



Unannounced Care Inspection Report 20 May 2019



Mount Alexander House

Type of Service: Residential Care Home
Address: Castle Lodge Park, Comber BT23 5DW
Tel no: 028 9187 8963
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 37 residents who live with dementia. The home is divided into four suites with two on each of the ground and first floors.

3.0 Service details

| | |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Neil Guckian | Registered Manager and date registered: Angeline Taylor 1 April 2005 |
| Person in charge at the time of inspection: Brenda Gladwell, Senior Care Assistant | Number of registered places: 37 The home is approved to provide care on a day basis only to 4 persons. |
| Categories of care: Residential Care (RC) DE – Dementia | Total number of residents in the residential care home on the day of this inspection: 31 |

4.0 Inspection summary

An unannounced inspection took place on 20 May 2019 from 09.45 hours to 17.05 hours.

This inspection was undertaken by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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 staffing, staff induction, training, supervision and appraisal, care records, communication between residents, staff and other key stakeholders, dignity and privacy and to quality improvement and maintaining good working relationships.

Two areas requiring improvement were identified. One, stated for a second time, related to the residents' written agreements and one related to the arrangements for annual review meetings for residents.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents, people who visit them and staff during and after the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Brenda Gladwell, person in charge and Angelina Taylor, registered manager after the inspection. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 5 February 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included findings from previous estates, pharmacy and finance inspections, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was completed and returned to RQIA by a resident's relative. No questionnaires were returned from staff.

During the inspection a sample of records was examined which included:

- staff duty rotas from 17 May to 30 May 2019
- staff training schedule
- one staff induction record
- three residents' records of care
- Life Story books
- complaint records

- compliment records
- a sample of governance audits/records
- accident/incident records from January to February 2019
- a sample of reports of visits by the registered provider from October 2018 to April 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 5 September 2018

Areas of improvement identified at the previous care inspection have been reviewed. Of the total number of areas for improvement, one was met and one was not met. This has been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The person in charge and staff on duty confirmed that staffing was safe and kept under review. There was care staff, laundry, kitchen and domestic staff on duty during the day and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with activities.

We looked at records to make sure that staff were properly recruited and that all pre-employment checks had been made. We saw evidence that all staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff who told us that they had a good induction to working in the home. New staff were supervised by senior staff, they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC).

Staff also told us that they got regular supervision and this happened more often when they were new to the home. We saw evidence that staff received supervision more often than the minimum standards say they should. This is good practice.

All senior care staff had an assessment of their competency and capability completed by the registered manager to ensure that they can take charge of the home when she is not on duty. The registered manager reviewed this every year to ensure that it was always current. She would also review it if the member of staff was returning from a long term absence, for example, after sickness or maternity leave. This is also good practice.

Staff training

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

Safeguarding residents from harm

The person in charge was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The Trust had a safeguarding champion.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The person in charge was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. We looked in the bedrooms of some residents, with their permission. Bedrooms were personalised and there were no malodours. A resident told us: "It's very good here...there are always cleaners around and they keep the place very clean. My room is very comfortable and I get a great night's sleep."

There were communal lounges for the use of residents on the ground and first floors along with space for activities and meetings. There were dining areas in each of the units on the first floor and a larger dining room on the ground floor. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

Restrictions

It is important that where choice and control are restricted due to people's understanding, restrictions are carried out sensitively and comply with legislation. This is so that people feel respected, included and involved in their care. When we spoke with staff they had a good knowledge of people's abilities and level of decision making. The person in charge told us that staff make sure that residents living in Mount Alexander House enjoy as much freedom as possible whilst remaining safe.

Infection prevention and control (IPC)

The person in charge told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection.

The person in charge described how hand hygiene audits were carried out regularly to make sure that staff used good hand hygiene practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, training, supervision and appraisal, infection prevention and control and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

| | Regulations | Standards |
|--------------------------------------------|-------------|-----------|
| Total numb of areas for improvement | 0 | 0 |

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The person in charge described a robust assessment and admissions process before residents could be admitted to Mount Alexander House. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks. The person in charge described how there was good working relationships between professionals and how this contributed to good care planning and risk management.

The person in charge told us about falls management in the home and we were assured that the procedure and practice was good. The registered manager completes an audit of accidents or incidents in the home each month which includes falls. This looks for any patterns or trends and considers actions to reduce the likelihood of further falls happening. The person in charge told us that staff were aware of how they could get professional advice from medical or trust staff.

Staff told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents. We saw that there were care plans and risk assessments in place and that staff kept daily records of the care provided to residents. We saw that the care records were reviewed regularly so that any changes in care were properly detailed.

We also saw how a care review was completed with some (but not all residents), their families, care staff and staff from the Trust each year. The person in charge told us that some care reviews were not completed on time as the Trust key workers were not available; the registered manager kept a record of which reviews were not completed and brought this to the attention of the Trust. We have made this an area for improvement to ensure compliance with the standards in relation to annual care reviews.

The dining experience

We could see that the catering kitchen was spacious, clean and well equipped. We observed residents in the dining room from a discreet distance when they were taking their lunch. The ground floor dining room was spacious, clean and bright. There was a menu on display in each of the first floor dining areas and in the dining room on the ground floor. There was a choice of two hot dishes on the lunch menu and residents were given the options.

The kitchen staff plated dishes which were served to residents by care staff. We could see that the portion sizes were good and there was a variety of cold drinks available. Staff told us that any resident who did not want either of the two hot dishes was offered a suitable alternative. The lunch service was relaxed but well organised. The residents said that they enjoyed the food in the home. A resident said, "The food here is lovely and we get plenty to eat and drink." We spoke with the resident's relative who told us that her mother had thrived and gained weight since coming to live in Mount Alexander.

Staff in the suites on the first floor told us that meals were brought upstairs on a heated trolley. The meals for any resident who needed a textured or modified diet were prepared by the kitchen staff and staff had been given training in the correct consistencies of foods and fluids. Staff could also refer to the written recommendations from Speech and Language Therapists for individual residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audit and review of care records and communication between residents, staff and other key stakeholders.

Areas for improvement

One area was identified for improvement in relation to the timely completion of annual care reviews.

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Culture and Ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

A resident said, “It’s very good here. The staff are lovely and they treat me well.” Another resident said, “I’m getting on well...I like it and the girls (staff) are good to me.”

We could see that residents’ wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents’ daily routines were recorded. We also saw that the care records noted individual preferences such as what time residents liked to get up or go to bed and how they like to be helped with care. Staff told us that the residents’ routines depended on what they wanted to do and that the staff took a flexible approach.

We looked at examples of Life Story work completed by staff and residents and using information and material supplied by residents’ relatives. Staff described how this had allowed them to get to know residents better and to have an appreciation of residents as individuals; this helped staff to better support residents as they had a better rapport with residents. This is good practice.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may be in need of additional reassurance or support.

Activities

Staff told us about the range of activities available and how staff worked to make sure that residents could participate in meaningful pastimes, hobbies, crafts or outings in line with each resident's established preference or interest. Some residents went out of the home weekly to participate in an Arts Care project and others were supported either individually or in groups to join in with various activities. We saw records which noted the activities provided each day and who participated.

Staff told us that an interactive table had been purchased by the Trust and was to be installed in the near future. This would provide stimulating physical and mental experiences for residents and promote social interactions as it can be used either individually or by groups.

Residents said that they enjoyed the activities on offer and that they had enough to do to fill their time, if they wanted to do this.

Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like.

There was also a satisfaction survey completed annually by residents and their family members. We looked at the summary report for the last survey completed in 2018 and this indicated that all parties were satisfied with the care, services and facilities in the home. It was identified in the survey that activities needed to be improved. There was evidence that this was acknowledged and steps were taken to address this.

We spoke with the relatives of a resident who told us: "The staff treat (our relative) well and we are happy with the care he gets." Another visitor said, "I have no concerns about the care here. My (friend) is always well presented and she always tells me the staff are very good to her and that the food is very good. I have always found the home to be clean and the residents appear to be content."

One questionnaire was completed and returned to RQIA by a resident's relative. The respondent indicated a very high level of satisfaction with all aspects of care provided by Mount Alexander House and made the following comment: "Food excellent, staff great, friendly, spotless...totally brilliant home."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their relatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home said that they got good support from their manager who was supportive and approachable. The person in charge described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The person in charge described how the registered manager spends time completing managerial tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as accidents and incidents and falls reduction, hand hygiene and IPC and looks for any ways in which these areas can be improved.

The registered manager makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. The registered manager makes sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

Complaints and Compliments

The person in charge advised that registered manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately. Relatives of residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

The registered manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning. We looked at some of the compliments received and noted the following comments: "As a family we can't thank you all enough for caring for our precious (relative) so very well," and, "My sincere thanks for all the care and kindness shown to (my relative) in Mount Alexander. (My relative) settled well into the routine of the home and the staff were more than helpful and considerate to him."

Accidents and incidents

The person in charge told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Additional training

The person in charge and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in such areas as swallow awareness, data protection and managing complaints.

The person in charge advised that the registered manager was a certified facilitator for the Best Practice in Dementia Awards (University of Sterling); the registered manager has now trained a

number of members of care staff who work in the home. One member of staff had achieved the award of Dementia Champion. The person in charge told us that this enhanced level of training had a direct impact on all aspects of care delivered to residents in the home, particularly as it provided staff with insights into the use of specific medications and how behaviours can be best managed.

Communication

The person in charge described how the registered manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

Visits by the registered provider

The home was visited by a representative of the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits between September 2018 and April 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Brenda Gladwell, Person in Charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Area for improvement 1</p> <p>Ref: Standard 4.2</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2019</p> | <p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • residents and/or their representatives are given written notice of all changes to the agreement • the written agreement is kept up to date to reflect the current weekly fee • the updated agreement is signed and dated by the resident and/or their representative <p>Ref: 4.1</p> |
| | <p>Response by registered person detailing the actions taken: We have reviewed and updated our resident's agreement and have sent these to residents representatives for signing.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 11.1</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p> | <p>The registered person shall ensure that robust arrangements are put in place for review meetings to be held with representatives of the Trusts responsible for residents' placements in the home.</p> <p>Ref: 6.4</p> |
| | <p>Response by registered person detailing the actions taken: Systems are being put in place by care management to ensure compliance. We currently have had 12 outstanding reviews completed to date.</p> |

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



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