



Unannounced Care Inspection Report 29 September 2020



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 residential care home registered to provide care for up to 31 residents.

3.0 Service details

Organisation/Registered Provider: The Pines Responsible Individual: Kevin McKinney	Registered Manager and date registered: Kevin McKinney, acting
Person in charge at the time of inspection: Kevin McKinney	Number of registered places: 31
Categories of care: I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.	Number of residents accommodated in the residential home on the day of this inspection: 18

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection was undertaken on 29 September 2020 between 10.15 and 16.45 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan and to establish if the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they were happy in The Pines and that staff treated them well.

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	0	3*

The total number of areas for improvement includes one against the standards which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Kevin McKinney, Responsible Individual, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with five residents individually and others in groups, three members of care staff, the chef and the activities co-ordinator. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also left for staff inviting them to provide feedback to RQIA on-line. 'Tell Us' cards were left to be placed in a prominent position to allow residents' relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota
- two staff recruitment files, including inductions
- staff training
- staff meeting minutes
- one resident's records of care
- a sample of governance audits
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate

Areas for improvement identified at the last care and premises inspections 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 previous inspections

The most recent inspections of the home were an unannounced care inspection undertaken on 23 May 2019 and an unannounced premises inspection undertaken on 19 July 2019.

No further actions were required to be taken following the most recent inspections.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 1 a Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the Responsible Individual and staff and observation of the care delivered to residents confirmed that staffing levels were satisfactory.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 28.5 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Inspection of the Legionella Risk Assessment and the report of the visit by the assessor confirmed that all actions were satisfactorily addressed.	

<p>Area for improvement 2</p> <p>Ref: Standard 20.16</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2019</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: The manager who was to complete the QCF Level 5 qualification in order to progress the registered manager application no longer works in the home.</p>	<p>No longer applicable</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p>	<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 <hr/> <p>Action taken as confirmed during the inspection: Inspection of the premises confirmed all actions were satisfactorily addressed, with the exception of the completion of a risk assessment of all uncovered radiators.</p> <p>This element is therefore stated for a second time.</p>	<p>Partially met</p>

<p style="text-align: center;">Areas for improvement from the last estates inspection</p>		
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 27.5</p> <p>Stated: First time</p>	<p>The registered person shall undertake a health and safety risk assessment pertaining to resident's use of the exterior garden & activity areas. Improvement works must be implemented to minimise the risk of service users climbing on fence-lines, walls etc.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Discussion with the Responsible Person and inspection of the garden areas confirmed that appropriate improvement works were implemented.</p>	
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6.2 Inspection findings

6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The responsible person explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. The responsible person told us that the home was running below full occupancy; he was reluctant to resume new admissions in order that existing residents could be protected, as far as possible, from the risk of Covid-19 infection.

We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support. The staff reported that there was enough staff to comfortably meet the needs of residents. Staff told us that they felt well supported in their roles and were satisfied with the staffing levels. A member of staff said, "There is great team working here. Kevin is in the home every day and I feel that I can approach him about anything. I think the residents are very well cared for and the staffing levels are comfortable as we now have fewer residents."

We reviewed the recruitment records of two staff to ensure that staff were safe to work in the home. We found that staff were correctly vetted before commencing employment and that satisfactory references were obtained.

We also reviewed induction records of staff and saw that this was completed in full and was signed and dated by the person receiving induction and the person providing the induction. Staff reported that their induction was good and it had prepared them to do their jobs well. We saw too that staff were correctly registered with their regulatory body, the Northern Ireland Social Care Council.

We spoke with staff who advised that they were provided with regular supervision and received an annual appraisal. We reviewed the minutes of staff meetings to establish that there was good communication for the benefit of residents. We found that although meetings were convened, they were not held at least quarterly. This was identified as an area for improvement to comply with the Standards.

We reviewed staff training records which evidenced that mandatory training was being provided for staff and maintained on an ongoing basis.

