

Unannounced Care Inspection Report 31 October 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.rgia.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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 37 beds that provides care for residents living with dementia.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Social Care Trust Responsible Individual: Mr Hugh McCaughey	Registered Manager: Ms Angeline Taylor
Person in charge at the time of inspection: Tracey Gore, Senior Care Assistant	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 37

4.0 Inspection summary

An unannounced care inspection took place on 31 October 2017 from 09:45 to 15:15.

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

The inspection assessed progress with any areas for improvement identified 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 staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, care records, audits and reviews, listening to and valuing residents and taking account of the views of residents, governance arrangements, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified. These included the reporting of notifiable events to RQIA, access arrangements for visitors to the home and provision of more effective means of telephone communication for those wishing to contact staff in the home.

Residents said that they received good care and that staff treated them well.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Tracey Gore, Senior Care Assistant, as part of the inspection process. 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 care inspection

No further actions were required to be taken following the most recent inspection on 25 April 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and notifiable events received since the previous care inspection.

During the inspection the inspector met with seven residents individually and with others in groups, two care assistants, the activities co-ordinator, one visiting professional and the person in charge.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. The person in charge was advised of how staff could complete electronic questionnaires and submit these to RQIA. No questionnaires were returned within the requested timescale.

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 three residents
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Compliments records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- 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
- Input from independent advocacy services
- Programme of activities
- A selection of policies and procedures

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 most recent inspection dated 25 April 2017

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 April 2017

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The person in charge advised that the staffing levels for the home 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 and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of one completed induction record and discussion with the person in charge and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff 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 person in charge 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.

A 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 person in charge advised that staff continued to be 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 person in charge described the arrangements in place to monitor the registration status of staff with their professional body (where applicable). These included staff being reminded in supervision of the importance of prompt payment of annual registration fees and spot checks by the registered manager with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy and procedure in place was reviewed during a previous care inspection; it was consistent with the current regional guidance and 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 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 person in charge advised that no issues of adult safeguarding had arisen since the last care inspection; any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The person in charge confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the person in charge 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.

A review of policy and procedure on restrictive practice/behaviours which challenge during a previous care inspection confirmed that this 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 person in charge confirmed there were restrictive practices employed within the home, notably locked external and internal doors with keypad entry systems and pressure alarm mats for some residents. Discussion with the person in charge 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 a previous care inspection identified that restrictions were adequately described.

The person in charge confirmed there were risk management policy and procedures in place in relation to safety in 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. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The person in charge confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

A review of the infection prevention and control (IPC) policy and procedure during a previous care inspection 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, alcohol hand gels 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 person in charge reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe and suitable for residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

An area for improvement, however, was identified in relation to access to the home. On the day of the inspection the inspector was able to enter the inner hallway of the home but was unable to proceed further into the main entrance foyer as the door was controlled via a keypad entry system. There was no clear instruction available to visitors that a bell was located on the outer wall of the home. When the bell was located and used, staff did not respond as they were unable to hear it. The inspector made a telephone call to the home. The telephone could be heard ringing inside the building, but it was not answered.

This was discussed with the person in charge during the inspection. The person in charge advised that there had been a sign in place to alert visitors to the location of the bell at the front door. The sign was no longer in place and the reason for this was uncertain. The person in charge advised that there were usually staff in the office off the main foyer who would be able to hear the bell. On this occasion, the registered manager was on leave and senior staff were in another part of the building. Care staff who were closer to the main door were unable to hear the bell. Action was required to ensure compliance with the standards in relation to access for visitors to the home.

The person in charge also described how staff were unable to hear telephones ringing unless they were in the immediate vicinity of the offices located off the entrance foyer. Staff were concerned that important telephone calls, from a General Practitioner, for example, may be missed, therefore adversely impacting on the welfare of residents. Although portable telephones had been supplied, these had proved ineffective as they had a limited range. The difficulties presented by this situation had been raised by staff as a risk for the home. Action was required to ensure compliance with the standards in relation to effective methods of communication for those wishing to contact the home.

The home had an up to date fire risk assessment in place dated 12 June 2017 and all recommendations were noted to be appropriately addressed.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly, most recently on 14 September 2017. 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 completed Personal Emergency Evacuation Plans (PEEPs) in place.

Residents spoken with during the inspection made the following comments:

- “There is always plenty of staff around to keep an eye on residents. Sometimes people (residents) get a bit out of sorts and the staff manage these times very well. They get residents to do other things, to take their mind off the things that are bothering them.”
- “The staff make me feel comfortable and it’s nice to know that there are always people about.”

Staff spoken with during the inspection made the following comments:

- “I got a good induction when I started here. I am getting supervision more often as I have only started recently and the training is good. There is lots of support from other staff.”
- “There is lots of good training and the staff team is very good.”

