, which remains locked at all times in order to remain GDPR compliant. It is recognised that RQIA inspectors do need access to certain files, these files have now been relocated to another unit for future inspections.
Area for improvement 2 Ref: Regulation 27 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the general observations, highlighted during the assessment of the premises, are undertaken in a timely manner. <ul style="list-style-type: none"> • A survey of the door handles and door closure mechanisms used throughout the premises are replaced/repared as necessary • The headboard in an identified resident's bedroom is fixed securely • Replacement of identified carpets Ref: 5.2.3
	Response by registered person detailing the actions taken: Several door handles have been replaced, the door closing mechanisms have all been checked and serviced. The headboard has been fixed securely. The carpet in the downstairs hallway, the office and both the lounges have been replaced.
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed: With immediate effect	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. Ref: 5.2.3
	Response by registered person detailing the actions taken: The hand dryer did not require any action as it was working. The toilet frame has been replaced with a new one. The seat on the stair lift has been recovered with washable fabric.

<p>Area for improvement 4</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed: With immediate effect</p>	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any notifiable event in keeping with regulation and shall ensure that accidents, incidents are reported to relevant bodies, specifically the residents' General Practitioner (GP) in accordance with legislation and procedures and a record is maintained.</p> <p>Ref:5.2.5</p> <p>Response by registered person detailing the actions taken: All staff have received further training in the importance of completing records accurately as legislation requires.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that systems and arrangements are in place that promote the delivery of safe, quality care services. This relates specifically to the development and implementation of a robust auditing system to monitor daily cleaning in the home.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: There was already a system in place for the recording of cleaning duties, however a separate system for the domestic staff only is now in use.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that records are kept in accordance with professional and legislative requirements on each resident's situation, actions taken by staff and reports made to others. This applies specifically to the recording of accidents/incidents in the accident/incident book.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: A system is in place to ensure that incidents and accidents are always recorded in the accident/incident books. The one accident that had not been recorded in the accident book has since been entered into the accident record book. The manager recognises that she is responsible for ensuring that all records are completed fully and accurately.</p>

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