

# Inspection Report

16 May 2024



## Mount Alexander House

Type of Service: Residential Care Home  
Address: Castle Lodge Park,  
Comber, BT23 5DW  
Tel no: 028 9187 8963

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust	<b>Registered Manager:</b> Ms Angeline Taylor
<b>Responsible Individual:</b> Ms Roisin Coulter	<b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Ms Angeline Taylor- Manager	<b>Number of registered places:</b> 37  The home is approved to provide care on a day basis only to 4 persons.
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 29
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 37 residents. The home is divided over two floors with a dining room downstairs and two dining rooms and two lounges upstairs. Residents have access to a garden area.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 May 2024, from 9.30am to 5.30pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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

The home was clean and there was a homely atmosphere. Staff members were attentive to the residents needs and carried out their work in a compassionate manner.

New areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

RQIA were assured that the delivery of care and service provided in Mount Alexander House was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Mount Alexander House.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

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

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

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

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

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

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

The findings of the inspection were discussed with Ms Angie Taylor, manager, at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents commented positively regarding the home and said they felt they were well looked after. One resident spoke of how, "All the girls are excellent. The food is good and there is plenty of choice." Another resident spoke of how "We are all well cared for, I have no complaints."

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the manager and the training provided.

No additional feedback was received from resident's relatives or staff following the inspection.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 1 <sup>st</sup> June 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 21 (1)(b) <b>Stated:</b> First time	The registered person shall put a system in place to ensure a checklist is available evidencing all pre-employment are completed, and be available for inspection.  Ref: 5.1	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	The registered person shall ensure quality auditing of all working practices in the home includes a robust and time bound action plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 23.3 <b>Stated:</b> Second time	The registered person shall ensure that mandatory training requirements are met. This is stated in relation to behaviours that challenge.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> Second time	The registered person shall ensure that handrails in the unit are repainted.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time	The registered person shall ensure that a system is implemented to ensure that residents care records are up to date and in sufficient detail to reflect each resident's current care needs. This is stated in relation to the use of pressure relieving equipment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> First time	The registered person shall ensure that the programme of activities is displayed in a suitable format, so that the residents and their representatives know what is scheduled.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

Review of training records identified that not all staff had attended dysphagia training. This was discussed with the manager and an area for improvement was identified.

A system was in place to monitor that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents.

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.

### 5.2.2 Care Delivery and Record Keeping

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.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Examination of 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.

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

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

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

Care records were generally well maintained, regularly reviewed and updated. Review of one care plan highlighted it lacked specific detail about management of diabetes. An area for improvement was identified. 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.

Residents' individual likes and preferences were reflected throughout the records.

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

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

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

The door leading to the macerator was unlocked, and chemicals were accessible for residents. This was brought to the manager's attention, and action was taken to ensure the chemicals were stored correctly. An area for improvement was identified

Staff are required to complete fire safety training a minimum of twice a year. Review of records indicated that not all staff had attended fire training and a fire drill in the past twelve months. The manager advised that fire safety training had been scheduled on the day of inspection, but had been cancelled by the trainer. Following the inspection, the manager provided written assurances that all staff would have completed one of their two required fire safety trainings by 27 June 2024. An area for improvement was identified.

Some radiator covers throughout the home were rusty, and floor tiles in an identified bathroom were broken. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

The fire door between the Gillespie and Montgomery unit was closing intermittently by itself, restricting access for residents between the two units. This was despite having a hold open device fitted. This was brought to the manager's attention and repaired.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

#### **5.2.4 Quality of Life for Residents**

Discussion with 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.

It was observed that staff offered choices to residents 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.

The activity programme was displayed on both floors of the home. It was discussed with the manager the need for these programmes to be more dementia friendly, and to be displayed also in the smaller lounges in the home. This will be reviewed at a subsequent inspection.

Residents' needs were met through a range of individual and group activities, such as arts and crafts, baking and games.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Ms Angie Taylor has been the registered manager in this home since 1 April 2005.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was a system in place to manage complaints.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Angie Taylor, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2)(a)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> 16 May 2024	<p>The registered person shall ensure that substances hazardous to the health of residents, are safely stored in accordance with COSHH requirements. This is stated in relation to chemicals stored under the macerator.</p> <p>Ref: 5.2.3</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A new lock for the sluice room was fitted on 17th May 2024. The residents do not have any access to this area.</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time  <b>To be completed by:</b> 1 July 2024	<p>The registered person shall ensure that mandatory training requirements are met. This is stated in relation to dysphagia training.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Our staff have completed this module on LMS and our compliance figures are now at 92%. We are not 100% due to four staff on long term sick leave who will be trained on return</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> 16 May 2024	<p>The registered person shall ensure care plans are kept up to date and reflects residents' current needs. This is stated in relation to the management of diabetes.</p> <p>Ref 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> As all care plans are now on Encompass we have held a conversation with the programme build team about where to place our core care plans for diabetes.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 29</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 01 October 2024</p>	<p>The registered person shall ensure that all staff have up to date fire training, and that they participate in a fire drill at least once a year.</p> <p>Ref: 5.2.3</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 01 July 2024</p>	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Two sessions of Fire Training where held on 19th June with 20 staff attending leaving us with 82.5% compliance. On that date 5 staff were off on sick leave and will be trained when they return leaving us 100% compliant.</p> <p>The registered person shall ensure that the rusty radiator covers are repaired/replaced, and the broken tiles in the identified bathroom are replaced.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The broken tiles and the radiator covers have been put on the system to estates department for repair or replacement.</p>

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The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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