



# Unannounced Care Inspection Report 1 October 2019



## Pinewood

**Type of Service: Residential Care Home**  
**Address: 101 Frys Road, Ballymena BT43 7EN**  
**Tel No: 02825638664**  
**Inspector: Marie-Claire Quinn**

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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 registered residential care home which provides care for up to 30 residents within the categories of care listed in section 3.0 below. The home provides care for residents admitted for short periods of rehabilitation before discharge either home or on to a permanent care placement.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Anthony Baxter Stevens	<b>Registered Manager and date registered:</b> Mairead Donnelly 16 October 2015
<b>Person in charge at the time of inspection:</b> Angela Denvir, area manager	<b>Number of registered places:</b> 30
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 23

### 4.0 Inspection summary

An unannounced inspection took place on 1 October 2019 from 11.00 hours to 15.40 hours.

This inspection was undertaken by the care inspector.

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

Evidence of good practice was found in relation to staffing, the home's environment, care delivery, multi-agency care planning and communication, and to the dining experience. Residents were treated with dignity and respect and were supported in their decision making and in maintaining and improving their independence. We were also satisfied with the home's interim management arrangements, management of complaints and the continual quality improvement work being undertaken by staff.

Two areas requiring improvement were identified. One was in relation to ensuring that care plans for residents with additional physical health needs are sufficiently detailed. The second was in relation to activities planning.

Residents were positive about their experiences being in the home and said that the staff were kind and caring.

Comments received from residents, staff and visiting professionals during the inspection are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Angela Denvir, area manager, 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 7 March 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 7 March 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspections, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the agreed two week timeframe.

During the inspection a sample of records was examined which included:

- staff fire training records
- accidents and incidents records from April 2019 to September 2019
- care records of four residents
- complaints and compliments records from February 2018 to September 2019
- monthly monitoring reports dated 12 May 2019, 27 June 2019, 30 July 2019, 21 August 2019 and 29 September 2019
- RQIA registration certificate

- staff training matrix (provided post inspection)
- annual fire risk assessment dated June 2019 (provided post inspection)

Areas for improvements identified at the last care inspection 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 the last care inspection dated 7 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27(4) (a) <b>Stated:</b> First time <b>To be completed by:</b> 10 March 2019	The registered person shall ensure the fire safety recommendations outlined in the homes fire safety risk assessment are completed without delay.  <b>Ref:</b> 6.3.2	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The home's most recent fire risk assessment was conducted on 14 June 2019. All actions are being addressed and remain under review by the home's management.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (c) <b>Stated:</b> First time <b>To be completed by:</b> 8 March 2019	The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.  <b>Ref:</b> 6.3.2	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> All of the home's current residents are non-smokers. The home operates a non-smoking policy. Review of the environment, discussion with the manager and review of records confirmed there were appropriate arrangements in place if a resident who smokes is admitted to the home in the future.</p>	
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## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.**

No concerns regarding staffing levels were raised by residents or staff. Care was delivered in an organised, unhurried manner. Call bells were responded to promptly. Residents were well-presented and told us they felt content and well cared for:

- “The staff couldn't do enough for us. I know they will get me anything I need.”
- “The staff have been very good. I couldn't ask for more.”
- “All positive.”
- “The staff are always about in case I fall.”
- “The girls (staff) are very good and there's always lots of staff about.”

When we spoke with staff, they confirmed they felt they had sufficient training, supervision and support to provide safe care. Staff were able to describe how they would safely manage any accidents or incidents in the home, including whistle blowing concerns. Specific comments from staff included:

- “There are plenty of staff here, so we have time with residents and to do training and our paperwork.”
- “It's a busy home, but the work load is always manageable. The staffing increases depending on the needs of the residents, which helps.”

Management confirmed that all staff are registered with NISCC and when we spoke with staff they also confirmed this. The home had arranged for a NISCC representative to visit the home to support the staff with maintaining their registration.

The home was clean, tidy and warm. Although the home provides short term care, residents had been encouraged and supported to bring some small personal items from home to make them more comfortable.

Staff adhered to safe and healthy work practices, such as wearing gloves and aprons when necessary. Observation of practice and review of records confirmed that falls were appropriately managed in the home.

When we spoke with staff, they confirmed that they had received fire training and attended fire drills. Personal Emergency Evacuation Plans were completed on admission to the home and retained in resident’s bedrooms. We reviewed staff fire training records and identified several members of staff who had not received fire training this year. When we spoke with the manager, she was able to identify the reason for this; for instance, some staff were no longer employed in the home. Correspondence with the home following the inspection confirmed that the majority of staff had received this training, with additional dates planned for later this year.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing and the home’s environment.

**Areas for improvement**

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	0	0

**6.4 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

We saw care being delivered promptly, efficiently and in a kind manner by staff. Staff were responsive to residents who expressed any pain or discomfort. Staff took their time when speaking with residents, especially with those who were confused or disorientated. Residents were relaxed and comfortable and told us:

- “Staff made sure I went to physiotherapy so I am up and walking again. I’m glad as it means I can go home soon.”
- “The nurse comes here and looks after my leg. I’m eager to get home, but this home has been fine to get me well enough to go home.”
- “I’d prefer to be at home, but I know I am walking and moving much better being here, and getting better every day.”
- “I was a little worried coming here, but I couldn’t say a bad word about the place. All the staff are so nice. The beds are comfortable; I couldn’t believe how well I slept here.”

