

Primary Unannounced Care Inspection

Service and Establishment ID:	Alpine House (1569)
Date of Inspection:	26 February 2015
Inspector's Name:	Kylie Connor and Patricia Galbraith
Inspection No:	16655

The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	Alpine House
Address:	20 Ballyholme Road Bangor BT20 5JN
Telephone number:	(028) 9145 4904
Email address:	joanne.alpinehouse@hotmail.com
Registered Organisation/ Registered Provider:	Mr Sathrouhun Bogun
Registered Manager:	Mrs Joanne Glendinning
Person in charge of the home at the time of inspection:	Mr Sathrouhun Bogun
Categories of care:	RC-I
Number of registered places:	22
Number of residents accommodated on day of Inspection:	19
Scale of charges (per week):	£461
Date and type of previous inspection:	22 August 2014
Date and time of inspection:	26 February 2015 10.30am to 3.10pm
Name of Inspectors:	Kylie Connor and Patricia Galbraith

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	9
Staff	2 plus the registered manager and registered manager
Relatives/visitors	1
Visiting Professionals	3

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	13	0 by 12 March 2015

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

7.0 Profile of service

Alpine House Residential Care home is situated within close proximity of the town of Bangor. It is also within easy access of transport routes and local facilities. It is situated within the South Eastern Health and Social Care Trust geographical area.

The residential home is owned and operated by Mr Sathrouhun Bogun. The current registered manager is Joanne Glendinning who registered with the Authority in 2005.

Accommodation for residents is provided in single and double rooms in a two storey home. Access to the first floor is via a stair-lift and stairs. A number of communal sanitary facilities are available throughout the home.

Accommodation on the ground floor consists of two sitting rooms, a dining room, kitchen, laundry and five bedrooms, four single and one double. The upper floor accommodates up to thirteen residents in eleven bedrooms, nine single and two double.

The grounds and gardens are well maintained and there is on street parking available beside the home.

The home is registered to provide care for a maximum of eighteen persons under the following categories of care:

Residential care

I Old age not falling into any other category

8.0 Summary of Inspection

This primary unannounced care inspection of Alpine House was undertaken by Kylie Connor and Patricia Galbraith on 26 February 2015 between the hours of 10.30am and 3.10pm. The registered manager was not working in the home on the day of the inspection but was available for consultation by staff. The registered manager came to the home shortly after the inspection commenced and spoke to the inspectors for an hour and a half. At the conclusion of the inspection, Mr Bogun indicated that feedback should be provided to the registered manager. Discussions took place with Mr Bogun in regard to areas of the environment which needed improvement and in regard to arrangements to be put in place when he is unavailable to carry out his role, to support the registered manager. Feedback was provided to the registered manager by telephone following the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that six requirements and three recommendations had been addressed. One requirement was not fully addressed in regard to capability and capacity assessments and this has been stated for the second time. Failure to fully address within the timescale stated may result in the Authority initiating enforcement action. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, the registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the registered manager in the self-assessment were not altered in any way by RQIA.

During the inspection the inspectors met with residents, staff, a visitor and visiting professionals. Discussion focussed on the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspectors observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

During discussion with residents, they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. A visitor and visiting professionals expressed positive views in regard to their observations.

Staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. Further information received from residents, a visitor, staff and visiting professionals are included in section 11.0 of the main body of the report.

The areas of the environment viewed by the inspectors presented as clean, organised, adequately heated and fresh smelling throughout. There were mixed findings in regard to décor and furnishings but there was evidence of improvements. A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

One requirement and four recommendations were made as a result of this primary unannounced care inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspectors would like to thank the residents, visitor, the visiting professionals, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspectors reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which did not fully reflect best practice guidance in relation to restraint, seclusion and human rights. A recommendation has been made.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that physical restraint is not used and restrictive practices are only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

Staff demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they had received training in behaviours which challenge and the registered manager confirmed that training was scheduled for April 2015. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. Needs assessments and care plans were not signed appropriately and two recommendations have been made. The evidence gathered through the inspection process concluded that Alpine House was substantially compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspectors reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that activities provision was based on the assessed needs of the residents.

Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The activity records and discussions with residents and staff identified that activities were provided throughout the course of the week and were age and culturally appropriate. Activities took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

Activities are provided by designated care staff. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Alpine House is compliant with this standard.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 22 August 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	21 (1) (2) (3) (4) (5) Schedule 2	<p>The registered manager should review the homes recruitment policy and procedure and review the need to attend training in this area.</p> <ul style="list-style-type: none"> Review policy and procedure to include that a copy of the birth certificate is obtained; photo identification should state that passport identification is preferable; clearly state the arrangements for requesting/obtaining references to ensure authenticity. Date and sign the policy. 	Review of templates and discussion with the registered manager confirmed that this is addressed.	Compliant
2	14 (4)	<p>The registered manager should:</p> <p>(1) develop a recording template to include a checklist of the procedure, recording of the investigation process, decisions, action taken and lessons learned;</p> <p>(2) provide staff with training in the revised vulnerable adult policy and procedure with</p>	<p>Review and discussions with the registered manager confirmed this is addressed.</p> <p>Review of staff training records evidenced this is addressed.</p>	Compliant

		special attention to responding to residents/ person making an allegation, recording and reporting procedures in the absence of the registered manager.		
3	27 (4) (e) (f)	<p>Fire Safety</p> <p>The registered person shall –</p> <p>(e) make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention; and</p> <p>(f) to ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <ul style="list-style-type: none"> • Submit to the Authority an up to date record of the above for all staff members to include the registered provider. 	Review of staff training records and discussion with the registered manager confirmed training was delivered to staff by an external trainer in August 2014 and a fire drill and update training took place on 14 October 2014. The next fire training is scheduled for 27 March 2015 to be delivered by an external trainer. The registered provider confirmed he will be attending the training in March 2015.	Compliant

4	27 (1) (2)(b) (d) (o)	<p>Fitness of premises</p> <p>Subject to regulation 3(3), the registered person shall not use premises for the purposes of a residential care home unless the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose.</p> <p>The registered person shall, having regard to the number and needs of the residents, ensure that the premises to be used as the home are of sound construction and kept in a good state of repair externally and internally; all parts of the home are kept clean and reasonably decorated;(o) secure and safe outdoor space with seating, accessible to all residents is provided and appropriately maintained;</p> <ul style="list-style-type: none"> • A copy of a redecoration/home maintenance schedule should be forwarded to the Authority with evidence of outstanding matters addressed/being progressed. 	<p>Observation of the premises during the inspection evidenced that some re-decoration has taken place. This includes: new carpet has been fitted in the front hall; room 18 and room 16 have been re-painted; room 12 and room 6 have had new flooring laid; the kitchen has been repainted and new flooring laid; one bedroom has had new curtains and furniture provided and new laundry equipment and a new dishwasher have been installed. The registered manager confirmed that there are plans to re-paint room 5.</p> <p>Evidence of an historical problem with damp was identified in two bedrooms. The registered manager and registered provider confirmed that the cause of the damp had been resolved and the area was now ready to be made good. Following the inspection, it was confirmed that work in one bedroom had been completed and the work in the second bedroom would be completed within a few weeks. The registered manager confirmed that a painter would then re-paint the bedrooms.</p> <p>A registered provider report dated 30 January 2015 evidenced environmental improvements completed and work outstanding. The registered manager confirmed that she is following up outstanding issues with the registered provider.</p> <p>Failure to sustain the fitness of the premises may result in the Authority initiating enforcement action.</p>	Compliant
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		<ul style="list-style-type: none"> An ongoing review of progress should be evidenced in reports of Regulation 29 Visits. 		
5	20 (1) (a)	<p>Staffing</p> <p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents;</p> <p>The responsible person should review all aspects of staffing provision with reference to RQIA staffing guidelines. Particular consideration should be given to the registered managers management responsibilities across both identified homes and ensure adequate supports are identified and put in place.</p> <p>Draw up arrangements for additional support in the absence of the registered provider.</p>	<p>Discussions with the registered manager and registered provider confirmed that staffing has been reviewed and current levels are adequate to meet the needs of residents. Staff spoken to raised no issues in this regard.</p> <p>The registered manager confirmed that there have been no issues identified since the previous inspection. Discussion took place with the registered provider in regard to the need to make adequate arrangements to undertake his responsibilities when absent for a period of time, to support the registered manager.</p> <p>Assurances were given that this would be done. The registered provider confirmed that he had not been absent since the previous inspection and review of the rota evidenced that appropriate staffing levels were maintained.</p>	Compliant

