

# Inspection Report

**Name of Service: Alpine House**

**Provider: Alpine House**

**Date of Inspection: 10 January 2025**

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

## 1.0 Service information

<b>Registered Provider:</b>	Alpine House
<b>Responsible Person:</b>	Mr Sathrouhun Bogun
<b>Registered Manager:</b>	Ms Joanne Glendinning
<b>Service Profile:</b>	
Alpine House is a registered residential care home which provides health and social care for up to 22 residents. Residents' bedrooms are located over two floors. Residents have access to the communal lounges, dining room and garden area.	

## 2.0 Inspection summary

An unannounced inspection took place on 10 January 2025, from 10.30am to 1.15pm. The inspection was completed by a pharmacist inspector and focused on medicines management within the home.

The inspection was undertaken to evidence how medicines are managed in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and is well led in relation to medicines management. One area for improvement in relation to maintaining records of staff training was stated for a second time. The remaining areas for improvement identified at the last care inspection were carried forward for review at the next inspection.

Mostly satisfactory arrangements were in place for the safe management of medicines. Medicines were stored securely. There were effective auditing processes in place to ensure that residents were administered their medicines as prescribed. However, improvements were necessary in relation to personal medicines records, records of staff training and care plans.

Whilst areas for improvement were identified, there was evidence that residents were being administered their medicines as prescribed.

Residents were observed to be relaxed and comfortable in the home and in their interactions with staff. It was evident that staff knew the residents well.

Details of the inspection findings, including areas for improvement carried forward for review at the next inspection, stated for a second time and new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) (Section 4.0).

RQIA would like to thank the staff for their assistance throughout the inspection.

### **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 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, information held by RQIA about this home was reviewed. This included areas for improvement identified at previous inspections, registration information, and any other written or verbal information received from residents, 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.

#### **3.2 What people told us about the service and their quality of life**

Staff expressed satisfaction with how the home was managed. They also said that they had the appropriate training to look after residents and meet their needs. They said that the team communicated well and the management team were readily available to discuss any issues and concerns should they arise.

Staff advised that they were familiar with how each resident liked to take their medicines. They stated medication rounds were tailored to respect each individual's preferences, needs and timing requirements.

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

### 3.3 Inspection findings

#### 3.3.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in residential care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

Some personal medication records were incomplete or missing photographs. A number of personal medicines records needed rewritten and the strength of medication added. An area for improvement was identified.

Copies of residents' prescriptions/hospital discharge letters were retained so that any entry on the personal medication record could be checked against the prescription.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

Care plans were in place when residents required insulin to manage their diabetes. The care plan indicated that district nurses administer insulin. The prescribed dose of insulin was not included in the care plan.

Care plans for the self-administration of medication and pain were not in place.

An area for improvement in relation to care plans was identified.

#### 3.3.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?

Medicine stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

Records reviewed showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicine storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. Temperatures of medicine storage areas were monitored and recorded to ensure that medicines were stored appropriately. Satisfactory arrangements were in place for medicines requiring cold storage and the storage of controlled drugs.

Satisfactory arrangements were in place for the safe disposal of medicines.

### **3.3.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

A sample of the medicines administration records was reviewed. The records were found to have been accurately completed. Records were filed once completed and were readily retrievable for audit/review.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs should be recorded in the controlled drug record book. There were satisfactory arrangements in place for the management of controlled drugs.

Management and staff audited the management and administration of medicines on a regular basis within the home. There was evidence that the findings of the audits had been discussed with staff and addressed/ action plans had been implemented and addressed. The date of opening was recorded on medicines to facilitate audit and disposal at expiry.

A written record was not always kept of each type of medicines management audit carried out. It was discussed and agreed with the manager that a record of all medicine management audits carried out would be maintained from the date of inspection. The RQIA medicines management audit tool was shared after the inspection.

### **3.3.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

A review of records indicated that satisfactory arrangements were in place to manage medicines at the time of admission or for residents returning from hospital.

Written confirmation of prescribed medicines was obtained at or prior to admission and details shared with the GP and community pharmacy. Medicine records had been accurately completed and there was evidence that medicines were administered as prescribed.

### **3.3.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and the learning shared with staff in order to prevent a recurrence.

The audits completed at the inspection indicated that medicines were being administered as prescribed.

### **3.3.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?**

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained. The registered person has a responsibility to check that their staff are competent in managing medicines and that they are supported. Policies and procedures should be up to date and readily available for staff reference.

