

# Inspection Report

6 May 2021



## The Pines

Type of service: Residential Care Home  
Address: 23 Upper Lisburn Road,  
Belfast, BT10 0GW  
Telephone number: 028 9060 2343

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> The Pines</p> <p><b>Responsible Individual:</b> Kevin McKinney</p>	<p><b>Registered Manager:</b> Ms Nicola Harvey, not registered</p>
<p><b>Person in charge at the time of inspection:</b> Theresa Kennedy, Senior Care Assistant, until 12.00. Nicola Harvey, manager after 12.00.</p>	<p><b>Number of registered places:</b> 31 Maximum of 3 residents in category of care RC-PH and a maximum of 10 residents in category of care RC-DE</p>
<p><b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection: 21</b></p>
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>This home is a registered Residential Home which provides social care for up to 31 persons. Resident bedrooms are located over three floors. Residents have access to communal lounges, a dining room and a garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 6 May 2021 at 10.10 a.m. 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.

Evidence of good practice was found in relation to the frequency of core staff training and the support and assistance provided to residents by staff.

Areas requiring improvement were identified. These related to staff competency and capability assessments, fire safety checks, notifications to RQIA of accidents and incidents and to care records.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA was assured that the delivery of care and service provided in The Pines was safe, effective, compassionate and well led.

The findings of this report will provide the manager and the Registered Person with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed, along with how staff went about their work. A range of documents was examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

We spoke with three residents and five staff. Residents spoke highly of the care that they received and of their interactions with staff. Residents said that staff treated them with respect and that they would have no issues in raising any concerns with staff. No questionnaires were returned and we received no feedback from the staff online survey.

Staff spoke of the challenges of working through the COVID-19 pandemic but said that The Pines was a good place to work. Staff were complimentary in regard to the home's manager and the responsible person and spoke of how much they enjoyed caring for the residents.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to The Pines was undertaken on 24 December 2020 by a care inspector; no new areas for improvement were identified and three were carried forward to the next inspection.

Areas for improvement from the last inspection on 24 December 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.5  <b>Stated:</b> Second time	<b>Area for Improvement</b> The registered person shall ensure the following: <ul style="list-style-type: none"> <li>• Risk assessments are completed for all uncovered radiators and any actions arising are addressed.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of relevant risk assessments confirmed that this was addressed; the Manager reported that work to provide covers had been postponed due to the ongoing COVID-19 pandemic and there were firm plans in place for this work to be carried out.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 25.8  <b>Stated:</b> First time	<b>Area for Improvement</b> The registered person shall ensure that meetings for all grades of staff are held regularly, and at least quarterly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the minutes of staff meetings confirmed that this was addressed.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 9.6  <b>Stated:</b> First time	<b>Area for Improvement</b> The registered person shall ensure that where residents have hearing aids, these are properly maintained and staff ensure they are worn by residents.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Inspection of care records and discussion with staff confirmed that this was addressed.</p>	
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## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect residents as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the residents and this included agency staff.

There were systems in place to ensure staff were trained and supported to do their job, for example, staff received regular training in a range of topics and regular staff meetings were held. Staff were also provided with regular supervision and an annual appraisal.

The manager explained how the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty. It was noted, however, that these assessments did not cover all necessary areas. This was identified as an area for improvement.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. Residents said that staff treated them well and responded promptly to call bells. Staff described how the residents' needs and wishes were very important to them; staff responded to requests for assistance promptly in a caring and compassionate manner.

A review of records, observation of practice and discussion with residents and staff established that there was safe staffing in the home. One aspect of staffing will be improved through compliance with the area for improvement identified.

### 5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?

The manager was identified as the appointed safeguarding champion for the home and is therefore responsible for implementing the regional adult safeguarding protocol and the home's adult safeguarding policy

The manager reported that all staff were required to complete adult safeguarding training on an annual basis. This is good practice. Staff said they were confident about reporting concerns about residents' safety and poor practice.

The manager reported that residents and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home. A review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

Discussion with the manager confirmed that the use of restrictive practices, namely the presence of keypads within the home, was effectively managed. The manager also confirmed that staff had attended training relating to the potential use of restrictive practices and best interest decision making.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, especially in those residents who had difficulty in making their wishes known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

A review of records, observation of practice and discussion with staff established that there were appropriate safeguards in place to support residents to feel and be safe within the home.

### **5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?**

Examination of the home's environment included a selection of bedrooms, storage spaces, the kitchen, laundry and communal areas such as lounges and bathrooms. There was evidence that the environment was well maintained. The Fire Risk Assessment was out of date; the manager confirmed in writing that a new risk assessment was to be completed on 24 May 2021. A review of records identified that there were some gaps in the weekly checks of the fire alarm. This was identified as an area for improvement.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, clean, tidy; and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents said that staff did a good job in keeping the home so clean and comfortable.

The home's environment was well managed to provide a comfortable and safe environment. One aspect of the environment will be improved through compliance with the area for improvement identified.

### **5.2.4 How does this service manage the risk of infection?**

Discussion with the manager confirmed that there were robust arrangements in place to effectively manage risks associated with COVID-19 and other potential infections. The home had implemented the regional testing arrangements for residents, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with current Department of Health guidance.

