



The **Regulation** and  
**Quality Improvement**  
Authority

**The Pines**  
**RQIA ID: 1644**  
**23 Upper Lisburn Road**  
**Belfast**  
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**Unannounced Care Inspection  
of  
The Pines**

**24 February 2016**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of inspection

An unannounced care inspection took place on 24 February 2016 from 09.45 to 16.55. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. The standard and theme we inspected were assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/enforcement taken following the last inspection

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

### 1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	<b>1</b>	<b>4</b>

The details of the QIP within this report were discussed with the acting manager, Mrs Rhonda Spence, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/ Registered Person:</b> Mr Kevin Mc Kinney	<b>Registered Manager:</b> Mrs Rhonda Spence
<b>Person in charge of the home at the time of inspection:</b> Mrs Rhonda Spence	<b>Date manager registered:</b> Acting manager, registration pending
<b>Categories of care:</b> RC-PH, RC-DE, RC-I	<b>Number of registered places:</b> 31
<b>Number of residents accommodated on day of inspection:</b> 28	<b>Weekly tariff at time of inspection:</b> £470 - £520

### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme had been met:

**Standard 14:           The death of a resident is respectfully handled as they would wish.**

**Theme:                 Residents receive individual continence management and support.**

### 4. Methods/ processes

Prior to inspection we analysed the following records; the returned QIP from the previous inspection and notifications of accidents and incidents.

During the inspection we met with nine residents, two residents' relatives, the acting manager and two care assistants.

We examined the care records of four individual residents, the accident and incident register, the complaints and compliments registers, policies and procedures relevant to the standard and theme inspected and fire safety records.

We left ten resident views questionnaires and ten staff views questionnaires to be completed and returned to RQIA. Three resident views questionnaires and four staff views questionnaires were completed and returned.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced finance inspection dated 29 September 2015. The completed QIP was returned and approved by the finance inspector.

## 5.2 Review of requirements and recommendations from the last care inspection dated 10 June 2015

Previous inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.5	The responsible person should ensure that these policies are reviewed: residents meetings and seeking residents and relatives views of care.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of documents confirmed that the policies relating to residents meetings and to seeking residents and relatives views of care were reviewed in October 2015.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 21.5	The responsible person should ensure that a policy and procedure on communication and a policy and procedure on consent are developed.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of documents confirmed that the policy on communication was developed in October 2015. The policy on consent, however, was not developed. This element of the recommendation is therefore stated for a second time.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 1.7	The responsible person should ensure that the annual monitoring report for year 2014/ 2015 should be held in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of documents confirmed that the annual monitoring report for year 2014/ 2015 was held in the home.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 6.3	The responsible person should ensure that the resident or their representative, where appropriate, sign the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or choose not to sign, this is recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of care records confirmed that care plans were appropriately signed.	

## Areas for Improvement

One area for improvement was identified within the QIP. This related to the development of a policy on consent.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is care safe? (Quality of life)

The acting manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this. The acting manager stated that there had been no recent deaths within the home.

We inspected four residents' care records and could confirm that care needs assessments; risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments were appropriately signed.

We noted that care plans contained details of the residents' or families wishes regarding any specific arrangements at the time of his or her death. We found that the contact details of residents' families and trust representatives, who might need to be approached in the event of emergency planning, were noted. Care plans noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records.

#### Is care effective? (Quality of management)

The home had a policy and procedure in place relating to end of life care and dealing with the death of a resident. This did not reference current best practice guidance. We made a recommendation that the policy should be reviewed accordingly.

In our discussions with staff members they were able to demonstrate familiarity with how the policy and procedures would be implemented. Staff also confirmed that they had received First Aid training and would be able to respond appropriately to an accident or sudden illness. We noted, however, that staff had not recently been provided with training in dealing with dying and death. We made a recommendation that arrangements should be made to provide staff training in this area.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc.). Staff also confirmed to us that they were aware of the importance of nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff confirmed to us that they would liaise closely with district nursing staff to ensure appropriate pain management. Notification of a death would be made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

### **Is care compassionate? (Quality of care)**

Staff members we interviewed explained that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The acting manager described to us how residents would be cared for in the home at the end of life; whilst the medical needs of the resident would be met by the GP and the district nursing team, the care needs of the resident would be fully met by the staff.

