The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** **The Pines**

**Provider:** **Northern HSC Trust**

**Date of Inspection:** **30 December 2024**

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

## 1.0 Service information

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| **Organisation/Registered Provider:** | Northern Health and Social Care Trust (NHSCT) |
| **Responsible Individual:** | Ms Jennifer Welsh |
| **Registered Manager:** | Miss Deborah Williamson |
| **Service Profile:** The Pines is a supported living type domiciliary care agency which provides a 24 hour supported living service for adults over 18 years of age who have enduring mental health needs. There is accommodation for up to 12 service users who have individual rooms and a number of shared facilities.<br><br>This organisation also provides peripatetic support to a number of service users. RQIA does not regulate these elements of support. | |

## 2.0 Inspection summary

An unannounced inspection took place on 30 December 2024, between 10.30 a.m. and 3.15 p.m. by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

While care was found to be delivered in a safe, effective and compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency's quality systems; such as recruitment practices, staff induction, the service user agreement and the records of Domestic staff working in the building. The system for administration of medicine also required to be reviewed to ensure that it is in keeping with the ethos of supported living.

Service users were observed to be relaxed and comfortable in their interactions with staff and spoke positively about the care and support they receive. Refer to Section 3.2 for more details.

Full details, including 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 service 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 the service. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

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

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

## 3.2 What people told us about the service and their quality of life

We spoke with the service users and staff to seek their opinions on the quality of the care and support, their experiences of living, or working in The Pines.

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

Service users were observed to be relaxed and comfortable in their interactions with staff and indicated that they were happy with the care and support they receive.

Staff spoken with said that they were very happy working in The Pines and that they had no concerns regarding he care and support provided.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. One written comment reflected that the service user wanted 'more prompting to do things (such as cleaning)'.

## 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 service users.

Review of the agency's recruitment records identified that criminal records checks (AccessNI) had not been consistently undertaken on all staff. It was explained that this was due to the Trust's policy and procedure in relation to Trust staff moving to other posts within the Trust, having previously had a check undertaken by the Trust. This was discussed with the manager, who took immediate action to address the matter. It was also identified that there were a number of Domestic staff working within the building on a daily basis. Review of information submitted to RQIA following the inspection identified a Domestic staff member who had no record of an AccessNI check being undertaken. Another staff member had been checked prior to the AccessNI legislation coming into effect. Whilst this ordinarily would be acceptable, in this instance, it is not acceptable, given that The Pines became registered as a domiciliary care agency in 2011. The inspector was also unable to verify whether the checks undertaken had been at Enhanced level, rather than basic level. An area for improvement has been identified.

It was further identified that there was no record of which Domestic staff had been working in the building. Given that the Domestic staff worked across multiple Trust hospital sites, it is important that a record is retained of their presence in the building. An area for improvement has been identified.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job; however, the induction did not provide sufficient information regarding the types of mental health conditions, the service provides support with. Whilst there was some evidence that staff had availed of certain elements of mental health training, this had not been completed by all staff. Enhancing the induction process to include mental health specific information was identified as an area for improvement.

Records of all staff training were retained. Staff confirmed that got sufficient training for their roles.

There were good systems in place to manage staffing. There were enough staff on duty to help the service users. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff were seen assisting service users in a caring and compassionate manner.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

### 3.3.2 Care Delivery

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Staff were also observed offering choice to service users regarding the activities they wanted to engage in. However, observation of the administration of medicines, identified that the medicines were stored in a Medicines Room which meant that the service users had to go there for their medicines. This would not be in keeping with the ethos of supported living. An area for improvement has been identified.

Service user meetings were held on a regular basis which enabled the service users to discuss any activities they would like to become involved in and also any other matters relating to their home. Activities service users availed of included attending the Enchanted Gardens, going to Rehability, Men's Groups, the All About Us Lunch Club and a number of service users attended the Community Tea Dance. Service users were also involved in menu choices and were encouraged, as appropriate, to make healthy eating choices. Service users were encouraged to avail of Occupational Therapy to promote socialisation and to learn new skills.

There was also a communication book in place which staff were required to read every day.

### 3.3.3 Management of Care Records

Service users' needs were assessed within two days of moving to the service.

Service User Agreements should be signed by service users or their representatives within five days of service users moving to the service and reviewed on an annual basis if there are any changes made. Review of the Service User Agreements identified that these were presented to service users as four separate documents. For example, the service users received the Service User Handbook, the Tenancy Agreement, the Good Neighbour Agreement and two Service Letters which detailed the charges the service users were subject to. Whilst it is acceptable for the Service User Agreement to be presented as separate documents; it was noted that the service users did not consistently sign the Service Letters. It was also noted that the Service Letters were reviewed on an annual basis and that service users who moved to the service after this, did not have the Service Letters in place. An area for improvement has been identified to ensure that these letters are received and signed by service users, to ensure that they are aware of the charges they are liable for.

