



Unannounced Care Inspection Report 23 May 2019



The Pines

Type of Service: Residential Care Home
Address: 23 Upper Lisburn Road, Belfast BT10 0GW
Tel no: 028 9060 2343
Inspector: Alice McTavish

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 31 residents.

3.0 Service details

Organisation/Registered Provider: The Pines Responsible Individual: Kevin McKinney	Registered Manager and date registered: Rhonda Spence Acting Manager
Person in charge at the time of inspection: Rhonda Spence	Number of registered places: 31 Maximum of 3 residents in category of care RC-PH and a maximum of 10 residents in category of care RC-DE
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Total number of residents in the residential care home on the day of this inspection: 27

4.0 Inspection summary

An unannounced inspection took place on 23 May 2019 from 09.35 hours to 18.20 hours.

This inspection was undertaken by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement in respect of a previous premises inspection have been reviewed and validated as required.

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, care records, privacy and dignity afforded to residents and to quality improvement and maintaining good working relationships.

Four areas requiring improvement were identified. Two of these, relating to a legionella risk assessment and the completion of the manager's qualification, were not met and have been stated for a second time. Two new areas were identified. These related to staffing and to the home's environment.

Residents described living in the home in positive terms. Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents, people who visit them and staff during and after the inspection are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*3

*The total number of areas for improvement includes two which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Rhonda Spence, 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.

4.2 Action/enforcement taken following the most recent inspection dated 8 October 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 8 October 2018. No further actions were required to be taken following this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included findings from medicines management, premises and finance inspections, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Five questionnaires were completed and returned to RQIA by residents or their relatives. No questionnaires were returned by staff.

During the inspection a sample of records was examined which included:

- staff duty rotas from 13 May 2019 to 2 June 2019
- staff training schedule and training records
- three staff recruitment and induction files
- two residents' records of care
- complaint records
- compliment records
- governance audits
- accident/incident records from February 2019 to April 2019
- reports of visits by the registered provider
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 13 June 2018

Areas for improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement, eight were met, one was partially met and one was not met. The areas which were not satisfactorily addressed have been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

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

The people who we spoke with said that they felt safe living in the home. They told us that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff, kitchen and domestic staff on duty during the day of the inspection and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties, apart from a member of staff who was to work in the laundry who was on sick leave. We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with activities.

We received five questionnaires completed by residents or their relatives after the inspection. All respondents indicated that they were satisfied or very satisfied with all aspects of the care and services provided by The Pines, but some commented that there should be more staff. We shared this information and the views of residents with the manager and requested that staffing levels for the home be reviewed to ensure that the home was able to safely meet the residents' needs.

We looked at staff files to make sure that staff were properly recruited and that all pre-employment checks had been made. All staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff who told us that they had a good induction to working in the home. New staff were supervised by senior staff, they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Staff told us that they were well supported by senior staff and that they could approach colleagues for guidance at any time.

All senior care staff had an assessment of their competency and capability completed by the manager to ensure that they can take charge of the home when the manager was not on duty. The manager told us that she would review this assessment if the member of staff was returning from a long term absence, for example, after sickness or maternity leave. This is good practice.

Staff training

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training. The manager told us that the care staff got training in all of the core areas every year.

Safeguarding residents from harm

The manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was in very good decorative state and it was kept clean and warm. All fire exits were free from obstruction. Furniture and soft furnishing throughout the home were of a good quality and in good repair.

The manager told us that a large part of the home had been refurbished and there were plans in place to refurbish and decorate the remaining bedrooms, bathrooms and communal areas. We looked in the bedrooms of some residents, with their permission, and found that they were clean, warm and comfortable and contained a variety of residents' personal possessions.

We noted, however, that some freestanding wardrobes were not secured to walls; this may present a risk of injury to residents should the wardrobe topple. We noted also that some radiators situated close to beds were not covered. This may present a risk of scalding if a resident was to fall against a hot radiator. We found that the underside of shower chairs needed to be more thoroughly cleaned and one commode needed to be replaced. When we drew the manager's attention to a shower chair, this was immediately cleaned. We requested that these issues are addressed to ensure that the standards are met.