In our discussions with the acting manager she confirmed that arrangements would be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying would be enabled to do so, if the resident wishes. The family would be able to be with the resident at the end of life. The staff would ensure that the family was made comfortable within the home.

Following a death, the body of the deceased resident would be handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences. The acting manager explained to us that the news of death of a resident would be shared with fellow residents in a sensitive manner.

The acting manager confirmed with us that the deceased resident's belongings would be handled with care and his or her representative consulted about the removal of the belongings. The home took a flexible approach to the timing of removal of belongings from the room of the deceased resident.

### **Areas for improvement**

Two areas of improvement were identified within the standard inspected. These related to review of the policy on end of life care and dealing with the death of a resident and to making arrangements to provide staff training in dying and death. This standard was met.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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### **Theme: Residents receive individual continence management and support**

#### **Is care safe? (Quality of life)**

The acting manager advised us that a small number of residents had complex continence care needs. Should any resident need additional specialist support in this area, the district nurse or community continence advisor would provide guidance to staff. Additional staff training would also be provided, if necessary. The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We reviewed four residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us

the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

### **Is care effective? (Quality of management)**

The home had a written policy and procedure relating to continence management and promotion; the policy document did not reflect current best practice guidance. We made a recommendation, already stated under standard 14, that the relevant policy should be reviewed accordingly. We noted that all care staff had received training in continence management and promotion in February 2014.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

### **Is care compassionate? (Quality of care)**

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

### **Areas for improvement**

One area of improvement was identified within the theme inspected. This related to review of the policy on continence management and promotion and is already stated under standard 14.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## **5.4 Additional areas examined**

### **5.4.1 Residents' views**

We met with nine residents individually and with others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

We left ten resident views questionnaires to be completed and returned to RQIA. Three resident views questionnaires were completed and returned. Whilst all commented favourably on the care provided, two reflected that staff were sometimes slow to respond to residents' needs. The residents attributed this to staff shortages. This issue was raised with the acting manager by telephone after the inspection.

Some comments provided on the day of inspection included:

- “I like it well enough. If there’s anything I wanted to complain about, I would take it to the boss and she would put it right.”
- “It’s good here. They look after me well.”
- “I have all I need.”
- “They are all very good to me here. The girls (staff) just couldn’t be better, they are absolutely lovely. I am happy here.”
- “It’s a good place, like a home from home and the food is very good; you get well fed. The staff are lovely, very good and they help me with everything I need help with. This is my house. I would recommend The Pines to anyone!”
- “I like it well, for they are good to me and the food is great. My room is nice and bright; they keep it warm and clean and I get my clothes washed and ironed. I have no complaints.”
- “They look after us very well here. No matter what we want, we get. The staff are attentive and are at hand all the time to make sure that we are safe and happy.”
- “I am very happy here, near my family. I have no complaints at all, but if I did, I know that I could raise any issues with the staff and they would deal with them.”

#### 5.4.2 Residents’ representatives’ views

We met with two residents’ representatives who expressed positive views on the quality of the care provided to residents.

Some comments included:

- “I feel they look after (my relative) very well and s/he likes it here. The staff are very friendly and approachable. They know (my relative’s) ways and they are very good with her/him. Although The Pines is far for me to visit, I wouldn’t dream of moving (my relative) as s/he is so well settled here and knows the staff so well. I am very happy with the care provided by the home.”
- “I am delighted with the care given to (my relative) here. The staff are exceptionally kind, caring and patient and they treat (my relative) very well. I wouldn’t hesitate to recommend this home to anyone and I know that my siblings feel the same way.”

#### 5.4.3 Staff views

We met with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties

We left ten staff views questionnaires to be completed and returned to RQIA. Four staff views questionnaires were returned. All returned questionnaires reflected satisfaction with the care provided within the home.

Some comments included:

- “I think all the residents are well looked after. We try hard to meet the residents’ needs when they need help. I think everything runs smoothly and the residents seem to be happy.”



