

# Inspection Report

**Name of Service:** The Pines  
**Provider:** The Pines  
**Date of Inspection:** 14 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	The Pines
<b>Responsible Person:</b>	Mr Kevin McKinney
<b>Registered Manager:</b>	Mr Mark Wilkinson – not registered
<b>Service Profile –</b>	
<p>This home is a registered residential care home which provides health and social care for up to 31 residents. The home provides care for residents living with dementia, physical disabilities and for those needing general residential care.</p> <p>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.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 14 April 2025, between 9.50 am and 5.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 6 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified,

can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

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

Residents said that living in the home was "great". Comments included, "the staff are really nice, I am really settled," and "I like it well enough, the staff are nice, they give you plenty of choice."

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. One resident said, "the activities are very good you can choose if you want to go or not."

Review of records and discussion with residents confirmed that residents were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Staff told us that they enjoyed working in The Pines and that the resident's care was very important to them. One staff member said, "this place is very homely, there is good team work, everyone works well together."

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

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

#### 3.3.2 Quality of Life and Care Delivery

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.

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

It was observed that staff respected residents' 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. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Observation of the lunchtime meal served in the main dining room confirmed that enough staff were present to support residents with their meal and that the food served smelt and looked appetising and nutritious.

The importance of engaging with residents was well understood by the manager and staff. Observation of the planned morning activity confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music.

Staff understood that meaningful activity was not isolated to the planned social events or games. The activity co-ordinator was observed spending time with those residents who did not wish to join in the group activity on a one-to-one basis.

Residents commented positively about the activities and the activity co-ordinator, one resident said, "She is very good, her activities are good."

### **3.3.3 Management of Care Records**

Residents' needs were assessed by a suitably qualified member of staff 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.

It was noted that some records were accessible to others and the office door was left unlocked and unattended. An area for improvement was identified.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. 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.

### **3.3.4 Quality and Management of Residents' Environment**

The home was mostly clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. However, observation of the environment and discussion with residents evidenced that carpets in some areas of the home were stained and malodorous. An area for improvement was stated for a second time.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; specifically, access to air freshener and to the laundry area. An area for improvement has been identified.

PPE stations were sufficiently stocked with aprons and gloves. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However, some staff were wearing gel nail polish, watches and long sleeved clothing which is not in accordance with good practice in infection prevention and control. An area for improvement was identified.

### 3.3.5 Quality of Management Systems

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.

Residents and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the home.

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	7*

\* the total number of areas for improvement includes one standard that has been stated for a second time and one regulation and five standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 13.4  <b>Stated:</b> First time  <b>To be completed by:</b> 14 March 2024	<p>The registered person shall ensure that medicines awaiting disposal are stored securely and disposed of in a timely manner.</p> <p>Ref: 2.0</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 April 2025	<p>The registered person shall ensure that residents do not have access to substances hazardous to their health such as laundry detergents and air fresheners.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All substances hazardous to health are kept locked away from residents. This is addressed through handovers and supervisions. It is also being spot checked daily by management.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 19 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 14 April 2025	<p>The registered person shall ensure that confidential information relating to residents is safely secured.</p> <p>Ref: 3.3.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Office door has had new automatic lock in place to ensure door closes tight when not in use. Staff also being reminded to ensure doors remain locked and confidential information remains confidential.</p>
<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 27.1  <b>Stated:</b> Second time	<p>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.</p> <p>Ref: 3.3.4</p>

<p><b>To be completed by:</b> 31 July 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> Carpets in need of replacing will be replaced by 30.06.25. Domestic staff are working thoroughly to maintain cleanliness of carpets throughout home.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 33</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 March 2024</p>	<p>The registered person shall ensure that when medicines are transferred to residents for self-administration, records are accurately maintained.</p> <p>Ref: 2.0</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 March 2024</p>	<p>The registered person shall ensure that temperatures of storage areas are monitored daily so that medicines are stored under conditions that conform to statutory and manufacturers' requirements.</p> <p>Ref: 2.0</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 March 2024</p>	<p>The registered person shall ensure that accurate records of medicines administration are maintained and available for inspection.</p> <p>Ref: 2.0</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 March 2024</p>	<p>The registered person shall ensure that a robust audit system, covering all aspects of medicines management is in place.</p> <p>Ref 2.0</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 30.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 March 2024</p>	<p>The registered person shall ensure that the date of opening is recorded on all medicines to facilitate audit and disposal at expiry.</p> <p>Ref 2.0</p> <hr/> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>
<p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Standard 35.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 April 2025</p>	<p>The registered person shall ensure that all staff are aware of the importance of hand hygiene and that staff remain bare below the elbows at all times.</p> <p>Ref 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Staff are checked on a daily basis to ensure they are bare below elbows. It is monitored through Hand Hygiene audits. It is part of staff training.</p>

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



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