



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

<b>Name of Establishment:</b>	<b>The Pines</b>
<b>Establishment ID No:</b>	<b>1644</b>
<b>Date of Inspection:</b>	<b>28 January 2015</b>
<b>Inspector's Name:</b>	<b>Kylie Connor</b>
<b>Inspection No:</b>	<b>16678</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1.0 General information

<b>Name of Home:</b>	The Pines
<b>Address:</b>	23 Upper Lisburn Road Belfast BT10 0GW
<b>Telephone Number:</b>	(028) 9060 2343
<b>E mail Address:</b>	julie-ann@malonehealthcare.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Mr Kevin McKinney
<b>Registered Manager:</b>	Mrs Julie-Ann Russell
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Julie-Ann Russell
<b>Categories of Care:</b>	I - Old age not falling into any other category DE - Dementia (For a maximum of ten persons) PH - Physical disability other than sensory impairment (For a maximum of three persons)
<b>Number of Registered Places:</b>	31
<b>Number of Residents Accommodated on Day of Inspection:</b>	23
<b>Scale of Charges (per week):</b>	From £461
<b>Date and type of previous inspection:</b>	25 August 2014 Primary Announced Inspection
<b>Date and time of inspection:</b>	28 January 2015 12.00pm to 4.00pm
<b>Name of Inspector:</b>	Kylie Connor

## **2.0 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 unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **3.0 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 (2011)

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

## **4.0 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
- Inspection of the premises
- Evaluation and feedback

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

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

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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.

## 6.0 Profile of service

The Pines Residential Care home is situated on a major thoroughfare in the south of Belfast. It is a large detached property set in its own grounds with gardens to the rear of the home and car parking spaces to the front. The home is situated within the Belfast Health and Social Care Trust geographical area. It is owned and operated by Mr Kevin McKinney. Julie-Ann Russell has been the registered manager from September 2013.

The ground floor has two sitting rooms, a dining room, kitchen, laundry facilities, thirteen single bedrooms, ten of which are en-suite and nine double bedrooms, seven of which are en-suite. The first floor has a large sitting room, office and bedrooms. A hairdressing room is being installed. Access to the first floor is via a passenger lift and stairs.

There are currently plans to extend, renovate and improve the home. There are residential properties to either side of the home and there are local shops within walking distance.

A number of communal sanitary facilities are available throughout the home. A secure garden and seating area are located at the rear of the home where provision is made for residents who smoke.

The home is registered to provide care for persons under the following categories of care:

### Residential care

I	Old age not falling into any other category
DE	Dementia (For a maximum of ten persons)
PH	Physical disability other than sensory impairment (For a maximum of three persons)

## 7.0 Summary of inspection

This is a summary of an unannounced secondary care inspection of The Pines which took place on 28 January 2015 from 12.00pm to 4.00pm by Kylie Connor, Inspector. The registered manager was available for discussion, clarification and feedback during and at the conclusion of the inspection. Mr Kevin McKinney, Registered Provider was available for a shorter period of time for discussion and feedback during the inspection.

The home was observed to be clean, tidy and fresh smelling. The inspector spoke to nine residents, one staff and the registered manager. All expressed positive views regarding the conduct of the home and of the care and support provided. Good relations were observed between staff and residents. Further information is available in section 9.0 of the report.

The inspector focussed on examining the previous quality improvement plan. All but one requirement and all recommendations were found to have been addressed. One requirement has been restated for the second time following this inspection, in regard to the policy on safeguarding vulnerable adults.

The inspector wishes to acknowledge the co-operation of the registered manager, registered provider, residents and staff throughout the duration of the inspection. The inspector would like to thank all those involved for their time, open and honest conversation and for the hospitality received.

### 8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 25 August 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	3 (1) (c) Schedule 1 (Section 9 and 10.7 of the report refers)	<p><b>Statement of purpose</b></p> <p>The registered person shall compile in relation to the residential care home a written statement which shall consist of -</p> <p>a statement as to the matters listed in Schedule 1.</p> <ul style="list-style-type: none"> <li>• Describe the types of restrictive practices which may be used with consideration of the Human Rights Act (1998)</li> </ul>	The statement of purpose was observed to have a review date of October 2014 and discussion with the registered manager verified this is addressed.	Compliant
2	29 (1) (4) (section 9 of the report refers)	<p><b>Visits by registered provider</b></p> <p>Where the registered provider is an individual, but not in day-to-day charge of the residential care home, he shall visit the home in accordance with this regulation.</p> <ul style="list-style-type: none"> <li>• The homes report template should be reviewed and updated in accordance with RQIA guidance.</li> <li>• Efforts should be made to vary the times of the visits and</li> </ul>	Review of a number of reports evidenced improvements. Discussions with the registered provider confirmed that issues not examined will be followed up by him. This is addressed.	Compliant

		review the previous action plan on every visit.		
3	14 (4) (section 9 of the report refers)	<p>The registered person shall make arrangements, by training persons employed or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <ul style="list-style-type: none"> <li>The homes Vulnerable adult policy should be reviewed and a procedure developed to support and guide staff through the process of identification, reporting and recording.</li> </ul>	<p>Review of the policy and discussions with the registered manager verified that there is a need for further improvements to the policy, to guide staff through the process of immediate reporting and recording, especially in the absence of the registered manager. There was insufficient information of contact details of relevant agencies to be contacted immediately and following an incident of abuse. This is not addressed.</p>	Moving towards compliance
4	20 (1) (a) (section 11 of the report refers)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents - ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents;</p> <ul style="list-style-type: none"> <li>Continue to review the management of staffing in the home and respond appropriately</li> <li>Ensure that staff do not engage in mixed duties</li> </ul>	<p>Review and discussions with the registered manager and registered provider identified a range of measures employed to cover the staff rota in an emergency. The registered manager and registered provider agreed that a number of additional options would be put into place and included in a procedure for managing emergency cover. The registered manager and registered provider confirmed that a recruitment drive has been taking place. They confirmed that number of new staff have commenced employment and a number are due to start upon receipt of all recruitment checks. This is addressed.</p>	Compliant