Medicines management policies and procedures were in place. Assurances were provided that staff receive medication training, however, records of staff training were not available for review. The registered person should ensure records are kept in the home of all medicine training undertaken by staff including:

- the names of those attending the training
- the dates of the training and
- content of the training program

An area for improvement was stated for a second time.

It was agreed that the findings of this inspection would be discussed with staff to facilitate ongoing improvement.

#### 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
<b>Total number of Areas for Improvement</b>	9*	4*

\* the total number of areas for improvement includes one that is stated for a second time and ten which were carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Joanne Glendinning, 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 Home Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (10 January 2025)	<p>The registered person shall ensure personal medication records are accurate and up to date. Specifically, they should ensure</p> <ul style="list-style-type: none"> <li>• a clear and up to date photograph is attached</li> <li>• the strength of the medication is included</li> <li>• medicines are listed in the correct section</li> </ul> <p>Ref: 3.3.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>            Completed, all residents have photos attached to each individual cardex, all strength of medication are recorded on cardex's, medicines are listed in the correct sections.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> 29 October 2024	<p>The registered person shall ensure that all staff employed in the home adhere to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual. Specifically, that all staff remain bare below the elbows while on duty.</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 November 2024	<p>The registered person shall ensure that the Regulation 29 monitoring visits are completed on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards.</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (2) (b) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2025</p>	<p>The registered person shall conduct an urgent review of the home's environment to identify refurbishment/repairs that are required and complete a time bound action plan to address areas of concern.</p> <p>This plan should be kept under regular review, in consultation with the manager.</p> <p>This plan should be shared with RQIA for review with the return of the Quality Improvement plan.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 20 (1) (c) (ii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 October 2024</p>	<p>The registered person shall ensure there is a robust system in place to ensure staff's compliance with NISCC registration; which includes details of any communication between management and the staff member.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 October 2024</p>	<p>The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety, and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazards.</p> <p>This area for improvement is made with specific reference to the supervision and storage of cleaning chemicals and hairdressing supplies, ensuring flooring in all areas of the home remains hazard free and that all wardrobes in the resident's bedrooms are attached securely to the wall.</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 October 2024</p>	<p>The registered person shall ensure the infection prevention and control issues identified during the inspection are managed to minimise the risk and spread of infection. This area for improvement is made in relation to the following area:</p> <ul style="list-style-type: none"> <li>- Equipment used by residents, for example, raised toilet seats that have evidence of rust must be repaired or replaced to allow effective cleaning.</li> </ul>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 27 (2) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 October 2024</p>	<p>The registered person shall ensure that residents bed bases that are stained or worn must be effectively deep cleaned or replaced in line with infection control measures. Residents bed bases must be kept under regular review.</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 10 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 October 2024</p>	<p>The registered person shall review the current systems of auditing the care delivery and other services in the home to ensure that it is capable of identifying deficits that can be addressed in a timely manner through time bound action planning</p>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 2.0</p>

<b>Action required to ensure compliance with the Care Standards for Residential Homes, December 2022</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.6  <b>Stated:</b> Second time  <b>To be completed by:</b> 10 February 2025	The registered person shall ensure that an accurate record is kept in the home of all training undertaken by staff. This record should be accessible for nominated staff to access in the absence of the manager.  Ref 3.3.6
	<b>Response by registered person detailing the actions taken:</b> Medication training records are kept in the medication trolley.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time  <b>To be completed by:</b> With Immediate effect (10 January 2025)	The registered person shall ensure care plans are in place for pain management, and the self-administration of medication where appropriate and that care plans for insulin include the current prescribed dose of insulin.  Ref 3.3.1
	<b>Response by registered person detailing the actions taken:</b> All residents have a plan in place for the management of pain, where a resident requiring insulin the dosage and directions are recorded in the residents care plan, as well as the district nurses notes. where an individual resident self administers medication this action will also be recorded in the residents care plan.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> 29 October 2024	The registered person shall ensure that the manager's hours are accurately recorded on the staff rota, including the capacity in which they have been worked.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 2.0
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 33.4  <b>Stated:</b> First time  <b>To be completed by:</b> 29 October 2024	The registered person shall ensure that prescribed topical lotions are only administered to the resident for whom they are prescribed.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 2.0

***\*Please ensure this document is completed in full and returned via the Web Portal\****



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