Areas of good practice

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 and risk management.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to the arrangements for visitors to access the home and to methods of communication for those wishing to make contact with the home.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

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

A review of the care records of three 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 assessment 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 aware of person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail the individual choices and preferences of residents.

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 person in charge advised that there were arrangements in place to monitor and review the effectiveness and quality of care delivered to residents at appropriate intervals.

The person in charge advised 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 person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection. The person in charge advised that separate representative meetings continued.

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.

Residents spoken with during the inspection made the following comments:

- "There is a nice routine here and there are good activities to keep us occupied. I am always made to feel welcome to join in and the staff never tell us what we should or shouldn't do."
- "I get everything that I need. The staff are always cleaning and tidying. The home is lovely and it is kept nice and warm. My room is very comfortable."

Staff spoken with during the inspection made the following comments:

- "When I started to work here I got lots of opportunity to become familiar with the residents by reading their care records and talking with them. There is a very supportive staff team and I can approach any member of staff to ask questions."
- "I get to spend a lot of time with residents, finding out about their preferences, history, life events, their hobbies and their abilities."

Areas of good practice

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.

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 care compassionate?

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

The person in charge 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.

It was established during previous care inspections that a range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff also confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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.

The person in charge, staff and residents advised that consent was sought in relation to care and treatment. Discussion with residents 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. Observation of practice confirmed that resident confidentiality was protected.

The person in charge 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 them and that residents' 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, for example, there were residents' meetings and residents were encouraged and supported to actively participate in the annual reviews of their care in the home.

Residents were 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. There were also arrangements in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- “The staff are very civil and kindly and helpful. We (residents) can have a bit of a laugh with them. When we get visitors, they are always made to feel welcomed and they are offered a cup of tea.”
- “Sometimes I’m not sure what I should be doing, but I know there are things planned and sometimes I like to join in. Other times I am happy to just sit and watch, or I can go to my room to relax. The staff are second to none, very kind.”

Staff spoken with during the inspection made the following comments:

- “The residents are treated as individuals and their choices and preferences are always met.”
- “I feel the residents are treated very well. They are a competitive group when it comes to playing bowls! We go on visits to another home for matches and we host the team from the other home in Mount Alexander House. There is good interagency working, especially with Arts Care and the resident artist form the trust. There is a good variety of crafts and therapies available in the home for residents.”

A visiting professional spoken with during the inspection made the following comments:

- “I have found that the manager and the senior care staff have been absolutely brilliant in helping one of the people that I have placed here to settle into the home. They facilitated visits to the home before admission went ahead and they met with the resident and the family to explain the process of admission, life in the home and to allay any fears that they might have. There has been very good communication from the staff here with the community team and all documentation that staff have completed before care reviews has been done to a very high standard. The other residents and families who I deal with have all indicated that they are happy with the care in Mount Alexander.”

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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

The person in charge 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.

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. The person on charge advised that staff had received training on complaints management; discussion with staff established that they were knowledgeable about how to receive and deal with complaints.

The person on charge advised that no complaints had been received since the last care review. A review of documentation confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, 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. It became evident, however, after the inspection that notification of one significant incident had not been reported to RQIA in accordance with the legislation and procedures. Action was required to ensure compliance with the regulations.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the person in charge confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, dental hygiene, swallowing awareness, dementia.

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 person in charge advised that the registered provider was kept informed regarding the day to day running of the home through the trust line management system.

The person in charge 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.

A review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

A review of records and discussion with the person in charge and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The person in charge 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 person in charge confirmed that staff could also access line management to raise concerns and that management would 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.

Residents spoken with during the inspection made the following comments:

- “Everyone seems to know their job and who is in charge. The place runs like clockwork.”
- Yes, I think the place is well run. I haven’t had any problems.”

A member of staff spoken with during the inspection made the following comment:

- “There are good structures in place and I am familiar with the whistleblowing policy and how to deal with any complaints.”

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection. This related to notification to RQIA of death, illness or other events in accordance with the legislation and procedures.

	Regulations	Standards
Total number of areas for improvement	1	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 Tracey Gore, Senior Care Assistant, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30. – (1) Stated: First time To be completed by: 31 October 2017	<p>The registered person shall ensure that notification is made to RQIA of death, illness or other events in accordance with current guidance.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All senior staff have now got log ins for RQIA web portal so will be sending these directly through. A notification from RQIA that they have received this will be held in the building.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27 Stated: First time To be completed by: 30 November 2017	<p>The registered person shall ensure that suitable arrangements are put in place for visitors to access the home at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: There was a technical issue with our door bell system not sounding in the main building. Estates department have this resolved</p>
Area for improvement 2 Ref: Standard 27.8 Stated: First time To be completed by: 29 December 2017	<p>The registered person shall ensure that effective methods of communication are available at all times for those wishing to make contact with the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: We are in consultation with senior management in the Trust IT department to resolve the issues of diverting our phones when not in the office.</p>



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