A review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

It was established that appropriate arrangements were in place to manage the risk of infection.

### **5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents' care needs, ensure resident rights to privacy and dignity, manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routines, wishes and preferences.

It was observed that staff respected resident privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. This was good practice.

Residents who were less able to mobilise required special attention to their skin care. These residents were assisted by staff to change their position regularly and the care was clearly noted in their care records. There was evidence that these needs were being managed by the community nursing service who also supplied specialist equipment if needed.

Discussion with the manager and staff and review of care records provided assurance that residents' risk of falling was robustly managed. The manager regularly completed a critical analysis of falls within the home to determine if anything more could be done to prevent future falls occurring. There was also evidence of appropriate onward referral as a result of this analysis, to other professionals such as the Trust's Specialist Falls Service, their GP, or physiotherapy.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. It was noted, however, that a small number of incidents had not been reported to RQIA. This was identified as an area for improvement.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Meals taken in the dining room provided an opportunity for residents to socialise. The atmosphere was calm, relaxed and unhurried. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents said that they had enjoyed their meal and the company of others. Residents could also choose to take their meals in their own rooms and trays were taken to these residents.

Staff were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of residents' individual nutritional and support needs and how care records were important to ensure that modified food and fluids were provided to residents who needed this.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents said that they enjoyed the food and the company of other residents.

Residents' care needs were clearly identified and communicated across the staff team and enabled staff to effectively meet those needs. The system of reporting of accidents and incidents will be improved through compliance with the area for improvement identified.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?**

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. Residents care records were held confidentially.

Care records were generally well maintained, regularly reviewed and updated to ensure they continued to meet residents' needs. In one instance, however, it was noted there had been a delay in updating the changing need of a resident in the care plan and that a further change had also not been recorded. This was identified as an area for improvement.

It was also noted that a very limited care plan was in place for a resident who was admitted some three weeks before this inspection. It is expected that such care plans are completed shortly after admission. This was identified as an area for improvement.

Residents' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

The review of care records established that the care needs of residents were noted and reviewed regularly to reflect any changes. Two aspects of care recording will be improved through compliance with the areas for improvement identified.

### **5.2.7 How does the service support residents to have meaning and purpose to their day?**

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

Staff reported that residents were ordinarily encouraged to participate in regular resident meetings, providing an opportunity for them to comment on aspects of the running of the home such as activities and menu choices. The meetings were suspended during the COVID-19 pandemic but staff approached residents individually instead. Resident meetings had recently resumed.

An activities co-ordinator was employed to support residents in a range of individual and group activities such as arts and crafts, music, armchair exercises, floor games, quizzes and pampering sessions. The activities co-ordinator described how residents who preferred to spend time in their rooms were engaged in one to one activities and how the programme of activities was being reviewed.



Staff recognised the importance of maintaining good communication with families, especially whilst visiting was suspended due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Residents said that they had missed having visitors but were enjoying having visits from family and friends; they especially enjoyed having the services of the hairdresser.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the home's environment.

There had been a change in the management of the home since the last inspection; Nicola Harvey has been the manager in this home since December 2020. Staff commented positively about the manager and described her as approachable and always available for guidance.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audits of staff training, falls, care records, IPC and the home's environment.

There was a system in place to ensure that complaints were managed correctly and that good records were maintained. The manager viewed complaints as an opportunity to for the team to learn and improve.

A record of compliments received about the home was kept and shared with the staff team. This is good practice. One relative had written "Thank you for all your understanding, kindness and professionalism. This has been such a tough time for (our family) but it has been made easier knowing that (our relative) will be well taken care of".

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Robust managerial oversight was evidenced through the use of quality assurance audits, effective complaints management and effective staff management.

## 6.0 Conclusion

RQIA was satisfied that the staffing in The Pines was safe for residents and that the residents were adequately protected. The home's environment was well maintained, safe and comfortable and suitable precautions were taken to manage the risk of infection.

It was evident that residents received the right care at the right time, supported by good staff communication and knowledge of how skin care, falls and nutrition should be managed. Care records were written in a professional manner and used language which was respectful of residents.

Residents were supported by staff to have meaning and purpose in their daily life in The Pines; the interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

As a result of this inspection, five areas for improvement were identified. These related to staff competency and capability assessments, checks of the fire alarm system, notifications to RQIA of accidents and incidents, accurate updating of changes to care plans and the timely completion of care plans. Details can be found in the Quality Improvement Plan.

## 7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Nicola Harvey, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2021	The responsible person shall ensure that the assessment of staff competency and capability covers all necessary areas.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (4) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The responsible person shall ensure that checks of the fire alarm are conducted on a weekly basis weekly and recorded.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The responsible person shall ensure that all accidents and incidents which are reportable to RQIA are correctly notified in line with current guidance.  Ref: 5.2.5  <b>Response by registered person detailing the actions taken:</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The responsible person shall ensure that care plans are updated in a timely manner to reflect any change to the care needs of residents.  Ref: 5.2.6  <b>Response by registered person detailing the actions taken:</b>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The responsible person shall ensure that care plans are put in place for all residents shortly after admission to the home.</p> <p>Ref: 5.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p>

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



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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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