

# Inspection Report

22 February 2024



## Alpine House

Type of service: Residential Home  
Address: 20 Ballyholme Road, Bangor, BT20 5JN  
Telephone number: 028 9145 4904

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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> Alpine House  <b>Responsible Individual:</b> Mr Sathrouhun Bogun	<b>Registered Manager:</b> Ms Joanne Glendinning  <b>Date registered:</b> 3 April 2009
<b>Person in charge at the time of inspection:</b> Ms Tori Larmour, deputy manager	<b>Number of registered places:</b> 22
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 17
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential 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, the dining room and a garden area.	

## 2.0 Inspection summary

An unannounced inspection took place on 22 February 2024, from 10.25 am to 5.15 pm by a care inspector.

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

Evidence of good practice was found in relation to care delivery and maintaining good working relationships.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that living in the home was a good experience. Residents confirmed that they would have no issue raising any concerns or complaints to staff. Specific comments received from residents are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences. Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other.

New areas for improvement were identified in relation to, staff supervision and appraisal, care records, the general environment, infection control, and the monthly monitoring visit reports.

Addressing the areas for improvement will further enhance the quality of care and services in Alpine House.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Tori Larmour, deputy manager at the conclusion of the inspection. Additional feedback was provided to Joanne Glendinning, manager, on the 4 March 2024 via telephone.

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

Residents told us that they were happy living in Alpine House. Residents' comments included, "It's nice here, the staff are very good," "It is a great place, we are all very happy," and "We are all very well looked after."

Staff spoke positively in terms of the provision of care in the home. One staff member said, "I love working here, we have a good team."

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Compliments received stated, “Thank you for your care and attention,” “very attentive and caring,” and “the staff are respectful at all times.”

Seven questionnaires were received following the inspection, all respondents confirmed that they felt the care in Alpine House was safe, effective and compassionate and that the home was well led. No additional feedback was provided by staff following the inspection.

## 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 17 June 2022		
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 <b>Stated:</b> First time	The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 27 <b>Stated:</b> First time	The registered person shall ensure that the general observations regarding identified bedrooms, highlighted during the assessment of the premises, are undertaken in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> As written this area for improvement was met.	
<b>Area for Improvement 3</b> <b>Ref:</b> Regulation 17 <b>Stated:</b> First time	The registered person shall ensure that a robust governance system is operational in the home which assures the quality of services and care available in the home and that reports are made available to any person authorised by the RQIA and to residents and their representatives.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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 23.7 <b>Stated:</b> First time	The registered person shall ensure there is a robust written training and development plan that is kept under review and is updated at least annually to reflect the training needs of individual staff.	<b>Met</b>
	<b>Action required to ensure compliance</b> This area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The date of commencement of employment was missing from one file, on discussion with the manager this date was provided, therefore this area for improvement was met.

There were systems in place to monitor staffs' professional registrations with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were registered with NISCC.

There were systems in place to ensure staff were trained and supported to do their job.

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. One staff member said, "I had a really good induction and this helped me to settle in to the role."

The staff duty rota did not always accurately reflect the staff working in the home on a daily basis. For example, when staff were allocated to work in the kitchen this was not always easily identified on the rota. This was discussed with the deputy manager who agreed to address this immediately, therefore an area for improvement was not identified at this time and this will be reviewed at the next inspection. The duty rota identified the person in charge when the manager was not on duty.

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.

Resident's spoke positively about the staffing in the home, comments included, "The staff are lovely, they are very approachable."

Staff had not received a separate individual yearly appraisal. The importance of separate six monthly individual supervisions and an annual appraisal was discussed with the deputy manager during feedback and with the manager via telephone call and an area for improvement was identified.

## 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Observation of practice, review of care records and discussion with staff and residents established that staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in responding to call bells throughout the day. Staff were skilled in communicating with residents; they were 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

There was evidence that residents' needs in relation to nutrition were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were important to ensure residents received the right diet. The dining experience was an opportunity for 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. The menu for the day was on display in the dining room and both residents and staff confirmed that choices for meals were always offered. One resident told us, "The food is very good."

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.

