



# Inspection Report

**Name of Service: Alpine House**

**Provider: Alpine House**

**Date of Inspection: 29 October 2024**

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 3 April 2009
<b>Service Profile:</b>	
<p>This home is a registered residential care home which provides health and social care for up to 22 residents. Resident's bedrooms are located over two floors. Residents have access to the communal lounges, dining room and garden area.</p>	

## 2.0 Inspection summary

An unannounced care inspection took place on 29 October 2024 from 9.35 am to 4.00 pm 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 care inspection on 22 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Residents told us they were happy with the care and services provided. Residents were relaxed and there was a calm atmosphere in the home. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

However, as a result of this inspection RQIA required the provider to attend a meeting in line with RQIA's enforcement procedures. A Serious Concerns Meeting was held on 6 November 2024 to discuss concerns relating to the management of risk with the potential to cause harm to residents, the upkeep, cleanliness and decor of the residents' environment and governance arrangements. Details can be found in the main body of this report. Based on the information provided to RQIA, during this meeting, the decision was made to accept the action plan completed by the provider, which detailed the actions they had taken or intended to take to ensure the minimum improvements necessary in order to achieve compliance with the regulations identified during the inspection.

Three areas for improvement from the previous care inspection on 22 February 2024 were assessed as having been addressed by the provider. Three areas for improvement were assessed as not met; two will be stated for a second time and one in relation to the homes environment has been subsumed into a regulation. 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 told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included “staff are lovely”, “staff take very good care of me” and “the staff always come quickly when I need them”.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager was supportive and available for advice and guidance.

Ten questionnaire responses were received from residents following the inspection. They all confirmed they were satisfied with the care and services provided in the home.

## 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.

A review of the care staff registrations with the Northern Ireland Social Care Council (NISCC) identified that the system in place to monitor staff registrations was not robust. For example, two staff on the duty rota were not listed as being registered with NISCC via NISCC’s portal. When discussed, the manager was not certain as to the named staff’s registration status as no records were maintained in the home of the checks or any follow up actions. An area for improvement has been identified.

The staff training matrix had not been kept up to date therefore, RQIA were unable to confirm that staff working in the home had received the relevant training commensurate to their role and function within the home. The manager did provide written assurances and a copy of a training matrix to RQIA following the meeting held on 6 November 2024. An area for improvement has been identified.

A review of staff competency and capability assessments for the person left in charge of the home, in absence of the manager, highlighted that three of these assessments had not been reviewed since 2022. However, the manager was able to provide RQIA with assurances following the meeting on 6 November 2024 that the reviewed assessments had been located. This will be reviewed at a future inspection.

RQIA were unable to determine the hours worked by the manager or the capacity in which they worked, as their hours were not recorded on the staff duty rota reviewed. RQIA were informed that the manager had been working as the cook for a number of days prior to and including the day of inspection. During the meeting on 6 November 2024, the need to protect the manager’s hours was discussed given the additional roles the manager had needed to undertake. RQIA will review this matter at future inspections. An area for improvement has been identified.

There was no evidence that a staff meeting had taken place since 25 January 2024. However, the manager was able to provide a copy of a staff meeting minutes held between 18 and 23 March 2024 following the meeting with RQIA on 6 November 2024. This will be reviewed at a future inspection.

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; if they wished to have a lie in or if they preferred to eat their breakfast later than usual.

### 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. For example; if they preferred to spend time in the lounge area chatting to other residents, or if they preferred to spend time in their bedroom relaxing and watching TV.

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 were also observed offering residents 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.

Residents may require special attention to their skin care. Care records accurately reflected the residents' assessed needs and input from other professionals such as the District Nursing team.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP if required.

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.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

Activities for residents were provided which included both group and one to one activities and staff maintained records. Birthdays and annual holidays were celebrated for residents.

### 3.3.3 Management of Care Records

Review of residents' care records evidenced that no pre-admission assessments were available in the residents' care files. This was discussed with the manager who provided the assessment procedure post inspection. This was discussed with the manager during the meeting with RQIA on 6 November, who agreed to review the current system and procedure and to reinstate a pre admission assessment- visit, from a senior member of staff with any potential resident. This will be reviewed at a future inspection.

Care plans and risk assessments were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. However, there were no photographs of residents in their care files, this was highlighted to the manager and will be reviewed at a future inspection.

Care staff recorded regular evaluations about the delivery of care to residents and care records were held confidentially.

### 3.3.4 Quality and Management of Residents' Environment

Observation of the home's environment identified a significant number of areas throughout the home requiring repair or redecoration. Areas of concern included; a hole in the wall of a resident's bedroom exposing brick work, damaged wall paper, broken and worn furniture, damaged woodwork, paintwork in communal areas and bedrooms needed updated, worn and stained carpets in communal hallways and bedrooms.

Some of the concerns identified also posed a potential risk of harm to residents and staff safety such as: in one resident's bedroom there were two rolls of carpet being stored which presented as a trip hazard for the resident or anyone entering the bedroom. Damaged flooring in the shower room on the ground floor presented as a trip hazard to anyone accessing the bathroom. The laundry room was unlocked and cleaning products left out were accessible to residents.

In addition three wardrobes were not attached to the wall and hairdressing supplies such as rollers, hairspray and a hair dryer were stored in a cupboard alongside dining utensils.

In addition a significant number of residents' bed bases were badly stained and in need of cleaning or replacement and some equipment such as a raised toilet seat were noted to be rusted and in need of cleaning or replacement if they could not be effectively cleaned.

The manager did not have a refurbishment plan in place to address the environmental concerns identified, however they did confirm that the Responsible Person had been informed.