The support plans were person centred, detailing the service users' likes and dislikes and were updated on a regular basis. However, the care plans which the Community Mental Health Team are responsible for preparing, were not consistently available or up to date. The manager agreed to follow this up with the relevant Trust representatives.

### 3.3.4 Quality of Management Systems

There has been no change in management of the agency since the last inspection. Miss Deborah Williamson has been the Registered Manager since 5 July 2022; and she is also the

Registered Manager of another domiciliary care agency. Staff commented positively about the manager and described them as 'very approachable'.

Review of a sample of records evidenced that there was a system in place for reviewing the quality of care and staff practice. However, there were no records retained of the domestic staff who were allocated to several services on the one day. This meant that they could not confirm the times each domestics spent in The Pines. An area for improvement has been identified.

There was an Adult Safeguarding Champion in place. Review of the incidents which had been reported to RQIA identified that any potential safeguarding incident had been managed appropriately. However, any safeguarding referral (APP1) forms which pertained to service users who no longer resided in The Pines, had been archived. Advice was given to the manager regarding the need to retain these forms centrally, to ensure that they were available for inspection. This advice is particularly pertinent, given that since the introduction of a new electronic records management system (Encompass), the staff will not be able to access the APP1 forms, if the service user has been discharged from the Pines.

RQIA were satisfied that any incident reports (Datix) would be accessible by the manager if the service user had similarly moved out of The Pines.

The annual quality report was viewed and found to be satisfactory.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC); there was a system in place for professional registrations to be monitored by the manager.

## 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 |
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| **Total number of Areas for Improvement** | 3 | 2 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Deborah Williamson, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| **Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 13 (d)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate from the date of the inspection | The registered person shall ensure that enhanced criminal records checks (Access NI) are undertaken on all staff, regardless of whether not they are/have moved from another NHSCT post/ or have transferred internally within the Trust; records confirming that all Domestic staff have had Enhanced Access NI checks must be retained by the manager and made available for inspection.<br><br>Ref: 3.3.1 |
| | **Response by registered person detailing the actions taken:**<br><br>HSC employers are currently in discussion with RQIA and the Department of Health regarding the requirement to undertake criminal records checks for those staff transferring internally as this may be is contrary to Access NI legislation and Departmental direction to employers in 2018.<br><br>All domestic staff Access NI checks are retained by management and have been made available to the inspector. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 14(c)(e)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate from the date of the inspection | The registered person shall ensure that service users are provided with a secure facility for the storage of medicine within their individual rooms.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br><br>The move to individual storage in tenant's rooms is a significant shift from the current practice of medication dispensing. The Trust recognises that the move toward medication boxes in tenant's rooms is a positive step and will ensure appropriate communication with tenants and staff on this new approach prior to implementation. It is the Trust's intention to implement by end March 2025. |
| **Area for improvement 3**<br><br>**Ref:** Regulation 21 (c)<br><br>**Stated:** First time<br><br>**To be completed by:** | The registered person shall ensure that ensure that Domestic staff sign in and out of The Pines on a daily basis; Records pertaining to this must be available for inspection.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:** |

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| Immediate from the date of the inspection | A sign in book has been implemented from 30th December 2024 for use by all visitors to the unit. |
| **Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, (revised) 2021** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 12<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate from the date of the inspection | The registered person shall ensure that the induction process is further developed to ensure that it includes sufficient information regarding the types of mental health conditions, the service provides support to; awareness level information would suffice in this regard.<br><br>Ref: 3.3.1 |
| | **Response by registered person detailing the actions taken:**<br>This has been added to the induction form for all staff new to the unit to ensure an understanding of Mental Health conditions and associated awareness sessions will also be provided.<br>The Division operate a 'new to Mental Health' induction programme that all staff new to the Division are required to attend. |
| **Area for improvement 2**<br><br>**Ref:** Standard 4<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediate from the date of the inspection | The registered person shall ensure that the four separate elements that constitute the Service User Agreements are retained together; and that all parts are signed by service users in keeping with the agency's policy and procedure; this pertains specifically to the Service Letters which need to be received/signed by service users at the commencement of their tenancy, to ensure they are aware of the charges they are liable for.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>All parts that constitute the service user agreement were previously retained in one folder under different sub sections, held in the staff office. Further to this recommendation, the sub sections have been realigned to a single section within the main tenant folder. These continue to be held in a secure location in the unit. |

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

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