

# Unannounced Care Inspection Report 25 April 2017



## 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](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Mount Alexander House took place on 25 April 2017 from 09:45 to 16:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

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

No requirements or recommendations were made in relation to this domain.

### Is care effective?

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

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

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

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 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 were discussed with Mrs Angeline Taylor, registered manager, as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 13 October 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> South Eastern Health and Social Care Trust / Hugh McCaughey	<b>Registered manager:</b> Mrs Angeline Taylor
<b>Person in charge of the home at the time of inspection:</b> Mrs Angeline Taylor	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> DE - Dementia	<b>Number of registered places:</b> 37

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with six residents and five others in smaller groups, two care staff, one resident's representative and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care files of four residents
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews, accidents and incidents (including falls, outbreaks)
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register

- Minutes of recent residents' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Six questionnaires were returned within the requested timescale.

#### 4.0 The inspection

##### 4.1 Review of requirements and recommendations from the most recent inspection dated 10 January 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

##### 4.2 Review of requirements and recommendations from the last care inspection dated 13 October 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 13.1 <b>Stated:</b> First time <b>To be completed by:</b> 31 January 2017	The registered provider should ensure that the level of provision of activities within the home is reviewed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and staff and inspection of activities records confirmed that the level of provision of activities within the home was reviewed; this resulted in a broader range and increased frequency of activities provided to residents in the home.	

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory. The assessments were completed annually. This represented good practice.

Review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. The registered manager advised that the policy and procedure was unchanged. Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The registered manager advised that she received written confirmation from the trust that all recruitment information, including enhanced AccessNI disclosures, was satisfactory. The written confirmation was received for all staff prior to the commencement of employment.

The registered manager described the arrangements in place to monitor the registration status of staff with their professional body (where applicable). Registration certificates were retained in the home for all staff. Staff were reminded in supervision of the importance of prompt payment of annual fees. The trust received written notification of any staff member who had not paid the annual fee and staff were prevented from working until registration fees were paid. The registered manager also completed spot checks with the Northern Ireland Social Care Council (NISCC) to ensure that all annual fees were paid.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion had been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult

safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager advised that no adult safeguarding issues had arisen since the last care inspection. The registered manager remained aware of her obligations to ensure that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were to be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was reviewed during a previous care inspection and remained unchanged. It was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed there were restrictive practices employed within the home, notably locked internal doors leading to stairwells with keypad entry systems and the use of pressure alarm mats for some residents. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the Statement of Purpose and Residents Guide during previous care inspections identified that restrictions were adequately described.

The registered manager confirmed there were risk management policy and procedures in place relating to safety of the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Chemicals or Substances Hazardous to Health (COSHH), fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. This was further confirmed through inspection of equipment and of maintenance and cleaning records.

Review of the infection prevention and control (IPC) policy and procedure during previous care inspections confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that any outbreaks of infection within the last year had been managed in accordance with the trust policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling and appropriately heated. The inspector found cleanliness in all areas of the home to be of a good standard.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

Inspection of fire safety records identified that the home's fire risk assessment was dated 22 February 2016. This was discussed with the registered manager who acknowledged that a new risk assessment should have been completed in February 2017; immediate action was taken to arrange for a fire safety risk assessment to be completed as a matter of urgency.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed at least annually for all staff. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Six completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. Some comments received within the returned questionnaires raised issues in regard to cleaning arrangements and the number of domestic staff in the home. All comments were discussed with the registered manager by telephone after the inspection.

Comments received from residents' representatives were as follows:

- "I have no issues or concerns regarding the safety of this home."
- "Angie and her team provide excellent care and support."

A comment received from staff was as follows:

- "Sometimes we are short staffed, cannot give full care to residents. Feeding three residents, nursing two in bed as well. Last year was told staff had a duty of care. More interested in activities."

