



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Pine Lodge
Establishment ID No:	1013
Date of Inspection:	7 April 2014
Inspector's Name:	Lorna Conn
Inspection No:	16801

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Pine Lodge
Address:	186 Belmont Road Belfast BT4 2AS
Telephone Number:	028 90673111
E mail Address:	annew.doherty@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Belfast HSC Trust Mr Colm Donaghy
Registered Manager:	Ms Anne Woods Doherty
Person in Charge of the home at the time of Inspection:	Ms Anne Woods Doherty
Categories of Care:	RC-I
Number of Registered Places:	40
Number of Residents Accommodated on Day of Inspection:	23
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	11 September 2013, Primary Announced Care
Date and time of inspection:	7 April 2014 from 1:30 pm - 4:05 pm
Name of Inspector:	Lorna Conn

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the DHSSPS Residential Care Homes Minimum Standards.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Pine Lodge is a purpose built facility situated in a quiet residential area of East Belfast and is managed by the Belfast Health and Social Care Trust. The home is close to local community facilities such as shops, churches, GP surgeries, local parks and public transport systems.

The home operates with twenty permanent care residential beds and twenty dedicated rehabilitation beds. On the day of this inspection five beds only were occupied by permanent residents.

Externally there is a garden for residents' use and car parking availability is adequate for visitors/visiting professionals.

SUMMARY

This is a summary of a secondary unannounced care inspection of Pine Lodge Residential Care Home. The inspection was undertaken on 7 April 2014 from 1:30pm-4:05pm by Lorna Conn, inspector and reflects the position in the home at the time of the inspection.

On arrival the inspector was welcomed by Ms Hilary Croft, the senior care assistant in charge. The inspector viewed parts of the home accompanied by the senior care assistant and also alone during the inspection. The home was found to be clean, tidy and suitably decorated. Residents' bedrooms were observed to be homely and personalised.

Thereafter, the inspector focussed on examining the previous quality improvement plan and found that all three recommendations were compliant which was good to note. Incident and accident records were sampled and these were found to have been appropriately addressed.

No requirements or recommendations were made following this inspection.

The inspector met and spoke to as many residents as possible who stated they were happy and content living in the home and discreetly observed care practices. There were also two professionals present in the home who made affirmative comments regarding the care provided and communication within the home.

The inspector spoke privately to a range of grades of staff on duty. Staff made positive comments regarding working in the home; the care provided and the support received from management and no concerns were expressed.

The inspector wishes to acknowledge the full co-operation of the senior care assistant in charge; the residents; staff and visiting professionals throughout the inspection. The inspector would like to thank all those involved for their time, open and honest conversation and for the hospitality received.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	19.2; 19.3 and 19.4	The registered person is recommended to review the recruitment information held on site and ensure that confirmation is available for inspection purposes to verify that all the information stipulated within regulation 21, schedule 2 and standards 19.2; 19.3 and 19.4 has been obtained.	The inspector reviewed the recruitment information now held on site. This confirmed that the home holds a record from the HR department which evidenced that all of this information has been obtained.	Compliant
2	17.10	The registered person is recommended to ensure that a record is kept for inspection purposes of all complaints detailing all communications and actions taken.	The complaint records were examined and the records had been improved.	Compliant
3	20.12	The registered provider is recommended to make a copy/summary of the annual quality review available to the residents/ relatives.	Records reviewed indicated that this had been shared at the residents' meeting on 13 Nov 2013.	Compliant

ADDITIONAL AREAS EXAMINED

Residents' views.

The inspector met most of the residents in the home at the time of this inspection. All confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Their comments included:-

'The staff are all so kind, considerate and thoughtful. They have done wonders with me and I'm now on the mend'.

'I'm well looked after here. The food is very varied and good'.

'The care is fine and we get plenty to eat'.

'It's very good here and the staff are very good. I have no problems'.

'I have a lovely room and the staff are great. They couldn't do enough for you- you only have to buzz. The workers are wonderful and everything is done for you'.

Visiting professionals' views

The inspector spoke with two visiting professionals in the home during the inspection who both made very positive comments regarding the care provided and communication. Their comments included:-

'The standard of care is so so good. I'm very very impressed. I have never heard anyone complain or say they weren't happy. The communication is very good and staff know the residents needs very well. Staff are very willing to help'.

'The care is A1. It's a well-run home and I have no concerns'.

Staff views

During the inspection the inspector met with five staff of different grades that were on duty. They all made complimentary comments regarding the care and the training and support they received. Staff comments included:-

'Families are very happy with the care. It's a lovely environment to work in. It's a good team and we all work together and everyone is helpful. We get good training'.

'It's really good care. People seem happy and everything's good. My training is up to date and I have supervision regularly.'

'The care is very good and residents usually want to stay on rather than go home. I've no concerns- it's a very good home'.

'I've no concerns at all. Residents are getting the care they deserve. There are enough staff on duty and we have a really good team'.

Environment

The inspector viewed the home accompanied by care staff and alone and inspected a number of residents' bedrooms and communal areas and found it to be nicely furnished; spacious, clean and tidy, with no mal-odours identified. The atmosphere in the home was homely and welcoming.

Observation of Care practices

The inspector also observed staff interacting appropriately with residents during the course of the inspection. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

Fire Safety

There were no visible health and safety hazards. All fire exits were unobstructed and fire doors were closed.

Incidents and Accidents

The inspector reviewed a sample of the incidents and accidents records. These appeared to have been appropriately addressed and relevant notifications had occurred. There was a system in place to audit these on a monthly and three monthly basis.

Staffing

The inspector reviewed staffing levels during the inspection and found that staffing levels were in accordance with the RQIA staffing guidance.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Ms Anne Doherty, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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



No requirements or recommendations resulted from the **secondary unannounced** inspection of **Pine Lodge** which was undertaken on **7 April 2014** and I agree with the content of the report. Return this QIP to **care.team@rqia.org.uk**

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	Anne W Doherty
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Colm Donaghy Chief Executive

Approved by:	Date
K.Connor	30/6/14