The home works closely with the multi-disciplinary team, including social work, district nursing, occupational therapy and physiotherapy, to provide holistic care to residents. This was evident throughout our observations of practice and review of care documentation. A review meeting was being held on the day of our inspection, and we spoke to visiting professionals who told us:

- “This is an excellent service; the staff are great.”

- “The only feedback we get from residents is that the food is too nice! Some want to stay here longer.”
- “I have no issues or concerns (about the home).”

Care records were acceptable and contained comprehensive needs and risk assessments. Written consent from residents and/or relatives was sought. Bridging care plans were completed with residents when they were first admitted to the home, with a full care plan to be completed after two weeks. When we reviewed care plans, we noted that they were not person centred or individualised. Management acknowledged and accepted this, and advised that they were already undertaking a full review and update of care plans to address these concerns. Given that this work is already underway, an area of improvement was not made on this occasion. An area of improvement was made however in relation to care plans for residents with additional physical health needs, as these lacked sufficient details.

Some residents required restricted diets and fluid intake. Observation of practice, discussion with staff and review of care records confirmed this was being managed appropriately.

We observed the serving of the lunch time meal. Residents were encouraged to make their own way to the dining room, although staff were available for support if required. Residents chose where to sit and many sat with their friends, smiling and chatting. There was a choice of two options for the main meal. The food looked fresh and appetizing. Residents told us:

- “The food is grand.”
- “We get plenty of tea.”
- “The food is repetitive but fine.”
- “It’s lovely to get lunch made for you.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care delivery, multi-agency care planning and communication, and to the dining experience.

**Areas for improvement**

One area for improvement was identified in relation to ensuring that care plans for residents with additional physical health needs are sufficiently detailed.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Care was delivered in a way which protected residents’ dignity and privacy; for instance staff knocked doors before entering and offered support with personal care discretely. Staff supported residents in a way which maintained and promoted their independence. One visiting professional commented:



- “The staff are streets ahead of others in terms of their knowledge and understanding of the recovery/rehabilitation ethos and supporting independence.”

We observed a good level of interaction between residents and staff; some residents were laughing and joking with staff, while others preferred quieter, private conversations. Staff were able to adapt their communication styles depending on the personality and preference of the resident.

Residents told us they were offered choice and supported to make decisions about how they spend their time:

- “It was my choice to come here and it’s been fine. I make sure to keep moving.”
- “There’s lots of peace and quiet here and there’s always something on in here, but I don’t join in. I know I can if I want to, but I don’t want to.”
- “I’m fine here; I have my knitting and a television in my room.”
- “We had a bit of a celebration last week for a girl (staff) leaving, that was nice.”

There was evidence of residents being active in completing physiotherapy exercises, knitting, getting their hair done, watching television and chatting with friends, staff and visitors. Staff told us:

- “Residents just seem to enjoy each other’s company. We had a quiz last week, but not many join in.”
- “Skittles is always popular; we played that last week. We always have time for one-to-one with residents; some residents like to go for a walk outside, and we go with them. It’s good to have the time for that.”

There was no clear activities schedule in place or on display in the home. We discussed this with management. We agreed that although this may be challenging given the frequent changes in residents in the home, some activities should be planned to further support residents’ social, cultural and spiritual needs. An area of improvement has been made.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home. Residents were treated with dignity and respect. Staff supported residents in their decision making and in maintaining and improving their independence.

**Areas for improvement**

One area for improvement was identified during the inspection in relation to activities planning.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The home's registered manager had very recently retired and interim arrangements were in place. When we spoke with residents and staff, no concerns were raised regarding management arrangements. Staff told us:

- "There is good support in the home. If I have any issues, I can go to any member of staff as well as the manager."

There was evidence of management and staff working well together to improve and develop the care being provided in the home. In September 2019, the home had received a Certificate of Recognition for their delirium project from Investors in People. It was clear from speaking to staff that they were motivated and enthusiastic about their work:

- "It's lovely to work here; I really enjoy the rehabilitation aspect as every day is different. It's great to see people improve and go home."

Staff were also pleased about recent changes to the assessment process in the home, which was outlined by a visiting professional:

- "Communication and feedback continue to improve in the home and we are now implementing a new system to capture residential staff's assessment of each resident. They get to know the residents well and to contribute to the multi-disciplinary care plan."

Review of complaints records was satisfactory.

Relevant information was on display and available throughout the home, including various ways residents and their relatives could provide feedback. It was positive to see that the '10 000 More Voices' project was promoted in the home, along with information of the Patient Client Council and RQIA.

Review of monthly monitoring reports was satisfactory. We did note that on some occasions, relatives' views had not been sought. Visits had been arranged outside of visiting hours, and relatives had not been contacted by telephone or email. We highlighted this to management who agreed to address this to ensure consistency in the reports.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to interim management arrangements, management of complaints and the continual quality improvement work being carried out in the home.

### Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Angela Denvir, area manager, 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 care 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 1 November 2019	<p>The registered person shall ensure that care plans include details of:</p> <ul style="list-style-type: none"> <li>• the management of any identified risks</li> <li>• strategies or programmes to manage specified behaviours</li> </ul> <p>This is specifically in relation to residents with additional physical health needs.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Completed October 2019. There is an on-going review of the care plan format to ensure that the management of identified risks is clearly detailed . Currently a specialist team works within Pinewood as part of the MDT to provide strategies and programmes to manage specified behaviours. This will form part of the care review.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b> 1 December 2019	<p>The registered person shall ensure that the home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            Activities are offered as part of each clients on-going rehabilitation as need dictates and home staff will review how this is presented to clients.</p>

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



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