

Inspection Report

Name of Service: Mount Alexander House

Provider: South Eastern HSC Trust

Date of Inspection: 1 May 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	South Eastern HSC Trust
Responsible Individual:	Ms Roisin Coulter
Registered Manager:	Ms Angeline Taylor Date registered: 1 April 2005
Service Profile – This home is a registered residential care home which provides health and social care for up to 37 residents living with dementia. The home is divided over two floors with a dining room downstairs and two dining rooms and two lounges upstairs. Residents have access to an enclosed garden area.	

2.0 Inspection summary

An unannounced inspection took place on 1 May 2025, between 9.40am and 6.50pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last pharmacy inspection on 23 July 2024 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about life in the home. Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us "The care is excellent; I have no concerns." Another resident said, "I am happy with the care, the girls are great."

A relative spoke of how care "Could not be better."

Residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents told us that staff offered them choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

One returned questionnaire from a relative commented that the, "Care is excellent."

No completed questionnaires from residents or responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. Some residents were enjoying a quiz being led by a staff member in one of the lounges. It was discussed with the manager the need for the length of time that a planned activity takes place with residents, to be recorded.

Residents' needs were met through a range of individual and group activities such as gardening, musical activities and outings.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 care records were held confidentially.

Care records were person centred, well maintained and regularly reviewed. Review of care plans highlighted there was not enough detail around Deprivation of Liberty (DOL) safeguards, and the effect on a resident's liberty. An area for improvement was identified.

Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

A recent Trust report had recommended that additional security, measures were added to the exit doors leading to the internal garden, and that additional lighting was added to the internal garden area. This had not yet been completed. Both exit doors leading into the garden were still of the thumbscrew type, residents could potentially open these and staff would not be alerted. An area for improvement was identified.

A fire door into the dining room was sticking and needed repair. An area for improvement was identified.

Discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, resident call system checks, electrical installation checks and water temperature checks.

Residents' bedrooms did not have a lockable storage space for them to keep valuables in for example. This was discussed with the manager and an area for improvement was identified.

In the dinette kitchens upstairs, cupboard doors were missing. This potentially allowed residents unrestricted access to foods contained within. An area for improvement was identified.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

Ms Angie Taylor has been the registered manager in this home since 1 April 2005.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Residents and a relative spoken with said that they knew how to report any concerns and said they were confident that the Manager would address these.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Angie Taylor, Registered Manager, as part of the inspection process. 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 27 (2)(O) Stated: First time To be completed by: 01 August 2025	<p>The Registered Person shall ensure that a secure and safe outdoor space is provided to residents. This is stated in respect of the exit doors into the internal garden area, and the lighting within the garden area</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: This work is scheduled to be completed within the next month</p>
Area for improvement 2 Ref: Regulation 27(2)(B) Stated: First time To be completed by: 1 May 2025	<p>The Registered Person shall ensure that the fire door into the dining room is repaired, so it operates freely.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Door has been fixed temporarily and a new one has been ordered. The new door will be fitted within the next two weeks.</p>
Area for improvement 3 Ref: Regulation 14 (2)(a)(c) Stated: First time To be completed by: 1 May 2025	<p>The registered person shall ensure that all parts of the home that the residents have access to are free from hazards to their safety. This is stated in relation to broken cupboard doors in the dinette kitchens on the first floor, potentially giving residents unrestricted access to food within.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: New cupboard doors have been ordered and will be fitted. In the meantime all food has been removed from the shelves for the safety of the residents</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 6.6 Stated: First time To be completed by: 1 May 2025	<p>The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to a resident being under a DOL and its effect on their liberty</p> <p>Ref 3.3.3</p> <p>Response by registered person detailing the actions taken: Care plans now include the reason for a DOL assessment and the effect it can have on their liberty. DOL care plans are uploaded onto Epic in Media Manager.</p>

<p>Area for improvement 2</p> <p>Ref: Standard E26</p> <p>Stated: First time</p> <p>To be completed by: 01 August 2025</p>	<p>The registered person shall ensure that each resident's bedroom has a lockable storage space, for use by the resident.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: It has been requested to estates department to fit locks on our existing bedside lockers. This is at the costing stage and hopefully will have these fitted within the timescale.</p>
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