5	20 (1) (c) (section 9 of the report refers)	<p>The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents -ensure that the persons employed by the registered person to work at the home receive - mandatory training and other training appropriate to the work they are to perform;</p> <ul style="list-style-type: none"> <li>• Provide a copy of an up to date training matrix for all staff.</li> </ul>	<p>Review of training records indicated that training in manual handling took place on 18 March 2014; protection of vulnerable adults took place in February and March 2014; basic first aid was completed 31 March 2014; fire training took place in October 2014. The registered manager confirmed that infection control training is scheduled for this year and that all new staff and staff who are due an update will receive all mandatory training this year. The registered manager confirmed that the cook and kitchen assistant have completed accredited food hygiene training. The registered manager gave assurances that the training matrix will be reviewed to include all mandatory training and the two fire training dates per year. This is addressed.</p>	Compliant
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NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	11.1	The registered manager should develop a policy and procedure on care reviews.	Review of the policy dated October 2014 confirmed this is addressed.	Compliant
2	11.5	<p>The home keeps records of review meetings that identify outcomes of the review, actions required and those responsible for these actions. When the meeting is organised by the home, a copy of the record of the meeting is issued to the resident and where appropriate their representative, and any others who contributed to the review, unless there are clear and recorded reasons not to do so.</p> <ul style="list-style-type: none"> <li>• The registered manager should develop a template to record this information and ensure that a template is available for residents with no trust involvement.</li> </ul>	Review of a template available for use verified this is addressed.	Compliant
3	16.2	The homes induction should be reviewed to ensure compliance with the NISCC Induction Standards (2007).	Review of an induction record verified improvements have been made. This is addressed.	Compliant

4	19.1	<p>The policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance.</p> <ul style="list-style-type: none"> <li>• The recruitment checklist should also be reviewed to include birth certificates.</li> </ul>	<p>Review of one staff file verified this is addressed.</p>	<p>Compliant</p>
5	19.2	<p>Before making an offer of employment:</p> <ul style="list-style-type: none"> <li>• The applicant's identity is confirmed</li> <li>• Two written references, linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer</li> <li>• Any gaps in an employment record are explored and explanations recorded</li> <li>• Criminal history disclosure information, at the enhanced level, is sought from Access NI for the preferred candidate; (Note: Agencies that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard)</li> <li>• Professional and vocational qualifications are confirmed</li> </ul>	<p>Review of one staff file verified this is addressed.</p>	<p>Compliant</p>

		<ul style="list-style-type: none"> <li>• Registration status with relevant regulatory bodies is confirmed</li> <li>• A pre-employment health assessment is obtained</li> <li>• Current status of work permit/employment visa is confirmed.</li>   <li>• An audit of staff files should be completed to ensure all staff employed from 2005 have all the required records, including birth certificates and any outstanding records are obtained.</li> </ul>		
6	10.1 10.2	Review relevant policy and procedures to ensure compliance with DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).	Review of a policy dated August 2014 verified this is addressed.	Compliant
7	10.6	Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Discussion with the registered manager confirmed that the identified restrictive practice has now ceased following review with the trust. This is addressed.	Compliant

		<ul style="list-style-type: none"> <li>• Ensure that timely review takes place of all measures put in place to minimise risks</li> <li>• Confirm that the identified restrictive practices have been reviewed with involvement of the resident, their representative and the trust.</li> </ul>		
8	13.9	<p>A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p> <ul style="list-style-type: none"> <li>• Ensure that there are appropriate consents in place in regard to photography and other forms of media.</li> </ul>	Discussions with staff and a review of records verified this is addressed.	Compliant
9	29	The registered person should send a copy of the fire safety risk assessment with actions taken and the risk assessment of the fire area to the estates inspector.	The registered manager stated that the most recent fire risk assessment was completed 27 October 2014 and was forwarded to the estates inspector. This is addressed.	Compliant

## **9.0 ADDITIONAL AREAS EXAMINED**

### **9.1 Resident's consultation**

The inspector met with nine residents individually and in small groups. Residents were observed chatting with staff, watching television and relaxing in their bedrooms. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments included;

- "It's a lovely spot, the girls are more than kind."
- "My time is full, I'm never not busy."
- "The food is always well cooked and well chosen."

### **9.2 Staff consultation**

The inspector spoke with one staff member in addition to the registered manager. Discussion identified that they felt well supported in their respective roles, acknowledgement that on-going recruitment should alleviate the issues at tea-time. Staff demonstrated awareness and knowledge of the needs of individual residents and appeared to have a high level of commitment to caring for the resident group.

### **9.3 Environment**

The inspector observed a number of areas within the home and noted that the programme of re-decoration is on-going.

## **10.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Julie-Ann Russell 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:

**Kylie Connor**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

The Pines

28 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Julie-Ann Russell either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

<b>Statutory Requirements</b>					
<b>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, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	14 (4)	<ul style="list-style-type: none"> <li>The homes Vulnerable Adult Policy should be reviewed and a procedure developed to support and guide staff through the process of reporting and recording, especially in the absence of the registered manager. The contact details of all persons/agencies to be notified immediately an incident is identified and following an incident should be detailed</li> </ul>	Two	The Protection of Vulnerable Adults Policy and Procedure has been reviewed and developed further.	By return of QIP



Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	J-A Russell
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	K McKinney

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	X	K.Connor	25/3/15
Further information requested from provider			