

Unannounced Care Inspection Report 14 December 2017



The Pines

Type of Service: Residential Care Home
Address: 23 Upper Lisburn Road, Belfast, BT10 0GW
Tel No: 028 9060 2343
Inspector: Kylie Connor

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 31 beds that provides care for residents living with old age, dementia and a physical disability, as outlined in section 3 of the report.

3.0 Service details

Organisation/Registered Provider: The Pines Responsible Individual: Mr Kevin McKinney	Registered Manager: Mrs Rhonda Spence
Person in charge at the time of inspection: Samantha Burns, senior care assistant	Date manager registered: Rhonda Spence - application received - "registration pending".
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Number of registered places: Total number 31 comprising: 31 – I 10 – DE 03 - PH

4.0 Inspection summary

An unannounced care inspection took place on 14 December 2017 from 10.50 to 16.00.

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 during and 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 communication, staff knowledge of residents, meals, activities and maintaining good working relationships.

Areas requiring improvement were identified in regard to some areas of the environment, first aid training and audits of care records.

A resident's representative spoken to during the inspection highly praised the standard of care in the home and the compassion displayed by staff. She commented upon discreet observations she had had of positive staff interactions with her relative.

Residents spoken to said that they received a good standard of care and support from staff who displayed compassionate care and that the meals and activities were excellent.

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	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Kevin McKinney, responsible individual as part of the inspection process and also with Rhonda Spence, manager following 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 June 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, the returned QIP, notifiable events, intelligence and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with eight residents, two care staff, one ancillary staff, the responsible individual and one resident's representative. During the inspection, Rhonda Spence, manager called briefly into the home. Following the inspection the inspector spoke to the manager.

Questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Information was provided detailing how staff could complete an online questionnaire. Two questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision records
- Staff training schedule/records
- Three resident's care records
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks)
- Accident/incident/notifiable events register
- Minutes of recent residents' and representatives' meetings
- Evaluation report from annual service user quality assurance survey
- Sample of monthly monitoring reports
- Fire drill records

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially 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 most recent inspection dated 14 June 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 14 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (2) (t) Stated: First time	The registered provider must ensure that all radiators are individually risk assessed in accordance with current safety guidelines with subsequent action taken. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the manager, responsible individual and inspection of the environment.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the manager's hours are recorded on the roster. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of the duty roster.	

<p>Area for improvement 2</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p>	<p>The registered provider should ensure that all staff have recorded individual supervision at least every 6 months for staff who are performing satisfactorily.</p> <p>Ref: 6.4</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Compliance was confirmed following discussion with staff, inspection of supervision records and discussion with the manager following the inspection.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<p>The registered person shall address these environmental issues:</p> <ul style="list-style-type: none"> • the varnish on the outdoor garden furniture was peeling off • two ceiling lights located in the hallway between the two lounges had a number of bulbs not working • a number of communal/shared toilets did not have covered toilet roll holders • the dining room ceiling had a water damage stain • the varnish on the dining room chairs had worn off in areas • there was a hole in the kitchen floor covering • a number of bedside lights were not working or had no bulb. <p>Ref: 6.4</p>	<p style="text-align: center;">Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Compliance was confirmed as partially met following discussion with the responsible individual and inspection of the environment. The following areas had been addressed:</p> <ul style="list-style-type: none"> • two ceiling lights located in the hallway between the two lounges had a number of bulbs not working • the varnish on the dining room chairs had worn off in areas • a number of bedside lights were not working or had no bulb. 		

<p>Area for improvement 4</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p>	<p>The registered provider should ensure that fire drills are carried out at suitable intervals and records retained.</p> <p>Ref 6.4</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Compliance was confirmed following inspection of fire drill carried out on 26 October 2017 and discussion with the manager following the inspection. Manager confirmed unannounced fire drills will take place quarterly.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a care plan is developed for the management of diabetes and that all care plans and risk assessments are reviewed in accordance with the timeframe indicated in the care files.</p> <p>Ref: 6.5</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Compliance was confirmed following inspection of care records.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p>	<p>The registered provider should ensure that: monthly monitoring reports record in a confidential manner the views of residents, staff and residents' representatives, regarding the quality of care and the service provided; the report template is updated to Version 2, January 2014.</p> <p>Ref 6.7</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Compliance was confirmed following inspection of a sample of monthly monitoring reports.</p>		

<p>Area for improvement 7 Carried Forward</p> <p>Ref: Regulation 27.-(2) (b)</p> <p>Stated: Second time</p>	<p>The registered person must make sure that the assisted toilet is made fit for purpose, the identified lounge carpet is replaced and the identified furniture is deep cleaned.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Compliance was confirmed following inspection of the environment.</p>		

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.

A review of the duty roster confirmed that it accurately reflected the staff working within the home. No concerns were raised regarding staffing levels during discussion with residents, a resident's representative and a number of staff. Some staff stated that there were insufficient numbers of staff employed to cover the duty rota when staff were on leave; staff acknowledged that new care staff had been recruited recently.

