

**Unannounced Care Inspection
of
Alpine House**

27 October 2015

1. Summary of Inspection

An unannounced care inspection took place on 27 October 2015 from 12.15 to 15.15. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard was assessed as being met. One area for improvement was identified and is 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 DHSPSS 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
Total number of requirements and recommendations made at this inspection	1	0

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

2. Service Details

Registered Organisation/Registered Person: Sathrouhun Bogan	Registered Manager: Joanne Glendinning
Person in Charge of the Home at the Time of Inspection: Joanne Glendinning	Date Registered: 03 April 2009
Categories of Care: RC-I	Number of Registered Places: 22
Number of Residents Accommodated on Day of Inspection: 18	Weekly Tariff at Time of Inspection: £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 1: Resident's Involvement.

Residents' views and comments shape the quality of services and facilities provided by the home

4. Methods/ Process

Prior to inspection we analysed the following records: notifications of accidents and incidents.

During the inspection the inspector met with eleven residents, two care staff and the cook.

The following records were examined during the inspection:

- Four care records
- Minutes of residents meetings
- Satisfaction questionnaires
- Minutes of reviews
- Internal quality assurance documentation
- Staff induction records
- Statement of purpose

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 26 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (3) (Ref: Section 9)	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. <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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of records confirmed all competency and capability assessments had been completed.</p>	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 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 responses(s) to be made by staff to behaviours which challenges are developed with involvement from the trust, the resident where possible and their representative.	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Review of the behaviour policy confirmed this had been updated as previously recommended.</p>	

Recommendation 2 Ref: Standard 5.4	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 choose not to sign, this is recorded.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records confirmed needs assessments had been reviewed.	
Recommendation 3 Ref: Standard 6.3	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 choose not to, this is recorded.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records confirmed care plans had been reviewed and signed appropriately.	
Recommendation 4 Ref: Standard 27	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.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed a risk assessment had been completed. The carpet was inspected and had been replaced.	

5.3 Standard 1- Residents' involvement

Is Care Safe? (Quality of Life)

The home had a comprehensive induction programme for all new staff. Our inspection showed that the induction template incorporates the values of good social care. The induction also sets out the importance of including families in all aspects of care. Inspection of the training records showed that all mandatory training for staff is up to date.

Residents' views are fully taken into account in all matters affecting them. Residents' meetings are held regularly; the most recent on 17 July 2015. The minutes of that meeting reflected residents' opinions. One agenda item promoted the complaints procedure and residents were encouraged to express any dissatisfaction they may have with a staff member.

Yearly reviews of care are undertaken by the community named worker. Minutes of the reviews were seen in the files we inspected. The minutes had been signed by the residents and/or their representative.

Is Care Effective? (Quality of Management)

The registered manager had devised and implemented various quality assurance systems. One was an annual satisfaction questionnaire which is forwarded to residents and their relatives. We reviewed some of the completed questionnaires from the audit of December 2014. Comments were all very positive and one stated:

“Staff care of my relative goes beyond the call of duty”

The registered manager analyses the responses and uses this information in her overall quality assurance monitoring in the home. There are several policy documents which underpin the home’s ethos and model of care:

- The Statement of Purpose
- Quality Policy Statement
- Standard Operating Policy

These documents evidenced that quality is the underlying principle of the homes care delivery and they reflected the expectations of the management in regard to staff practice. For example “Staff will acknowledge the intrinsic value of people by promoting their uniqueness and self-esteem”. The Standard Operating Policy sets out the core values of independence, risk taking, equality, rights, dignity, respect and privacy.

Is Care Compassionate? (Quality of Care)

There were eighteen residents in the home for the duration of this inspection. One resident who has lived in the home for many years had deteriorated since the previous inspection. We observed staff providing care for this resident in a gentle, friendly and compassionate manner. Staff with whom we spoke felt that care in the home is compassionate. The practice observed on the day was caring, friendly and respectful.

Areas for Improvement

There were no areas identified for improvement during this inspection.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1 Residents

We spoke with eleven residents in the home at the time and all spoke positively about the care they receive and their life experience. Residents were involved in the daily tasks. For example, one resident was helping in the kitchen and one resident was setting tables for lunch. There was a feeling from the residents that this is truly, “their home”. Residents demonstrated a good rapport with staff. Comments made by residents included the following:

- “I’m still happy here”
- “I have all I need here and my family can come and go and not worry about me ”
- “I like the dinners”
- “I like my bedroom”

5.4.2 Staff

On the day of inspection the following staff were on duty:

- Manager x 1
- Care assistant x 2
- Domestic x 1
- Catering x 1

The registered manager confirmed that this is satisfactory to meet the needs and numbers of persons accommodated.

Staff we spoke with reported that they feel a good standard of care is provided for residents and ample training opportunities for themselves. Staff stated that they feel supported by management and they are aware that residents’ rights and preferences are the basis of all care provided. Observation of staff practice found it to be caring and respectful and delivered at the resident’s pace.

5.4.3 Environment

The environment internally was found to clean and fresh smell. There are two lounge areas with a variety of seating arrangements to suit individual residents.

We observed the carpet in four areas to be worn and not suitable for purpose, the main lounge, the corridor outside the registered manager’s office and within two residents’ bedrooms. A requirement was made in this regard. Residents have personalised their bedrooms and they were fit for purpose.

Areas for Improvement

A requirement was made to replace the carpet in four areas within the home.

Number of Requirements:	1	Number of Recommendations:	0
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Quality Improvement Plan

The issue 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.

5.5 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 (Northern Ireland) 2005.

5.6 Recommendations

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

5.7 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 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1	The registered person must replace the carpet in the lounge, the hallway and in the two identified bedrooms.		
Ref: Regulation 27	Response by Registered Person(s) Detailing the Actions Taken: The carpet in both the lounge and the hallway have since been replaced. Both of the bedroom carpets have been deep cleaned with good effect, however as soon as another bedroom is vacant we can relocate the residents temporarily in order to have their bedroom carpets replaced.		
Stated: First time			
To be Completed by: 27 December 2015			
Registered manager completing QIP	Joanne Glendinning	Date completed	03/02/16
Registered person approving QIP	Mr Bogun	Date approved	03/02/16
RQIA inspector assessing response	Kylie Connor	Date approved	04/02/16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address