Residents who were safe to leave the home alone or with family could exit by asking staff to release the lock. There was almost always staff near the front door who could easily do this. For those residents who were not safe to leave the home, staff were also available to provide reassurance or distraction. The manager told us that she makes sure that residents living in The Pines enjoyed as much freedom as possible whilst remaining safe.

Infection prevention and control (IPC)

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection and we saw that staff used gloves and aprons appropriately.

The manager described how hand hygiene audits were carried out regularly to make sure that staff used good hand hygiene practice.

Areas of good practice

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

Areas for improvement

Two new areas were identified for improvement. These related to a review of staffing levels and to the home's environment.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The manager described a robust assessment and admissions process before residents could be admitted to The Pines. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to reduce any risks. If, for example, a resident has dementia, this might include the use of a locked external door. The manager described how there was good working relationships between professionals to identify and manage the care needs of residents.

The manager told us about falls management in the home and we were assured that the procedure and practice was good. The manager completes an audit of accidents or incidents in the home each month which includes falls. This looks for any patterns or trends and considers actions to reduce the likelihood of further falls happening. The manager and staff were aware of how they could get professional advice from medical or trust staff.

The manager told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

Care records

The care records for residents were kept securely to ensure that they were confidential. We saw that records were written in a professional manner and used language which was respectful of residents. There were care plans and risk assessments present for all necessary areas of care and these were kept up to date. We also saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year.

The dining experience

We could see that the dining room was spacious, clean and bright. There was a menu on display setting out the choice of two hot dishes on the lunch and dinner menus. We saw that the catering kitchen was well equipped and kept very clean.

We spoke with the cook who told us that all food was made fresh on the premises and this included all baked items. The cook was able to describe in detail the dietary needs and preferences of residents, including one resident who needed additional support with food and fluids. The cook reported that kitchen and care staff had completed training in the preparation and use of textured foods and thickeners for fluids as recommended by a Speech and Language Therapist.

The cook described how he worked with the manager to make sure that there was a good variety of dishes available each day and there were always alternatives available. The kitchen can be accessed by staff when the catering staff are not on duty so that residents who want drinks or snacks in the evenings or during the night can have these. The cook also makes meals for special occasions, for example, Christmas, Easter and Halloween and bakes birthday cakes for residents. The cook had worked in the home for many years and described the care provided to residents as 'brilliant'.

We saw that there was a very relaxed breakfast service with residents still entering the dining room throughout the morning. Staff told us that there was no set time for breakfast and that residents could choose when they wished to come for this meal; a small number of residents preferred to take breakfast in their own room and this was facilitated by staff. The residents said that they enjoyed the food in the home. One resident said, "The food is fantastic – you get fed five times a day and there's plenty of it."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews and 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

6.5 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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff.

Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff. We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, whether they liked to be checked during the night, how they like to be helped with care and how they choose what to wear. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

Activities

Staff told us about the range of activities available and how the staff team worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. A programme of available activities was displayed and this included musical entertainers, armchair yoga, pamper sessions and the knitting club. Staff described how some residents liked to visit a local shop and were accompanied by staff on walks whilst others liked to play board or floor games and there was an electronic game console for those who liked to use this. Residents said that they enjoyed the activities on offer and there was enough for them to do if they wanted this.

Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The manager told us that these meetings took place regularly. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was also a satisfaction survey completed annually by residents and their family members. We looked at the summary report for the last survey completed in September 2018; the responses in this survey indicated that residents and their relatives were satisfied with the care, services and facilities in the home. We discussed the report with the manager and gave advice about how the report could be improved by including suggestion or comments made, what was planned as a consequence, who would take this forward and when it should be done.