There was evidence of a person centred approach throughout care records. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Residents were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Relevant risk assessments and care plans had been developed. However, some care plans had not been updated after a fall. The importance of updating care plans after each fall was discussed with the deputy manager, and an area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. However, these daily records were not always correctly dated, the importance of correctly dating all records was discussed with the deputy manager and an area for improvement was identified.

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

Observation of the home's environment evidenced that the home was clean and tidy. Corridors were free from clutter or hazards and fire doors were unobstructed.

However, some parts of the home were showing signs of wear and tear. For example, some of the bedrooms and lounge areas required redecoration, a window frame in one of the upstairs bathrooms was damaged and tiles were missing around the cistern, and there appeared to be damp patches in the upstairs landing. Details of the deficits were discussed with the deputy manager during feedback and the manager via telephone. An area for improvement was identified.

The most recent fire risk assessment was completed on 7 February 2024, actions from this assessment are in the process of being completed.

Staff were observed using PPE in accordance with the regional guidance. However; on the day of the inspection, staff were noted to be wearing false nails and items of jewellery. This was discussed with the deputy manager for immediate action and an area for improvement was identified.

### 5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included, for example, preferences for food and drink options. Residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some residents preferred to spend most of the time in their room and staff were observed supporting residents to make these choices.

Regular residents' meeting took place to discuss the food and drink options and activities in the home. There was a range of activities provided for residents by staff, these included armchair exercises, pamper sessions and movie nights. One resident told us that although activities were offered they were always given the choice of whether to join in or not.

### 5.2.5 Management and Governance Arrangements

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

There was evidence that a 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.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, a review of records identified that monthly monitoring reports in accordance with Regulation 29 were insufficiently robust so as to drive necessary improvements within the home. For example reports did not identify many of the environmental issues raised at the inspection and action plans had not always been reviewed or followed up from the previous month. The views of staff and visitors to the home had not been sought. This was discussed with the deputy manager during feedback and with the manager via telephone call. An area for improvement was identified.

**6.0 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)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Tori Larmour, deputy manager, as part of the inspection process. Further feedback was discussed with Mrs Joanne Glendinning, manager, on the 4 March 2024 via telephone. 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> First time  <b>To be completed by:</b> 31 March 2024	The registered person shall ensure that all staff employed in the home adheres 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: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> All members of staff have been given IPC training, the members of staff that were on duty on the day of the inspection have received further training re: the importance of IPC. IPC

	training is provided annually or before if needed to all members of staff.
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> First time <b>To be completed by:</b> From date of inspection 22 February 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.  <b>Response by registered person detailing the actions taken:</b> Moving forward the registered person shall ensure the reports are more detailed.
<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 24.2 & 24.5 <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2024	The registered person shall ensure that all staff receive individual, formal supervision no less than every six months and a separate formal annual appraisal.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> Each member of staff has to date received individual supervision and appraisal every six months or before if needed since commencement of their employment. All documentation held was made available for the inspector on the day, all of which was up to date. Moving forward the manager will continue to hold supervision and appraisals every six months however at the request of the inspector on separate documents. Up to now no previous inspector has highlighted this issue before this inspection.
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> First time <b>To be completed by:</b> From date of inspection 22 February 2024	The registered person shall ensure that care records are kept under regular review and are also reviewed in the event of any changes, such as a fall.  Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> As seen by the inspector during the visit, care records are reviewed, signed and dated every month or before if needed. Unfortunately on this one occasion the residents individual assessment had not updated, the fall had been recorded in the accident book and the residents daily record. Evidence can confirm that this is not a regular occurrence, there is a falls assessment tool and guidance in place, these documents are reviewed on a weekly basis.

<b>Area for improvement 3</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> First time <b>To be completed by:</b> From date of inspection 22 February 2024	<p>The registered person shall ensure that all records held within the home are signed and correctly dated by the person making the entry.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>It was found that staff were not recording the year on individual residents daily notes, previously the staff had recorded the day and the month, from the day of the inspectors visit staff are now ensuring that the day, the month and the year is recorded, these were the only records that were being recorded in this format.</p>

<b>Area for improvement 4</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time <b>To be completed by:</b> 30 September 2024	<p>The registered person shall ensure that the areas identified at this inspection in regard to the home's environment are addressed.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person is currently addressing all enviromental issues as a matter of urgency. Decorating has already been completed in the areas were staining had repeatedly came through the paint.</p>

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