

# Inspection Report

6 June 2024



## The Pines

Type of service: Residential  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> The Pines  <b>Registered Person</b> Mr Kevin McKinney	<b>Registered Manager:</b> Mr Mark Wilkinson, not registered
<b>Person in charge at the time of inspection:</b> Mr Mark Wilkinson	<b>Number of registered places:</b> 31  Maximum of 4 residents of category RC-PH and a maximum of 10 residents in category of care RC-DE
<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.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 26
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered residential care home which provides health and social care for up to 31 residents. Residents' bedrooms are located over three floors and all residents have access to the communal lounge areas, bathrooms, a large dining room and a garden and patio area.	

## 2.0 Inspection summary

An unannounced inspection took place on 6 June 2024, from 9.05 am to 6.15 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during 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.

The home was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

Residents said that they were happy in the home and commented that the staff were ‘Very good and willing to help.’”

Residents confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents are included in the main body of this report.

Staff were knowledgeable with regards to the residents’ needs and preferences and were well trained to deliver safe and effective care.

Three new areas for improvement were identified regarding the staff duty rota, the replacing and ongoing monitoring of carpets throughout the home and supervision of the domestic cleaning trolley.

RQIA were assured that the delivery of care and service provided in The Pines was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in The Pines.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mark Wilkinson, manager at the conclusion of the inspection

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

Residents said they were happy living in The Pines. Residents' comments included, "I can't complain, the staff are very good they are always willing to help," "I am well looked after, when I feel ill I only have to ring my bell," and "The staff here are very good."

Staff said, "The staffing levels are very good at present, we all work well together" and "I love it here, everything is going well."

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

There was no additional feedback from residents, their relatives or staff following this inspection.

#### 5.0 The inspection

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

Areas for improvement from the last inspection on 29 November 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 10 (1) <b>Stated:</b> Second time	The registered person shall ensure that there is a robust governance and management system of oversight within the home. This includes but is not limited to; <ul style="list-style-type: none"> <li>• Management audits with regards to the cleanliness of the environment and infection prevention and control (IPC) practices.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> First time	The registered person shall ensure that the monthly monitoring reports are fully accurate and up to date.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 5.5 <b>Stated:</b> Second time	The registered person shall ensure that assessments are kept under review and amended as changes occur to accurately reflect the needs of the residents	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered person shall ensure that care plans are person centred and reflect the outcomes of the assessment of need of the assessment process.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was not met and is stated for a second time.  Refer to section 5.2.2 for details.	
<b>Area for Improvement 3</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The registered person shall ensure that the internal premises are kept in a good state of repair, this area for improvement relates to the carpets in the identified bedrooms in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met as stated.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 23.8 <b>Stated:</b> First time	The registered person shall ensure that the effectiveness of staff IPC and PPE training on practice and procedures is evaluated as part of quality improvement, to ensure that training is embedded into practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. An introduction of a recruitment checklist was discussed with the manager and this will be reviewed at the next inspection.

There were systems in place to ensure staff were trained and supported to do their job.

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.

The staff duty rota did not accurately reflect the staff working in the home on a daily basis. For example, when vacant shifts were covered by agency staff this was not recorded on the rota. This was discussed with the manager and an area for improvement was identified.

Staff told us that there was enough staff on duty to meet the needs of the residents. One staff member said, "The staffing levels are much better, it means that we have more time to spend with the residents."

The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way and to provide residents with a choice on how they wished to spend their day.

Staff told us that the residents' needs and wishes were important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences. One resident said, "The quality of care here is very good."

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff told us that the residents' needs and wishes were important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

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. The menu for the day was on display in both units. Residents' comments included, "The food is very good," and "The food is really good, the chef is brilliant."

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care plans were in the process of being updated by the staff team. Although good progress had been made, it was acknowledged that further improvements were needed, with regards to ensuring that these are person centred and reflective of the assessment process. This was discussed with the manager during feedback and an area for improvement was stated for a second time.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place to reflect this. At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails and alarm mats; it was established that safe systems were in place to manage this aspect of care.

Records were kept of how each resident spent their days and their evenings and the care and support provided by staff.

The outcome of visits from any healthcare professional was recorded. Any concerns raised by staff with regards to residents were recorded and addressed in a timely manner.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean and tidy. Residents bedrooms were personalised with photographs and other items or memorabilia.

It was positive that carpets identified at a previous inspection had been replaced, however, further carpets in other areas of the home also require to be replaced. An area for improvement was identified with regards to the replacing and ongoing monitoring of carpets throughout the home.

Areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured. However, shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically, supervision of the domestic cleaning trolley containing cleaning chemicals. Assurances were provided by the

manager that supervision would be arranged with the identified staff to review their knowledge of Care of Substances Hazardous to Health (COSHH) regulations. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

There was evidence that the correct systems and processes were in place to ensure the management of risks associated with infectious diseases. For example, 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 Personal Protective Equipment (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.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time.

Residents' commented positively about activity co-ordinator, describing her as kind, caring and full of fun.

The activity co-ordinator discussed the importance of a person centred approach when it came to activities for the residents. An activities planner was made available to the residents, activities included, games, afternoon tea, reminiscence and music activities.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Mr Mark Wilkinson has been the manager of the home since 17 July 2023.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk.

Residents spoken with said that they knew how to report any concerns and said they were confident that the manager would address this, one resident said “The manager looks into things when I ask him, he is very helpful.”

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 environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents’ next of kin, their care manager and to RQIA.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained. The Manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Staff commented positively about the manager and described him as supportive, comments included, “The manager is very understanding,” and “The manager is fantastic, he addresses our concerns.”

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. These are available for review by residents, their representatives, the Trust and RQIA.

## 6.0 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 (December 2022) (Version 1:2)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	3*

\* the total number of areas for improvement includes one standard that has been stated for a second time.

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

<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 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection 6 June 2024	The registered person shall ensure that all parts of the home to which residents have access, are free from hazards to their safety. This is specifically in reference to access to and supervision of the cleaning trolleys with in the home.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> Cleaning trolley is to be attended at all times when not locked away. If staff are cleaning 2nd floor, trolley is to be kept in locked room at bottom of stairs
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 March 2024	The registered person shall ensure that care plans are person centred and reflect the outcomes of the assessment of need of the assessment process.
	<b>Response by registered person detailing the actions taken:</b> Care plans in question have been rewritten to ensure they are more person centred. Care plans reviewed regularly to ensure they are person centred.
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> From date of inspection 6 June 2024	The registered person shall ensure that a record is kept of staff working over a 24-hour period and the capacity in which they worked.
	<b>Response by registered person detailing the actions taken:</b> Rotas updated to include any staff that pick shifts up as and when they pick them up.
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2024	The registered person shall ensure that the internal premises are kept in a good state of repair, this area for improvement relates to the replacing and ongoing monitoring of carpets throughout the home.
	<b>Response by registered person detailing the actions taken:</b> Carpets are due to be replaced at the end of July

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



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