6	20(2)	<p>The registered person shall ensure that persons working at the home are appropriately supervised.</p> <ul style="list-style-type: none"> Action should be taken immediately to comply with Standard 24 – Staff Supervision and appraisal 	<p>A review of the completed staff supervision template and discussions with staff and review of two staff files confirmed that this is addressed. The registered manager confirmed that appraisals take place in March.</p>	Compliant
7	20 (3)	<p>The registered manager shall carry out a competency and a capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p>	<p>Competency and capability assessments made available for review evidenced that the registered manager had assessed some areas of competency within their job roles. However, records did not reflect the range of areas involved in managing the home on a day to day basis. This was discussed with the registered manager who confirmed that the capability and competency assessment would be further developed and completed with staff.</p>	Moving towards compliance

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	19.2	The registered manager should audit staff recruitment files to ensure all documentation is in place. The checklist template should be improved and implemented to guide the process and improve governance.	A review of one staff recruitment file evidenced this is addressed.	Compliant
2	13	<p>The registered manager should review the activity programme with residents to facilitate suggestions made by residents and relatives;</p> <p>(a) more trips out, including going to a garden centre (b) Provide musical entertainment (c) More stimulating activities</p> <p>The registered manager should review how residents and visitors are kept informed regarding the provision of activities.</p>	Discussion with residents, staff and review of records evidenced this is addressed.	Compliant
3	25.8	<p>Staff meetings take place on a regular basis and at least quarterly. Records are kept that include:</p> <p>The date of all meetings The names of those attending Minutes of discussions Any actions agreed.</p>	Records reviewed evidenced this is addressed. Records of staff meetings were dated: 12 February 2015; 14 October 2014; 9 January 2014 and a staff meeting was scheduled for March 2015. The registered manager confirmed that a number of staff meetings have taken place with the kitchen staff during the last twelve months.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider's Self-Assessment All staff within Alpine House are knowledgeable of each resident. The details of each residents usual behaviours will be documented in the residents plan of care, this information should assist staff to detect when a resident's behaviour is uncharacteristic and or a cause for concern.. All staff are familiar with each individual resident's usual behaviour pattern. Staff are trained to recognise significant behavioural and mood changes. Staff are trained to seek to understand the reason for this behaviour. Staff are to record and report any changes in residents behaviours to the manager as soon as possible.	Substantially compliant
Inspection Findings: The home had a policy in place responding to residents behaviour (November 2014) .A review of the policy and identified that it does not fully reflects the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure did include the need for Trust involvement in managing behaviours which challenge. A review of staff training records identified that all care staff had received training in behaviours which challenge in 2012. The registered manager confirmed that training was scheduled for all staff in April 2015. A review of two residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed need but were not signed appropriately. Two recommendations have been made. Risk assessments were appropriately completed. Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication. Staff spoken with were knowledgeable in relation to responses and interventions which promote positive outcomes for residents. Staff confirmed during discussion that they felt supported. Staff confirmed that the support ranged from the training provided, supervision and staff meetings.	Substantially compliant

Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff are trained to seek to understand the reason for any change in behaviour. Staff should inform the manager as soon as possible or if the manager is not available, then the senior carer in charge on that particular shift should be informed, in order to manage the situation. It is the managers responsibility to monitor the situation and where necessary contact relevant professional/service and residents representative, blood tests and urine samples should be collected by relevant proffessionals in order to rule out infection.Staff continue to complete a handover following each shift to ensure all staff are aware & fully informed of any behavioural concerns.	Substantially compliant
Inspection Findings:	
<p>A review of the policy and procedure includes:</p> <ul style="list-style-type: none"> • Identifying uncharacteristic behaviour which causes concern • Recording of this behaviour in residents care records • Action to be taken to identify the possible cause(s) and further action to be taken as necessary • Reporting to senior staff, care manager and relatives <p>It is recommended to include reporting to RQIA and that agreed and recorded response(s) to behaviours which challenge be made by staff are developed with the trust, the resident where possible and their representative. Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above in managers self-assessment. Staff were aware of the need to immediately report any uncharacteristic behaviour</p> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff are aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. Two care records were reviewed and there was no evidence that there had been any uncharacteristic behaviour.</p>	Substantially compliant

Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Care plans are kept in the office and are accessible to all staff. All staff set aside time to familiarise themselves with each individuals care plan. The care plan provides clear advice on how to respond to the residents needs or behaviours. If staff are faced with a situation for which there has been no care planning, Such an incident occurs the first priority is to ensure vulnerable people are out of danger of injury, secure the help of other staff, speak calmly and clearly using short phases. Remember at this time agitation will be very high and much of what is said will not be heard. Reassurance will come through via tone of voice and body language.Each residents care plan is reviewed each month any change to the residents behaviour, moods or care will be documented in the monthly review section, Risk Assessments are also reviewed monthly or before if needed. When a resident requires a consistent approach or response from staff this will be detailed in the residents Care Plan. Where appropriate and with the residents consent, the resident's representative is informed of the approach or response to be used.</p>	Substantially compliant
Inspection Findings:	
<p>The registered manager advised that currently there are no issues identified which require a consistent approach. Two care records reviewed evidenced that they detailed how staff should provide care and support and were regularly up dated. Risk assessments were in place to meet individual needs.</p>	Compliant

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment The homes manager and staff will at all times liaise with professionals in order to provide the best support and care needed in order to support the resident. The manager will contact the residents GP and care manager; they in turn will make the relevant referrals to the services they feel would best help the resident. Advise and guidance will always be taken from the professionals. Each residents care plans will be updated every month or before if needed and will document any advice/guidance provided by any professionals consulted within this period.	Compliant
Inspection Findings: The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time.	Not applicable
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment Training is ongoing within the home. Support and advice will come from the relevant services. When a behaviour management programme is devised for a resident, all staff will be notified and provided with the relevant training, guidance and support.	Substantially compliant
Inspection Findings: The registered manager informed the inspector that there are currently no residents who have a specific behaviour management programme in place. Therefore, this criterion is not applicable at this time. Staff training is addressed in section 10.1.	Not applicable

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment Care plans are reviewed every month. This allows the plan of care to be updated should there be any changes to the resident's behaviours. We will seek advice from the relevant services. GP's C.P.N and the Mental Health Care Team. Medication will be reviewed at regular periods. Very occasionally circumstances will arise that are totally unexpected and staff will be faced with a situation for which there has been no planning possible. If such an incident occurs the first concern is to ensure all vulnerable people are out of danger of injury, secure the help of other staff, speak calmly and clearly using short phrases. Remember at this time agitation will be very high and much of what is said will not be heard. Reassurance will come through via tone of voice and body language. The needs of each resident with behaviour that is challenging, including behaviour that poses a high risk to him/herself or others, are managed and responded to effectively in an environment that promotes well-being and has the least restrictions. Staff complete an incident/accident report following any incident this is then passed on to the Reg manager as soon as possible following the incident. The Reg manager will add any relevant detail to the report and forward to the Care Manager / V.A Team & R.Q.I.A. All reports and statements (where required) is held on record for the required time.	Compliant
Inspection Findings: A review of accident and incident records from December 2014 to the date of the inspection and discussions with the registered manager evidenced that this is addressed. However, one staff signature was not legible and the registered manager confirmed that this was addressed with all staff. A review of care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others.	Compliant

Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment Restraint is never used, staff are not trained to do so. However staff are aware of the process in dealing with behaviours. Remove other residents from the room. Assistance from other members of staff is necessary. If hitting out try and remove any objects that they may be able to throw or use to hurt someone. Speak slowly and clearly in order to calm the situation down. Where a resident's behaviour presents a risk to him/herself or others, his/her care plan sets out a plan of care that meets his/her individual assessed needs. The suitability of the placement for the resident in a residential care environment must be regularly reviewed.	Compliant
Inspection Findings: A review of records, discussion with the registered manager, residents and staff and observation of care practices identified that physical restraint is not used in the home. A number of restrictive practices were identified which need to be described in the home's Statement of Purpose, including pressure mats, bedrails, locked and alarmed doors.	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment Alpine House offers a structured programme of activities and events relating to the needs of the residents. Our programme of activities and events offers positive outcomes for residents and is based on the needs and interests of the residents. The staff will establish the past and present interests of each resident to enable us to put together a programme of activities that is suitable to all the residents. Residents views will be gathered in several ways, firstly during the residents meeting we will discuss activities and new ideas and suggestions for activities and outings, residents will also being encouraged to give feedback re: activities during reviews, futher information can be gathered during one to one chats.	Substantially compliant
Inspection Findings: The home had an Activities and Events policy dated December 2012 on the provision of activities. A review of two care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussion with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of individual residents and on discussion with residents they reported that they preferred individual activities and not a structured approach as they found an ad hoc approach met their needs appropriately. Residents reported that they had enjoyed chair aerobics which had been provided for a few months and would like this again. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>We base our programme of activities around the information gathered (were appropriate). The residents decide what activity takes place daily. Not all of the residents enjoy or take part in organised activities, activities should not make a resident feel uncomfortable, an activity that one residents enjoys another resident may hate it and feel it is childish, some residents are happy just to sit and chat with the member of staff or visitors. There are several different church organisations that come into the home, short services and communion are part of the activity programme.</p>	<p>Compliant</p>
Inspection Findings:	
<p>Examination of the records of activities identified that social activities are organised and provided each day. Records included activities which were age and culturally appropriate and reflected residents' needs and preferences. Activities took into account residents' spiritual needs and facilitated residents inclusion in community based events as reported by residents they are able to go out for coffee and go for walks. Care staff confirmed during discussion that residents were provided with enjoyable and meaningful activities on a regular basis. An activity programme is not formalised, instead activities are chosen and delivered on a regular basis in line with resident choice and residents indicated this was their preference. The registered manager confirmed that organised activities included concerts and parties. When these are planned in advance, a poster is put up in the dining room.</p>	<p>Compliant</p>

Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Most off the activity programme takes place in the afternoons after 2pm and late evenings 8pm - 10pm. The residents each choose what activity they would like to take part in. There can be as many as six activities on the go at any one time. The residents that would normally stay in their rooms are made aware of the afternoon activities, and will be invited each day to join in. Afternoon tea is served at 2.30pm in the dining room, the staff on duty will inform the residents at this time what activities will be on offer. As always the residents decide what they would like to do.</p>	<p>Compliant</p>
Inspection Findings:	
<p>A review of the record of activities provided and discussion with residents, including residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Staff and residents confirmed that they bring in word-searches and books to residents who stay in their rooms.</p> <p>The home also records in detail the on-going activities in the home and who attended. This was also recorded in residents meetings which are held regularly.</p>	<p>Compliant</p>

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment There is growing list of activities displayed in both the living rooms and the dining room in large print. We welcome fresh ideas and suggestions from staff, residents, family members and visitors to the home.	Compliant
Inspection Findings: Activities are not displayed in the home as the residents are able to discuss with staff what they would like to do on a daily basis this has been discussed with residents and they prefer this arrangement. On discussion with residents they confirmed that they like an informal approach and reported they have a wide range of choice. The female residents reported they have hand manicures and their nails done which they enjoy and the men reported they like the sports nights which are organised to enable them to watch football matches. A list was observed in the dining room which gave a number of activities residents can choose from.	Compliant
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment All equipment is supplied by the home. Jigsaw puzzles, extensive library, games, knitting equipment, bingo cards arts and crafts materials and any other materials needed. Staff are on hand throughout the duration of activities. The local library replenishes books every two weeks and residents can at any time make requests for books, cds and talking books.	Compliant
Inspection Findings: Activities are provided by care staff informally on a daily basis as there is no designated activities person employed in home. There was a wide range of equipment included were jigsaws, board games, hand manicure equipment, soft balls to carry out chair exercises, DVD's and CD's. Residents reported they are able to go out for walks and also go for a coffee. Staff confirmed they provide activities and were aware of the importance of social interaction for residents as a source of stimulation and enjoyment.	Compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment The activities take place after lunch around 2.30pm the residents seem brighter and appear to enjoy the activities at this time, (catch and throw, bowling, chair exercises etc), from 8pm onwards the nightstaff will organise further activities, (jigsaw puzzles, crosswords, word searches) more relaxing activities.	Compliant
Inspection Findings: The care staff and resident's confirmed that the duration of activities was tailored to meet the individual needs and abilities and preference of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities. Residents confirmed they were never expected by staff to carry out activities and were always asked if they wanted to participate.	Compliant
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment At present the activity programme is provided by the care staff on duty at that particular time in the home. This arrangement is highly unlikely to change. However should the current arrangement change then the home manager will put into place a policy that will monitor the situation.	Compliant
Inspection Findings: The registered manager confirmed in self-assessment that there are no outside agencies contracted to provide activities in the home. However, during the inspection, it was confirmed that spiritual needs are met by individuals not employed by the home and that staff monitor these activities.	Compliant

Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
If in the future should we employ a person as an activity co-ordinator, we will arrange a briefing session to update them on any changes to a residents needs.	Not applicable
Inspection Findings:	
The registered manager confirmed that a system was in place to inform the persons providing spiritual activities (who are not a member of the home's staff), of any change in residents' needs which would affect their participation in the planned activity.	Compliant
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The activities book is kept in the office and is completed daily and sign by the members of staff that organised the activities. Each resident is listed and the details of whatever activity they participated in is recorded. Should the resident decline participating in the activities this will also be recorded.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. No pictorial records are maintained, therefore consent is not required.	Compliant

Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment We are always happy to introduce a new activity, Suggestions are always very welcome. The programme of activities are discussed at least four times a year during the residents meetings. The residents input and suggestions are recorded and where possible suggestions are put into practice.	Substantially compliant
Inspection Findings: A review of the programme of activities identified that it had last been reviewed during residents meetings. The records also identified that the programme had been reviewed quarterly. The care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request. One recently admitted resident requested to go out to Church on a Sunday. The registered manager agreed to address.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with nine residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

11.2 Relatives/representative consultation

One visitor who met with the inspector indicated satisfaction with the provision of care and life afforded to the resident and complemented staff in this regard. No concerns were expressed or indicated although a comment was made in regard to narrow width of the hallways. However, there was an appreciation that this is not something which can be changed.

11.3 Staff consultation/Questionnaires

The inspector spoke with two staff of different grades, the registered manager and the registered provider. No staff completed and returned questionnaires within the timeframe for reporting. Discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

11.4 Visiting professionals' consultation

Three professionals visited the home. They expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

11.5 Observation of Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 1 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager or whoever confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised.

In the main, décor and furnishings in the home were found to be satisfactory and in a number of areas, improvements were observed. Two bedrooms and the office were in need of improvement and this was discussed with the registered provider and the registered manager. Work commenced shortly after the inspection. A sustained programme of improvement is necessary to ensure that the home is maintained appropriately and this was discussed with the registered provider and registered manager.

An area in the landing was observed to be sloping and there was a gap in the carpet. A recommendation has been made. The registered manager confirmed that efforts are being made to make good the carpet and a risk assessment would be completed.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 10 April 2014. Discussion with the registered manager confirmed three recommendations were actioned. A review of the weekly fire safety checks confirmed that these are up to date and two nurse call points identified as not working have been reported and interim arrangements identified.

A review of the fire safety records evidenced that fire training, had been provided to staff in August 2014 and the next training is scheduled for 27 March 2015. The records also identified that an evacuation had been undertaken on August 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the registered manager who confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Joanne Glendinning, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Kylie Connor
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Unannounced Care Inspection

Alpine House

26 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Joanne Glendinning, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (3) (Ref: Section 9)	<p>The registered manager shall carry out a competency and a capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <ul style="list-style-type: none"> Confirm that competency and capability assessments have been completed with all identified staff <p>Failure to address this satisfactorily may result in the Authority initiating enforcement action.</p>	Two	The staff members that have been identified as being lead care assistants have completed with the registered manager competency and capability assessments successfully.	By return of QIP

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1 10.2	The responding to residents behaviour policy (November 2014) should be reviewed to reflect: DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005); the Human Rights Act (1998) and reporting to RQIA and recorded response(s) to be made by staff to behaviours which challenge are developed with involvement from the trust, the resident where possible and their representative.	One	The Homes policy & procedure RE: responding to residents behaviour has been updated and all the staff have been informed of this update. A copy of the Policy & procedure has been made available for the staff to read.	1 June 2015
2	5.4 (Ref:10.1)	All needs assessments should be reviewed to ensure they are signed by the resident or their representative, where appropriate, and the member of staff responsible for carrying it out. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	One	All assessment needs records have been reviewed by the individual resident, where possible the residents have signed to confirm they have read their assessments, for whatever reason the resident has been unable to sign then the residents next of kin or family member has signed, in a case where for whatever reason neither the resident, next of kin or family member agrees to sign the assessment then this decline to do so has been recorded.	10 May 2015

3	6.3 (Ref:10.1)	All care plans should be reviewed to ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	One	All the residents care plans have been reviewed by each individual resident and the resident has signed them to confirm this. In the case where the resident declined or is not able to sign the care plans then the next of kin or the residents family member has been requested to read the care plans and sign to confirm they have done so. Should they decline for whatever reason then this information will also be recorded.	10 May 2015
4	27 (Ref: Section 11.8)	A risk assessment should be completed in regard to the area where the floor is sloping and the gap in the carpet should be made good.	One	A risk assessment has been completed and is available for inspection in relation to the slope of the floor outside room 6 on the first floor. The area of carpet with the gap also outside room 6 has been replaced.	By return of QIP

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Joanne Glendinning
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mr s. Bogun

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	16 April 2015
Further information requested from provider			