#### 5.4.4 Staffing

At the time of inspection the following staff members were on duty:

- 1 x manager
- 1 x senior care assistants
- 3 x care assistants
- 1 x chef
- 1 x kitchen assistant
- 1 x domestic assistant
- 1 x laundry assistant

One senior care assistant and two care assistants were scheduled to be on duty later in the day. One senior care assistant and one care assistant were scheduled to be on overnight duty. The acting manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated. The acting manager advised us that staffing levels were recently reviewed and that consideration was being given to employing an additional staff member for four hours each evening.

#### 5.4.5 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

#### 5.4.6 Accidents/incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

#### 5.4.7 Complaints/compliments

Our inspection of the complaints register confirmed that complaints are recorded and managed appropriately. The home had received several written compliments. Staff advised us that they receive many verbal compliments.

#### 5.4.8 Environment

We found the home to be clean and tidy. Décor and furnishings were of a good standard. We were advised that a programme of refurbishment was under way and that some areas of the home had been recently repainted. An upstairs lounge area was in the process of being redecorated.

We noted, however, that some radiators which were situated in close proximity to residents' beds were very hot to the touch. We were concerned that this might pose a risk of scalding to residents if they were to fall against radiators. We made a requirement hot surfaces must be individually risk assessed in accordance with current safety guidelines and that subsequent appropriate action must be taken.

We noted also that some wardrobes were unsteady and were not secured to the walls. We made a recommendation that an audit should be undertaken of all freestanding furniture; any furniture which posed a risk of toppling and causing injury to residents should be secured to the wall.

#### **5.4.9 Fire safety**

The home had a current Fire Safety Risk Assessment dated 10 December 2015. One action arose from this assessment and the acting manager confirmed that this had been addressed. The acting manager also confirmed that all staff received fire training twice annually and that fire drills were completed regularly. The fire panel was replaced recently and fire alarms were tested weekly. Staff completed a check each evening, ensuring that electrical equipment was unplugged and that fire doors were closed. Staff also checked that all external doors were secured and that all telephones were operational. Each resident had a current Personal Emergency Evacuation Plan (PEEPs) in place.

#### **Areas for improvement**

Two areas for improvement were identified within the additional areas examined. These related to the internal environment of the home.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the acting manager, Mrs Rhonda Spence, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory requirements

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

### 6.2 Recommendations

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

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27(2)(t)  <b>Stated:</b> First time  <b>To be completed by:</b> 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> <hr/> <p><b>Response by Registered Person(s) detailing the actions taken:</b> Hot surfaces have been individually risk assessed and action taken if required.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 21.5  <b>Stated:</b> Second time  <b>To be completed by:</b> 29 July 2016	<p>The acting manager should ensure that a policy and procedure on consent is developed.</p> <hr/> <p><b>Response by Registered Person(s) detailing the actions taken:</b> Policy and procedure on consent currently being developed.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 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"> <li>• end of life care and dealing with the death of a resident</li> <li>• continence management and promotion</li> </ul> <hr/> <p><b>Response by Registered Person(s) detailing the actions taken:</b> Policies reviewed and current best practice guidance referenced.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> First time  <b>To be completed by:</b> 29 July 2016	<p>The acting manager should ensure that arrangements are made to provide staff training in dying and death of a resident.</p> <hr/> <p><b>Response by Registered Person(s) detailing the actions taken:</b> Training being sought for staff in end of life care and dealing with the death of a resident.</p>

<b>Recommendation 4</b> <b>Ref:</b> Standard 27.3 <b>Stated:</b> First time <b>To be completed by:</b> 20 April 2016	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.		
	<b>Response by Registered Person(s) detailing the actions taken:</b> Audit carried out of freestanding furniture, and secured to the wall.		
<b>Registered Manager completing QIP</b>	R Spence	<b>Date completed</b>	13.04.16
<b>Registered Person approving QIP</b>	Mr K McKinney	<b>Date approved</b>	13.04.16
<b>RQIA Inspector assessing response</b>	Alice McTavish	<b>Date approved</b>	14.04.16

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**