

Announced Premises Inspection Report 14 December 2016



Pine Lodge

Type of Service: Residential Care Home
Address: 186 Belmont Road, Belfast, BT4 2AS
Tel No: 028 9504 3170
Inspector: Gavin Doherty

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Pine Lodge took place on 14 December 2016 from 10:30 to 12:00 hours.

The inspection sought to assess progress with any issues raised during and since the last premises 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?

On the day of the inspection the premises supported the delivery of safe care. However one issue was identified for attention by the registered provider. Refer to section 4.3

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.4

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. However one issue was identified for attention by the registered provider. Refer to section 4.5

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Frank McGlennon, Estates Manager for South Eastern HSC Trust, 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.

1.2 Actions/enforcement taken following the most recent premises inspection

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

2.0 Service Details

Registered organisation/registered provider: Belfast HSC Trust/Mr Martin Joseph Dillon	Registered manager: Ms Anne Woods Doherty
Person in charge of the home at the time of inspection: Home closed at time of inspection	Date manager registered: 01 April 2005
Categories of care: RC-E, RC-MP(E), RC-PH, RC-PH(E), RC-I	Number of registered places: 40

3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Mr Frank McGlennon, Estates Manager for South Eastern HSC Trust.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, and fire risk assessment.

4.0 The Inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 30/09/16

The most recent inspection of the residential care home was an unannounced medicine management inspection. The QIP associated with this inspection will be validated by the specialist inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection dated 23/05/13

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 14 (2)(a)(c) Stated: First time	Ensure that the shelving and work surface edges in the Laundry area are suitably sealed and can be easily cleaned in accordance with current infection control best practice. Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection.	Met
Requirement 2 Ref: Regulation 13 (7) Stated: First time	Disconnect the dead leg pipework from the seldom used whb in the first floor bathroom/commode store. Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection.	Met
Requirement 3 Ref: Regulation 14 (2)(a)(c) 27 (2)(q) Stated: First time	Ensure that the existing Parker bath in the 'Blue zone' bathroom is included on the Homes' asset register for routine servicing, and is subject to suitable 'thorough examination' in accordance with the 'Lifting operations, lifting equipment regulations (LOLER). Action taken as confirmed during the inspection: Inspector confirmed that this work had been completed at the time of inspection.	Met
Requirement 4 Ref: Regulation 13 (7) Stated: First time	The home has a current risk assessment in place for the control of Legionella bacteria in the hot and cold water systems. However, assurances are required that the necessary control measures and monitoring procedures are in place. Records relating to any control measures must be maintained and be available for inspection when required. (Health Technical Memorandum 04-01). Action taken as confirmed during the inspection: Inspector confirmed that suitable control measures were being implemented at the time of inspection.	Met

Requirement 5 Ref: Regulation 27 (4)(d) Stated: First time	Ensure that the required monthly user checks with of the Home's emergency lighting installation are carried out, with records maintained and available for inspection within the home. Action taken as confirmed during the inspection: Inspector confirmed that current records were available and up to date at the time of inspection.	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 29.4 Stated: First time	Consideration should be given to the provision of site specific fire safety training for all staff employed at this home in accordance with the guidance provided in NIHTM84 'Fire risk assessment in residential care homes'. Action taken as confirmed during the inspection: The premises had no residents in place at the time of inspection.	Met

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment.

This supports the delivery of safe care.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. Ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to the latest correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein. Refer to Recommendation 1 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

At the time of the inspection there were no residents accommodated within the home. The areas of the premises reviewed during this premises inspection were generally well presented, comfortable, clean and free from malodours, and adequately lit.

This supports the delivery of compassionate care.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. A suitable time bound programme for redecoration and refurbishment within the home should be prepared and implemented prior to residents being readmitted to the premises. This should be forwarded to RQIA for information. Refer to Recommendation 2 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts. The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service and no areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Frank McGlennon, Estates Manager for South Eastern HSC Trust as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [web portal](#) for review by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: Upon next review of risk assessment</p>	<p>The registered provider should ensure that when the fire risk assessment is next reviewed, the person carrying out the review holds professional body registration or third party certification for fire risk assessment and is registered accordingly with the relevant body. Reference should be made to the latest correspondence issued by RQIA to all registered homes on 2 April 2015 and the guidance contained therein.</p>
	<p>Response by registered provider detailing the actions taken:</p>
<p>Recommendation 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: Prior to resident's being admitted to home</p>	<p>The registered provider should prepare and implement a suitable time bound programme for redecoration and refurbishment within the home prior to residents being readmitted to the premises. This should be forwarded to RQIA for information.</p>
	<p>Response by registered provider detailing the actions taken:</p>

Please ensure this document is completed in full and returned to web portal



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