



Inspection Report

Name of Service: Alpine House

Provider: Alpine House

Date of Inspection: 7 October 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:	Alpine House
Responsible Individual/Responsible Person	Mr Sathrouhun Bogun
Registered Manager:	Ms Joanne Glendinning Registered: 3 April 2009
Service Profile –	
<p>This home is a registered Residential Care Home which provides health and social care for up to 22 residents. The home provides care for residents requiring general residential care.</p> <p>Resident's bedrooms are located over two floors in the home. Residents have access to communal lounges, a dining room and outside garden area.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 7 October 2025, from 9.45 am to 2.30 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 27 March 2025; 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 care was found 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 twelve areas for improvement from the previous care inspection were assessed as having been addressed by the provider. One area for improvement was not met and will be stated for a second time. Two areas for improvement relating to medicines management were not assessed and these will be reviewed at a future inspection. 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 very pleasant", "I feel safe staying here" and "the staff help me with anything I need".

Two relatives spoken with spoke highly of the care and services provided in the home. One relative commented that their loved ones physical and mental health has greatly improved since living in the home.

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.

There were no questionnaire responses received from residents 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.

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.

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. An area for improvement has been identified.

A review of staff supervision and appraisal records identified that a number of staff appraisals were overdue. An area for improvement has been identified.

A review of the person left in charge of the home in the absence of the manager competency and capability assessments highlighted that these were not in place for all the relevant staff. This was discussed with the manager who agreed to complete a review, this will be followed up at a future inspection.

3.3.2 Quality of Life and Care Delivery

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about the residents, especially changes to care that they needed to assist them in their caring roles.

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 appeared appetising and nutritious. Residents told us that they enjoyed the food provided in the home and they are offered choices with all meals.

Activities for residents were provided which included both group and one to one activities. Residents told us that they were offered a range of activities and spoke highly of the staff involved in delivering activity provision in the home.

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.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. However; it was identified that those residents who required a Deprivation of Liberty Safeguard (DoLS), did not have a care plan in place in relation to this specific care need. An area for improvement has been 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 is an older, period style building that has been converted into a residential care facility. The home was warm and comfortable for residents. Bedrooms were clean, tidy and personalised with photographs and other personal belongings.

It was positive to note that work to improve the homes environment to ensure it was maintained and decorated to a good standard, identified at previous inspections, had been completed. It was evident that there was still some work required and this was discussed with the manager who shared a robust environmental action plan with RQIA for review. RQIA are satisfied that refurbishment has been identified which will enhance the overall quality of life and lived experience for residents living in the home.

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

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 3 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. 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/or the quality of services provided in the home.

The home was visited each month by the registered provider or their representative to consult with residents, their relatives and staff and to examine all areas of the running of the home. However, a review of these records highlighted that the views of relatives and/or residents representatives had not been consistently sought. An area for improvement has been identified.

A review of staff meeting minutes highlighted that the last staff meeting took place on 15 April 2025. Staff meetings should take place at least quarterly. An area for improvement has been stated for a second time.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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	1*	6*

* the total number of areas for improvement includes one standard that has been stated for a second time and one regulation and one standard which are carried forward for review at the next inspection.

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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect (10 January 2025)	The Registered Person shall ensure personal medication records are accurate and up to date. Specifically they should ensure <ul style="list-style-type: none"> • a clear and up to date photograph is attached • the strength of the medication is included • medicines are listed in the correct section Ref: 2.0
	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.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022) (Version 1.2)	
Area for improvement 1 Ref: Standard 6 Stated: First time To be completed by: 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: 2.0
	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.
Area for improvement 2 Ref: Standard 25.8 Stated: Second time To be completed by: 1 November 2025	The Registered Person shall ensure that staff meetings take place on a regular basis, at least quarterly and records are maintained. Ref: 3.3.5
	Response by registered person detailing the actions taken: Moving forward the manager will ensure that regular staff meetings take place.

<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2025</p>	<p>The Registered Person shall ensure that all staff receive mandatory training and records are maintained as required.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Records have been updated, training is ongoing with several courses booked for December 2025.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 24.5</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2025</p>	<p>The Registered Person shall ensure that staff have a recorded annual appraisal with their line manager.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: All supervision and appraisal records are up to date.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 7 October 2025</p>	<p>The Registered Person shall ensure that any resident who requires a Deprivation of Liberty Safeguard (DoLS) has a care plan in place which details the rational for this aspect of care, this should be kept under review.</p> <p>Ref: 3.3.3</p> <hr/> <p>Response by registered person detailing the actions taken: There has always been a DOLS file in the office which contains details of the residents that would have a DOLS in place, those residents with DOLS in place now have this clearly recorded and included in their individual care plan also.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The Registered Person shall ensure that the view of resident's relatives and/or their representatives are consulted and recorded on a monthly basis for the purpose of the monthly monitoring of the home.</p> <p>Ref: 3.3.5</p>

7 October 2025	Response by registered person detailing the actions taken: The registered provider is ensuring that he speaks with the residents family members or next of kins in order to get feedback re: the care their family member is receiving in Alpine House or if they have any concerns about the care or indeed any compliments they would like to pass on.
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