We spoke with residents who said the following:

- “The care here is out of this world! I was petrified of having to come into a care home from hospital to wait for my house to be made ready for me, but now I see how good it is, I'm very happy I came here – I shouldn't have worried. I've been lifted and laid since I came here. The girls (staff) are really kind, they couldn't do enough for me. I have absolutely no complaints, but if I did, I would go to Rhonda (manager) who is a great girl.”
- “This is a great place, brilliant. The staff are very good to us all.”
- “It's lovely here, the staff are very good.”
- “You couldn't get a better place...they are so nice.”
- “The staff are good, they will help you with anything I need.”

A resident's relative said, "The girls are great, they look after (my relative) very well and know what she needs and how she likes to be cared for. They couldn't do enough for her. I am very happy with the care here."

A relative made the following written comment: "My (relative) has been in The Pines for four years. I am very satisfied with the care and kindness shown to her. I admire the great confidentiality that is maintained in the home. Staff have always been very courteous and pleasant to me when visiting."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their relatives 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

6.6 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.

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The manager told us she felt it was important to spend time working on the floor so she could make sure the care delivered to the residents by the staff was good; this also allowed her to get to know the residents well.

The manager also spends time completing a range of tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as accidents and incidents, hand hygiene and IPC and looks for any ways in which these areas can be improved. The manager makes sure that staff are properly supported to do their jobs and that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

Complaints and Compliments

The manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were

managed appropriately. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed. The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning. We looked at some compliments received since the last inspection and these included the following comments:

- “Would like to thank all the staff at The Pines for the care and consideration and time that they have shown to (my relative).”
- “To all the staff in The Pines, thank you so much for everything you did for (our relative) over the years. You are an extension to our family and I think of you all as friends. I will miss seeing you all every day but it gives me great comfort knowing how much you all loved and cared about (our relative).”
- “To the wonderful staff at The Pines. I don’t know where to begin to thank you all for the love, care and patience you showed (my relative) during the years she stayed with you. I will be eternally grateful to you all.”

Accidents and incidents

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Additional training

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in dementia and in managing conflict.

Communication

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

Visits by the registered provider

The home was visited by a representative of the registered provider each month. We looked at the reports of the visits in March, April and May 2019 and found that these showed evidence of engagement with residents, their families and staff to get their views on the care in the home. The provider report contained evidence that audits, complaints and reports were properly managed and shared, where necessary.

Areas of good practice

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.

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 Rhonda Spence, manager, 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 20 1 a Stated: First time To be completed by: 28 June 2019	<p>The registered person shall ensure that at all times there is staff working in the home in such numbers as are appropriate for the health and welfare of residents.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Staffing levels and ratio reviewed to reflect current client needs, this remain under constant review depending on number of registered clients and their dependencies.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 28.5 Stated: Second time To be completed by: 30 September 2019	<p>The registered person shall confirm that actions taken in regard to the recommendation made in the Legionella risk assessment dated 18 October 2017 have been completed to reflect progress made.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Any actions taken in regard to recommendations made have been signed off to reflect progress made.</p>
Area for improvement 2 Ref: Standard 20.16 Stated: Second time To be completed by: 30 September 2019	<p>The registered person shall confirmation the date that the manager will complete the QCF Level 5 qualification, in order to progress the registered manager application.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Acting Manager currently undertaking level 5 course with the hope to complete over the next few months.</p>
Area for improvement 3 Ref: Standard 27.5 Stated: First time To be completed by: 31 July 2019	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • large items of freestanding furniture are secured to walls • risk assessments are completed for all uncovered radiators and any actions arising are addressed • the cleaning of shower chairs is added to the cleaning schedule • one identified commode is replaced <p>Ref: 6.3</p>

Response by registered person detailing the actions taken:

Audit of all free standing furniture carried out to ensure all is secured to walls, cleaning of shower chairs added to daily schedule, identified commode replaced, all radiators assessed, any actions arising from this being addressed.

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



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