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of four residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessments and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints and hand hygiene were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Staff confirmed that they had received training in improving service user experience. Minutes of resident meetings were reviewed during the inspection. A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Six completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. Some comments received within the returned questionnaires raised issues in regard to the arrangements for the provision of activities in the home. All comments were discussed with the registered manager by telephone after the inspection.

A comment received from a resident's representative was as follows:

- "The care is excellent."

A comment received from staff was as follows:

- “Care staff are hands on with clients and not always listened to.”

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and a representative confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records and care plans were in place for the management of pain.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, a representative and staff, along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and they were able to demonstrate how residents’ confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting, also that their needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Residents’ meetings were held and residents were encouraged to participate in annual care reviews.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of inspection residents were visited by a volunteer who read poems and extracts from a local newspaper aloud. A staff member, who is undertaking training in SONAS, a programme which aims to activate each person’s potential for communication and to enhance wellbeing, led a group activity in which residents completed well known sayings and sang

songs. Residents expressed their enjoyment of the activity and their interactions with other residents.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The Friends of Mount Alexander House ran coffee evenings and sales to raise funds for residents' comforts and outings; local churches provided pastoral support and there was a part time diversional therapist who supported resident participation in a wide range of indoor and outdoor activities.

Residents spoken with during the inspection made the following comments:

- “The staff are very nice to me. They help me whenever I need it.”
- “I’m happy here. I couldn’t be in a better place.”
- “The staff are good to us all.”
- “I like it here. They (staff) are good to me and I like the food.”
- “I come here for day care and for respite and I really enjoy it. The staff are great.”
- “I have no complaints. My room is lovely and they keep it nice and clean. I get plenty to eat and the girls (staff) are lovely. This is a good place.”

A resident’s representative spoken with during the inspection made the following comments:

- I am happy with my (relative’s) care. He has settled in very well and likes it here. The staff have been very kind to him and put a lot of effort into supporting him when his (sibling) died. The staff really were wonderful to him. I haven’t had any issues, but I know that I can approach the senior care staff or the manager and I am confident they would deal with it. I was really pleased that the staff were able to give my (relative) a larger room which suits him better. He absolutely loves the food here and the home is kept very clean and tidy.”

Six completed questionnaires were returned to RQIA from residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a resident’s representative was as follows:

- “My (relative) has gained the trust of all staff for her personal care as they treat my (relative) with the utmost dignity and respect.”

A comment received from a staff member was as follows:

- “All residents are treated well.”

**Areas for improvement**

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred. Arrangements remained in place to ensure that staff could access trust policies and procedures in both electronically and in hard copy.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. One complaint was received since the last care inspection. The record of the complaint included details of any investigation undertaken, all communication with the complainant, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of suitable models for the prevention of falls in the home and were using latest guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned; the registered manager was required to reply to the Assistant Director to acknowledge receipt of alerts and to confirm that any relevant action was taken. This represented good practice.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Senior care assistants had received developing and practicing manager training. Senior care staff had completed QCF governance awards. The registered manager was a certified facilitator for the Best Practice in Dementia Awards (University of

Sterling) and had trained 15 staff members of senior care assistant and care assistant grades who worked in the home. One member of staff had recently achieved the award of Dementia Champion. The level of enhanced training which had a direct impact on all aspects of care delivered to residents in the home was to be commended.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home. This was achieved through the trust's line management structure. The registered manager also attended monthly trust managers' meetings to share learning from complaints, incidents and feedback to ensure that such learning was integrated into practice. Managers also continued to attend quarterly meetings with the Assistant Director to keep abreast of latest operational developments and to actively feed into a cycle of continuous improvement.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Six completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. Some comments received within the returned questionnaires raised issues in regard to arrangements for reassessment of need leading to discharge from residential care. All comments were discussed with the registered manager by telephone after the inspection.

Comments received from residents' representatives were as follows:

- “The staff are excellent. The home is very well managed.”
- “I am aware of the manager in Mount Alexander. The staff are very friendly and welcoming!”

A comment received from a staff member was as follows:

- “Good supervisor but feel opinion not taken seriously by (s) manager.”

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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