RQIA were concerned that the issues, identified by the Inspector, had not been addressed in a timely way, to ensure that the home was being maintained to an appropriate standard which respected residents' dignity and right to live in a pleasant environment.

Details, including photographic evidence, were shared with the the Responsible Person and the manager during the meeting with RQIA on 6 November 2024. A refurbishment plan was submitted to RQIA by email with details of actions taken to date and what is still outstanding, who is responsible and date to the action is to be achieved by.

Four areas for improvement have been identified in relation to the quality of the residents environment and risk management, including an area for improvement that was identified at the last inspection in relation to the maintenance of the home's environment that has been subsumed into a regulation.

One staff member was observed to not be bare below the elbow as required under the regional infection and control guidelines. An area for improvement has been stated for a second time.

It was noted in one resident's bedroom there was prescribed topical lotion which had been prescribed for another resident. An area for improvement has been identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Joanne Glendinning has been the Registered Manager in this home since 9 April 2009.

Residents and 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 system for reviewing the quality of care, other services and staff practices was in place. However, whilst there was a programme of auditing in place, it was not effective in identifying or driving the improvements required in relation to the quality and safety of the home's environment, infection prevention and control measures and staff practice. An area for improvement has been identified.

The home was visited each month by the Responsible Person to consult with residents, their relatives and staff and to examine all areas of the running of the home; in accordance with Regulation 29. However a review of these records identified that these reports were not robust in identifying or driving the necessary improvements in the home to ensure the home was compliant with the minimum standards and regulations. For example they did not identify many of the environmental issues identified by the inspection, action plans lacked details and were not always reviewed, and the views of staff and relatives had not been consistently sought. Details were discussed with the Responsible Person and the manager during the meeting with RQIA on 6 November 2024. An area for improvement has been stated for a second time.

## 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>	8*	3

\* the total number of areas for improvement includes two regulations that have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Joanne Glendinning, 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 13 (7)  <b>Stated:</b> Second time  <b>To be completed by:</b> 29 October 2024	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.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> <u>———All members of staff have been reminded of the importance of following infection prevention control guidance, the manager continues to monitor this issue and ensure that staff follow the guidance. All members of staff have received IPC training.</u>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> Second time  <b>To be completed by:</b> 30 November 2024	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.  Ref: 3.3.5  <b>Response by registered person detailing the actions taken:</b> <u>———The provider shall endeavour to complete the monthly provider reports with more detail and contents in order to ensure compliance with the regulations.</u>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (2) (b) (d)	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><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 March 2025</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>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>———<u>A full review has taken place and a plan of action is now in place, the programme of works has commenced, progress of these works will be recorded in the monthly provider visits. The refurbishment of the home will be ongoing and details of identified areas for refurbishment will be recorded on the managers walkaround document and providers monthly report. An action plan has already been forwarded to the inspector.</u></p>
<p><b>Area for improvement 4</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>Ref: 3.3.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>———<u>The manager has now in place a monthly check of the NISCC register in order to ensure compliance and remind staff that fees are due. A record of the dates on which the manager checks the registration will be noted in the monthly walkaround document.</u></p>
<p><b>Area for improvement 5</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 resident’s bedrooms are attached securely to the wall.</p> <p>Ref: 3.3.4</p>

	<p><b>Response by registered person detailing the actions taken:</b>  <u>—The hairdressing products were removed from the cupboard on the day of the inspection, all staff have been made aware that hairdressing products are not permitted to be kept in this cupboard. All bedrooms have been checked to ensure that all wardrobes are attached to the wall for safety reasons, the wardrobes that had been recently detached from the walls to allow carpets to be fitted have now been re-attached. All cleaning products are kept in the back store room.</u></p>
<p><b>Area for improvement 6</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <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>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>  <u>—The toilet seat in question has been replaced, the condition of these items will be checked during the managers walk around and during the providers visits, all members of staff have been made aware of the importance of reporting issues with equipment wither it is wear &amp; tear or an item in need of repair, staff will report directly to the manager.</u></p>
<p><b>Area for improvement 7</b>  <b>Ref:</b> Regulation 27 (2) (c)  <b>Stated:</b> First time  <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>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>  <u>—The stained bed bases have since been deep cleaned, moving forward all bases and bedding will be checked during the weekly walk around, any staining will be cleaned immediately, members of staff are to report staining or soiled bedding to the domestic for immediate action, several bed bases have been replaced.</u></p>
<p><b>Area for improvement 8</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 October 2024</p>	<p>The Registered Person shall review the current system 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 timebound action planning.</p> <p>Ref: 3.3.5</p>

	<p><b>Response by registered person detailing the actions taken:</b>  <u>———A review of the current system has seen the introduction of a new monthly audit that will assist in identifying any deficits.</u></p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)</b></p>	
<p><b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.6  <b>Stated:</b> First time  <b>To be completed by:</b>  29 October 2024</p>	<p>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.</p> <p>Ref: 3.3.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>  <u>———The manager has assured me that she will update the training matrix regularly in order to remain compliant.</u></p>
<p><b>Area for improvement 2</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b>  29 October 2024</p>	<p>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.</p> <p>Ref: 3.3.1</p>
	<p><b>Response by registered person detailing the actions taken:</b>  <u>———The managers hours of work are being recorded on the daily rota.</u></p>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 33.4  <b>Stated:</b> First time  <b>To be completed by:</b> 29  October 2024</p>	<p>The Registered Person shall ensure that prescribed topical lotions are only administered to the resident for whom they are prescribed.</p> <p>Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>  <u>———The manager has spoken with all members of staff about this matter and assurances have been given that this wont happen again.</u></p>

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



## 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)



**Twitter:** @RQIANews