6.2.2 Infection prevention and control procedures

Signage had been erected at the entrance to the home to reflect the current guidance on Covid-19. Anyone entering the home had a temperature and symptom check completed. Staff temperatures were taken twice during shifts and the temperatures of residents were taken three times daily.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 pandemic. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We saw that staff used PPE according to the current guidance and carried out hand hygiene at appropriate times.

Staff reported that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary.

The responsible individual described how residents and their relatives understood and were agreeable to visiting being suspended, although window visits continued.

6.2.3 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

We spoke with a resident who had hearing loss and was not wearing her hearing aid; this limited the effectiveness of communication between the resident and staff and had the potential for the resident to become isolated. We looked at the care plan which set out how staff should support the resident to properly maintain and wear the hearing aid. Staff were not able to account for the resident not wearing the hearing aid and it was felt that the battery may need to be replaced. This was identified as an area for improvement to comply with the Standards.

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic and when visits had been resumed. Staff assisted residents to make phone or video calls with their families in order to reassure relatives.

We spoke with the activities co-ordinator who described how residents were supported to engage in stimulating and interesting activities both on an individual and group basis, according to the preferences of residents.

6.2.4 Care records

We reviewed the care records of one resident which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the resident. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Risk assessments including the management of falls, skin integrity and moving and handling were also present, where necessary.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

6.2.5 Environment

An inspection of the internal environment was undertaken; this included a number of bedrooms, accessible bathrooms, lounges, the dining room and storage areas.

Residents' bedrooms were found to be personalised with items of memorabilia and special interests. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

The responsible individual advised that there plans in place for a some areas of refurbishment, but this was on hold due to the current pandemic.

6.2.6 Governance and management arrangements

There was a clear management structure within the home and staff reported that they had a good relationship with senior staff and the responsible person and would not hesitate to approach him. Management retained oversight of all aspects of the running of the home.

The responsible person advised that the previous manager had ended her employment in the home; a new manager was recruited and was due to commence employment in The Pines in early November 2020. Until that time the responsible individual had undertaken to be on the premises daily to ensure that the home was safely and effectively.

We looked at records of accidents and incidents which occurred in the home and found that these were managed appropriately and reported correctly to all relevant parties.

6.2.7 Consultation with residents

Residents made the following comments:

- "I am very happy here and I am well looked after. Before Covid, I had lots of visitors and I was able to go out with my (relative). Now I get gifts from friends and family and I keep in touch with everyone by phone. I feel the staff are good to me."
- "All is going well, it's good here."
- "I'm happy here. The staff are good and I like the food."

No questionnaires were completed and returned to RQIA by residents, their relatives or staff.

Areas of good practice

Evidence of good practice was found in relation to maintaining residents' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents. We were assured that there was safe, effective and compassionate care delivered in the home.

Areas for improvement

Two new areas of improvement were identified during this inspection. One related to the frequency of staff team meetings and one related to the arrangements for maintaining hearing aids and ensuring that they are worn by residents.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Throughout this inspection we saw numerous warm, kind and supportive interactions between residents and staff. We found the home to be clean and well maintained. Staff adhered to the guidance in respect of correct use of PPE and infection prevention and control precautions.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kevin McKinney, Responsible Individual, 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.5 Stated: Second time To be completed by: 30 October 2020	The registered person shall ensure the following: <ul style="list-style-type: none"> • Risk assessments are completed for all uncovered radiators and any actions arising are addressed. Ref: 6.1 Response by registered person detailing the actions taken: risk assessment completed
Area for improvement 2 Ref: Standard 25.8 Stated: First time To be completed by: 27 November 2020	The registered person shall ensure that meetings for all grades of staff are held regularly, and at least quarterly. Ref: 6.2.1 Response by registered person detailing the actions taken: senior staff meeting held 24.11.20. care staff meeting 02.12.20 yearly planner to be implemented
Area for improvement 3 Ref: Standard 9.6 Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that where residents have hearing aids, these are properly maintained and staff ensure they are worn by residents. Ref: 6.2.3 Response by registered person detailing the actions taken: staff member identified when on duty to check all residents who have hearing aids that they are properly maintained and Residents are encouraged to wear daily

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



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