Discussions with the responsible individual and with the manager following the inspection confirmed that staffing levels remain under review and change to reflect resident dependency levels and occupancy levels; recruitment for senior staff was currently taking place. The manager stated that bank cover for weekends and numbers of care staff had improved.

Discussion with staff and the manager 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 the former was reviewed during the inspection. Staff had not completed training in First Aid and an area of improvement was identified. The responsible person stated that the trainer had post-poned the First Aid training due to an unexpected event. Discussion with the manager confirmed that a new date had not been arranged. An area of improvement was identified to ensure that staff attended First Aid training.

Arrangements were in place to monitor the registration status of staff with their professional body. Staff spoken to reported that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that they had received training in adult safeguarding and were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the NIASP Operational Procedures, September 2016; 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.

Discussion with the person in charge and responsible individual and review of accident and incidents notifications, care records and complaint records confirmed 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 retained.

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

Inspection of care records confirmed there was a system of referral to the multi-professional team when required.

The person in charge reported that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of walking aids evidenced that they were clean and in good condition.

Review of staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

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 the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with 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, clean and appropriately heated. A number of improvements had been made to the décor within the home; a number had not yet been completed and have been stated for the second time. Discussions with the responsible individual and manager confirmed that environmental improvements were on-going.

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 person in charge confirmed that risk assessments and action plans were in place to reduce risk where possible.

Review of staff training records and discussion with the person in charge and staff confirmed that staff completed fire safety training twice annually. The most recent fire drill had been completed in October 2017. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Staff spoken with during the inspection made the following comments:

- “The (décor in the) lounges are so much better now.”
- “It (induction) was very thorough. I felt like I knew everything.”

Residents spoken with during the inspection made the following comments:

- “There is enough staff now. There is two or three new girls. There is a buzzer and they come up.”
- “It’s a very good place to be here.”

Two completed questionnaires were returned to RQIA from a resident and a resident’s representative. Respondents described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, communication and staff knowledge of residents.

Areas for improvement

One area for improvement was stated for the second time in regard to some areas of the environment. One area was identified in regard to the completion of training in first aid.

	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 staff, residents and a resident’s representative established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records 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/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, 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 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.

Whilst there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals, audits of five care record had been completed in January 2017; it is recommended that audits of all care records are completed.

Discussion with staff 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. Staff reported that management operated an open door policy in regard to communication within the home. Inspection of records and discussion with the manager evidenced that the last staff meeting took place in August 2017. The manager stated that a subsequent staff meeting had had to be post-phoned and would take place in January 2018.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively. Minutes of resident and/or their representative 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.

Residents spoken with during the inspection made the following comments:

- "They help when I need it."
- "It's been very satisfactory. I couldn't have done without their help."

Two completed questionnaires were returned to RQIA from a resident and a resident's representative. Respondents described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in regard to audits of care records.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Discussion with staff, residents and a resident's representative 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. Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff were aware of the importance of promoting residents' rights, independence and dignity.

Discussion with residents 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.

Discussion with staff and residents and observation of practice confirmed 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. These included, for example, residents' meetings, annual reviews and monthly monitoring visits.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation completed in June 2017 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, residents and 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 the inspection an entertainer had been booked to sing to residents and their relatives. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "It's excellent (the food). I clear my plate. The soup is out of this world and the meat just falls apart."
- "The staff are great."
- "I enjoy doing the crossword, I'm content."
- "There is plenty on (activities). I join in, the choir was in last night, it was lovely."

Two completed questionnaires were returned to RQIA from a resident and a resident’s representative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

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, meals and activity provision.

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 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.

Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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.

There were quality assurance systems in place to drive continuous 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.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. The manager reported that she had made further progress towards completion of QCF Level 5 Qualification.

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.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

The responsible individual 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 and employer's liability insurance certificate were displayed.

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

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

Residents spoken with during the inspection made the following comments:

- "She (the manager) is very nice to speak to, she listens to what you have to say."
- "She (the manager) is a lovely lady, I like her a lot."

Two completed questionnaires were returned to RQIA from a resident and a resident's representative. Respondents described their level of satisfaction as very satisfied.

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

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 Kevin McKinney, responsible person, as part of the inspection process and following the inspection with Rhonda Spence, manager. 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	
Area for improvement 1 Ref: Standard 27.1 Stated: Second time To be completed by: 30 March 2018	<p>The registered person shall address these environmental issues:</p> <ul style="list-style-type: none"> • the varnish on the outdoor garden furniture was peeling off • a number of communal/shared toilets did not have covered toilet roll holders • the dining room ceiling had a water damage stain • there was a hole in the kitchen floor covering <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Environmental issues continue to be addressed.</p>
Area for improvement 2 Ref: Standard 23.4 Stated: First time To be completed by: 10 February 2018	<p>The registered person shall ensure that all staff complete training in first aid.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff completed first aid training on 25th & 26th January 2018.</p>
Area for improvement 3 Ref: Standard 20.10 Stated: First time To be completed by: 31 March 2018	<p>The registered person shall ensure that all care records are audited and actions followed up.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Careplans in process of being audited and actions followed up.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews