



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Mount Alexander House**

**11 June 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of inspection

An unannounced care inspection took place on 11 June 2015 from 09.30 to 14.10. On the day of the inspection we found the home to be delivering safe, effective and compassionate care.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> South Eastern Health and Social Care Trust / Hugh Henry McCaughey	<b>Registered Manager:</b> Angeline Taylor
<b>Person in charge of the home at the time of inspection:</b> Angeline Taylor	<b>Date manager registered:</b> 2005
<b>Categories of care:</b> RC-I, RC-DE	<b>Number of registered places:</b> 37
<b>Number of residents accommodated on day of inspection:</b> 32	<b>Weekly tariff at time of inspection:</b> £470

### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/Process

Prior to inspection the following records were analysed: returned Quality Improvement Plan from previous inspection, notifications of accidents and incidents.

We met with twelve residents and three members of care staff. No resident's representative or visiting professionals were present.

We inspected four care records, complaints records, staff training records and accident and incident records.

### 5. The Inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated 4 November 2014. The completed QIP was returned and was approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous inspection statutory recommendations		Validation of compliance
<b>Recommendation 1</b> Ref: Standard 29.1	The registered manager must obtain evidence that all outstanding areas identified in the fire risk assessment have been completed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of the fire safety records confirmed that all recommendations made in the Fire Safety Risk Assessment have been satisfactorily addressed.	

Previous inspection statutory recommendations		Validation of compliance
<p><b>Recommendation 2</b></p> <p>Ref: Standard 10.1</p>	<p>Staff have knowledge and understanding of each individual residents usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <p>Reference to this is made in that the policy and procedure should be updated to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and to detail that relatives should be informed of any incident or accident and that RQIA must be notified on each occasion restraint is used.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and information contained in the returned QIP confirmed that the Trust had been advised of the need to update policy and procedure and that this is in progress.</p>	
<p><b>Recommendation 3</b></p> <p>Ref: Standard 10.6</p>	<p>Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the residents care plan.</p> <p>Reference to this is made in that RQIA should be notified of any incident or accident in which health, care or welfare of any resident is affected.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of the accident and incident records confirmed that RQIA is notified of any incident or accident in which health, care or welfare of any resident is affected.</p>	

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### **Is care safe? (Quality of life)**

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We inspected four residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were appropriately signed.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records. An Advanced Care Plan had been completed by the GP and was present in the resident's records.

#### **Is care effective? (Quality of management)**

The home had a policy and procedure in place relating to dying and death of a resident. The registered manager confirmed to us that staff training in dealing with dying and death of a resident was to be delivered in September 2015.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

#### **Is care compassionate? (Quality of care)**

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The registered manager described how residents had been cared for in the home at the end of life; whilst the medical needs of the residents had been met by the GP and the district nursing team, the care needs of the resident were fully met by the staff. Family members had been able to be with the resident at the end of life. The staff accommodated the family and made them comfortable within the home. The news of the resident's death had been given to fellow residents in a sensitive manner.

In our discussions with the registered manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences. Residents would be given the option to attend the funeral.

The registered manager confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

We inspected a sample of compliment letters and cards. Relatives of deceased residents had sent these in praise and gratitude for the compassion and kindness shown to the residents during illness and at death.

### Areas for improvement

There were no areas of improvement identified from the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## 5.4 Theme: residents receive individual continence management and support

### Is care safe? (Quality of life)

The registered manager confirmed that staff training had been provided in stoma care for one resident with more complex continence needs. Staff training in continence promotion was planned for late May 2015. The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We inspected four residents' care records which confirmed that person centred assessments and care plans were in place relating to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Specialist continence assessments had been completed for a number of residents. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

### Is care effective? (Quality of management)

The home had written policy and procedures relating to continence management and promotion which referenced best practice guidance.

We inspected the care records of two residents with complex continence management needs. We noted that these needs were comprehensively documented and that infection control measures had been fully considered. The quality of the person centred care plans in relation to continence management and support was to be commended.

In our discussions with staff and through inspection of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

### Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

### Areas for improvement

There were no areas of improvement identified from the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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## 5.5 Additional areas examined

### 5.5.1 Residents' views

We met with twelve residents individually and with others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "I enjoy the peace and quiet here, it is very nice. They look after me well."
- "This is like a home from home. I am very happy to be here – the place is kept lovely and clean and the food is great - in fact they nearly give me too much to eat! The staff are great and are very helpful."
- The girls (staff) look after me well and the food is good. I'm happy enough here."
- "I have no complaints whatsoever. I am happy and well looked after."
- "The girls just couldn't do enough for you. They go above and beyond to help."
- "It's great here and I'm glad I came to live here."
- "It's great here, second to none."
- "I am quite happy here, it's very good and the staff treat me well."

### 5.5.2 Staff views / Staff questionnaires

We met with three staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. These views were further supported in the completed staff questionnaires.

Some comments included:

- "This is a good place to work and it is very well managed. I am given plenty of training to do my job. There is a good staff team and a good atmosphere. The staff are very committed to providing excellent care to the residents."
- "I feel the residents have plenty of activities to do and are kept busy and stimulated. I believe the residents are kept very well, treated well and are cared for well. The staff are helpful to each other and work well as a team."

### 5.5.3 Environment

The home was found to be clean and tidy. Décor and furnishings are of a good standard.

#### 5.5.4 Staffing

At the time of inspection the following staff members were on duty:

- 1 manager
- 1 senior care assistant
- 5 care assistants
- 3 kitchen staff
- 3 domestic staff
- 1 laundry assistant

One senior care assistant and five care assistants were scheduled to be on duty later in the day. One senior care assistant and three care assistants were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

#### 5.5.5 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

#### 5.5.6 Accidents / incidents

Inspection of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

#### 5.5.7 Complaints / compliments

Complaints had been recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned. The home had received several compliments.

#### 5.5.8 Fire safety

We inspected the home's fire safety risk assessment dated 11 November 2014. The registered manager advised us that all recommendations arising from this had been addressed. Fire alarms were tested weekly. We inspected the staff training records which confirmed that staff members had received fire training twice yearly. We noted no obvious fire risks on the day of inspection.

#### Areas for improvement

There were no areas of improvement identified from the additional areas examined.

<b>Number of requirements</b>	0	<b>Number of recommendations:</b>	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

<b>Registered Manager</b>	Angie Taylor	<b>Date completed</b>	30.07.15
<b>Registered Person</b>	Hugh McCaughey	<b>Date approved</b>	03.08.15
<b>RQIA Inspector assessing response</b>	Alice McTavish	<b>Date approved</b>	14 August 2015

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.