

Unannounced Care Inspection Report 15 October 2016



The Pines

Type of service: Residential Care Home
Address: 23 Upper Lisburn Road, Belfast, BT10 0GW
Tel no: 02890602343
Inspector: Patricia Galbraith

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Pines took place on 15 October from 10:15 to 17:15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the 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 and risk management.

A number of areas for improvement were identified in relation to the environment these included an identified assisted toilet being made fit for purpose, carpet in identified lounge needed replaced as a trip hazard had been identified and furniture in identified lounge needed to be deep cleaned. A requirement was made in regard to these issues.

Is care effective?

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

One recommendation was made in relation to one identified resident's care plan, which needed to be reviewed and updated to accurately reflect their care needs.

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
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rhonda Spence registered manager 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 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 24 February 2016.

2.0 Service details

Registered organisation/registered person: The Pines – Kevin McKinney	Registered manager: Rhonda Spence
Person in charge of the home at the time of inspection: Christine Jennings senior carer Rhonda Spence acting manager joined inspection at 12.00.	Date manager registered: Rhonda Spence - application received - "registration pending"
Categories of care: I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Number of registered places: 31

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the returned Quality Improvement Plan and the previous inspection report.

During the inspection the inspector met with 12 residents, eight staff and two resident's visitors/representative.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file(s)
- Four resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Annual Quality Review Report
- Minutes of recent residents' meetings / representatives' / other
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Safe Guarding Policy and procedure

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Seven questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24 February 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 24 February 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27(2)(t) Stated: First time To be completed by: 20 April 2016	<p>The registered person must ensure that hot surfaces are individually risk assessed in accordance with current safety guidelines and subsequent appropriate action taken.</p> <p>Action taken as confirmed during the inspection: The hot surfaces were reviewed and had been individually risk assessed in accordance with current safety guidelines.</p>	Met
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.5 Stated: Second time To be completed by: 29 July 2016	<p>The acting manager should ensure that a policy and procedure on consent is developed.</p> <p>Action taken as confirmed during the inspection: A policy and procedure on consent had been completed.</p>	Met
Recommendation 2 Ref: Standard 21.1 Stated: First time To be completed by: 29 July 2016	<p>The acting manager should ensure that the following policies and procedures are reviewed to reference current best practice guidance:</p> <ul style="list-style-type: none"> • end of life care and dealing with the death of a resident • continence management and promotion <p>Action taken as confirmed during the inspection: The policies were reviewed and made reference to current best practice guidelines.</p>	Met

<p>Recommendation 3</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2016</p>	<p>The acting manager should ensure that arrangements are made to provide staff training in dying and death of a resident.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The acting manager confirmed staff had been provided with training in dying and death of a resident.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: 20 April 2016</p>	<p>The acting manager should ensure that an audit is undertaken of all freestanding furniture; any furniture which poses a risk of toppling and causing injury to residents should be secured to the wall.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The acting manager confirmed an audit had been undertaken on all free standing furniture and all had been secured to the wall.</p>	<p>Met</p>

4.3 Is care safe?

The acting 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, residents' representatives and staff.

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 available for inspection.

The acting 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. A sample of staff competency and capability assessments were reviewed and found to satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the acting manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced Access NI disclosures were viewed by the acting manager for all staff prior to the commencement of employment.

The adult safeguarding policies and procedures in place were consistent with the current regional guidance and included the name of the safeguarding champion, 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.

Discussion with the acting manager, review of accident and incidents notifications, care records and complaints 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 acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting 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. 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 acting manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts, pressure alarm mats, etc. 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.

The acting manager confirmed there were risk management policy and procedures in place. Discussion with the acting 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. COSHH, fire safety etc.

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.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The acting manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the 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. There was one assisted

toilet which needed to be made fit for purpose, the carpet in the main lounge presented a trip hazard and needed replaced and furniture in the identified lounge required a deep clean. A requirement was made in regard to these areas. There had been an ongoing redecoration programme in the home and the majority of residents bedrooms had been up dated.

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. Discussion with the acting manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 10 December 2015 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed 22 June 2016 and 30 June 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

One residents comment:

"Staff are nice and helpful. I feel safe enough".

Areas for improvement

A number of areas for improvement were identified in relation to the environment including an identified assisted toilet being made fit for purpose, carpet in identified lounge needing replaced and furniture in identified lounge needing deep cleaned.

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

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

A review of four care records confirmed that three 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. 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 resident. One care record did not accurately reflect the residents' needs a recommendation was made in this regard.

Residents and / or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff

confirmed that a person centred approach underpinned practice. For example one resident liked to stay in their room and staff ensured that this was facilitated.

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 acting 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, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The acting 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 acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives 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 and/or their representative meetings were available for inspection. Records showed during the meeting which took place in February 2016 residents requested that staff wear name badges. This request had been implemented by management.

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.

Eight completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas for improvement

One area for improvement was identified in relation one identified resident's care plan, which needed to be reviewed and updated to accurately reflect their care needs. A recommendation was made in this regard.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The acting manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

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

The acting manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example all information was passed on in a discreet manner in the office.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents have participated in yoga once a month and musicians have visited the home monthly. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example the home had established links with the local school and the residents confirmed they enjoyed this.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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.

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 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. Improvements made as direct result of the resident consultation included residents bedrooms being redecorated and they had been able to pick the colour scheme.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Residents spoken with during the inspection made the following comments:

"I am very very happy here. Food is excellent"

"Staff are good no complaints"

Eight completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments from one completed resident questionnaire included:

Care is very good.

Areas for improvement

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

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

The acting manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster / leaflet etc. Discussion with staff confirmed that they 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. 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 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 available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The acting manager confirmed that they were aware of the Falls Prevention Toolkit however they had their own implemented.

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. The acting manager confirmed that the registered provider was kept informed regarding the day to day running of the home. The acting manager confirmed the registered provider had been contactable by phone daily and had visited the home regularly.

The acting manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond 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 acting manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The acting 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.

Eight completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied in this domain.

One resident commented:

“Staff are caring, well informed and are interested in me”.

Areas for improvement

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

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 the QIP were discussed with Rhonda Spence, acting manager, 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 provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the web portal for assessment 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

Statutory requirements

Requirement 1

Ref: Regulation 27.-(2)
(b)

Stated: First time

To be Completed by:
28 February 2017

The registered person must ensure the assisted toilet is made fit for purpose, the identified lounge carpet is replaced and the identified furniture is deep cleaned.

Response by registered provider detailing the actions taken:

Plans have been made to commence refurbishment of assisted toilets early January, also new lounge furniture on order to redecorate lounges including replacing carpets.

Recommendations

Recommendation 1

Ref: Standard 6.6

Stated: First time

To be completed by:
31 December 2016

The registered person must ensure the identified resident's care plan, is reviewed and updated to accurately reflect their care needs.

Response by registered provider detailing the actions taken:

Identified residents care plan reviewed and updated to accurately reflect their current care needs. Also an audit and review of all residents care plans currently being carried out.



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