

# Unannounced Follow Up Care Inspection Report 30 January 2018



## Alpine House

**Type of Service: Residential Care Home**  
**Address: 20 Ballyholme Road, Bangor, BT20 5JN**  
**Tel No: 028 9145 4904**  
**Inspector: Alice McTavish**

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

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 22 beds that provides care for older people.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Alpine House  <b>Responsible Individual:</b> Sathrouhun Bogun	<b>Registered Manager:</b> Joanne Glendinning
<b>Person in charge at the time of inspection:</b> Joanne Glendinning	<b>Date manager registered:</b> 3 April 2009
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category	<b>Number of registered places:</b> 22

### 4.0 Inspection summary

An unannounced inspection took place on 30 January 2018 from 09.45 to 16.10.

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

The inspection was undertaken following whistleblowing information received by RQIA in relation to staff recruitment practices in the home.

It is not the remit of RQIA to investigate whistleblowing made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The area of staff recruitment and selection was examined during the inspection.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

Following the inspection, the registered persons were required to attend a meeting in RQIA with the intention of issuing one Failure to Comply Notice in regard to the fitness of workers employed in the home. This meeting was subsequently held on 5 February 2018.

During the meeting Mr Bogun agreed with the findings of the inspection and discussed actions that had been and would be taken to address the identified concerns. Whilst it was acknowledged that work was ongoing to address these concerns, RQIA was not fully assured that all issues would be satisfactorily addressed. One Failure to Comply notice was issued on 6 February 2018 under Regulation 21 (4) (a) (b) (c) relating to fitness of workers employed in the home.

Further inspection will be undertaken to validate that compliance has been achieved and sustained.

## 4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 November 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the reports from previous care inspections and information provided by the whistleblower and by trust staff.

During the inspection the inspector met with four staff and the registered manager.

The following records were examined during the inspection: the recruitment records of 15 members of staff and staff training records in relation to food hygiene training.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 2 November 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 2 November 2017

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 2 November 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection.

## 6.3 Inspection findings

### Staff recruitment practices

During the inspection it was found that AccessNI enhanced disclosure certificates were absent in relation to three members of staff. Two employees were not registered with the Northern Ireland Social Care Council (NISCC) and there were gaps in the recruitment records of the remaining staff.

As an immediate safeguard, arrangements were made for any staff without satisfactory AccessNI enhanced disclosure certificates to cease working in the home. As this included kitchen staff, the registered manager and deputy manager completed updated food hygiene training to ensure that the residents were provided with meals and drinks without disruption to their usual routines. Evidence of the completion of food hygiene training was provided to RQIA after the inspection.

Arrangements were also immediately made for the two employees who were not registered with NISCC to cease working in the home until such time as their registrations were completed. RQIA requested that a professional misconduct referral for both employees is made to NISCC regarding their failure to register appropriately/maintain their registration.

### Areas for improvement

All staff recruitment and selection files must contain all of the required information as outlined in Schedule 2 of the Regulations.

	Regulations	Standards
Total number of areas for improvement	1	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<b>Area for improvement 1</b>	The registered person shall ensure that staff recruitment and selection files contains all of the required information as outlined in Schedule 2 of the Regulations.
<b>Ref:</b> Regulation 21 (4) (a) (b) (c)	Ref: 6.3
<b>Stated:</b> First time	<b>This area of improvement formed part of the Failure to Comply Notice issued on 6 February 2018.</b>



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