The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Mount Alexander House

Provider: South Eastern Health and Social Care Trust

Date of Inspection: 24 March 2026

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:	South Eastern Health and Social Care Trust (SEHSCT)
Responsible Individual:	Ms Roisin Coulter
Registered Manager:	Ms Angeline Taylor
Service Profile – This home is a registered residential care home which provides health and social care for up to 37 residents living with dementia. The home is divided over two floors with a dining room downstairs and two dining rooms and two lounges upstairs. Residents have access to an enclosed garden area.	

2.0 Inspection summary

An unannounced inspection took place on 24 March 2026 between 9.30 am and 3.30pm 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 1 May 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.

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 we found care 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 four areas for improvement were assessed as having been addressed by the provider. One area for improvement was stated again for a second time. 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 spoke positively about life in the home. Residents who were less well able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

One resident told us "The staff are excellent." Another resident said," The girls are great, there is plenty of choice in the meals."

A relative spoke of how care "The staff are fabulous, I have no concerns over care". Comments about food choices provided were passed back to the manager for her action.

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.

Residents told us that staff offered them choices 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.

One returned questionnaire from a relative commented that, "It's the staff who make the difference, the staff are wonderful". Comments about improvements to the environment were passed back to the manager for her action.

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

3.3 Inspection findings

3.3.1 Staffing Arrangements

Review of staff training identified that training on falls management was not in place for staff. This was discussed with the manager and an area for improvement was identified.

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.

3.3.2 Quality of Life, Care Delivery and Care Records

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.

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. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

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. 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.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care.

3.3.4 Quality and Management of Residents' Environment and Management Systems

The home was clean and tidy. Residents' bedrooms did not have a lockable storage space for them to keep valuables in for example. An area for improvement was stated for a second time.

Bars of soap were found on the sinks in bedrooms on the ground floor. It was discussed with the manager the need for this to be risk assessed. This will be reviewed at a subsequent inspection.

Some metal radiator covers in the toilets were rusted, preventing effective cleaning. An area for improvement was identified.

Ms Angeline Taylor has been the registered manager in this home since 1 April 2005.

Residents and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with standards.

	Regulations	Standards
Total number of Areas for Improvement	0	3*

* The total number of areas for improvement includes one under the Standards that has been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Angeline Taylor, 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 Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard E26 **Stated:** Second time **To be completed by:** 01 August 2026	The registered person shall ensure that each resident's bedroom has a lockable storage space, for use by the resident. Ref: 3.0 & 3.3.4
	Response by registered person detailing the actions taken: All rooms will be fitted with a lockable storage space by the Trust Estates department within the next two weeks
Area for improvement 2 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 01 August 2026	The registered person shall ensure that staff have training in the management of falls. Ref 3.3.1
	Response by registered person detailing the actions taken: A full day training with five sessions has been organised with the SEHSCT Falls Team on the 14th May 2026
Area for improvement 3 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 01 August 2026	The registered person shall ensure that the toilet radiator covers that are rusty are repaired or replaced. Ref 3.3.4
	Response by registered person detailing the actions taken: a request for a review of toilet radiator covers in the facility has been made through Trust estates department and will be completed in due course as soon as possible

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

The Regulation and Quality Improvement Authority

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