

Unannounced Care Inspection Report 12 October 2017



Pinewood

Type of Service: Residential Care Home
Address: 101 Frys Road, Ballymena, BT43 7EN
Tel No: 028 2563 8664
Inspector: Bronagh Duggan

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home which admits residents for short term periods of rehabilitation only. There are no permanent residents accommodated in the home.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Anthony Stevens	Registered Manager: Mairead Donnelly
Person in charge at the time of inspection: Mairead Donnelly until approximately 12.30 Margaret Young, senior carer 12.30 onwards Elizabeth Knight, area manager was present throughout the inspection	Date manager registered: 22 September 2015
Categories of care: Residential Care (RC) I - Old age not falling within any other category	Number of registered places: 36

4.0 Inspection summary

An unannounced care inspection took place on 12 October 2017 from 11:00 to 17:25.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified 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 staff training, infection prevention and control, reviews, communication between residents, staff and other key stakeholders, promoting residents independence, quality improvement, change management and maintaining good working relationships.

Areas requiring improvement were identified with regard to the completion of an identified care plan and to ensure the home operates within the categories of care for which it is registered.

Residents said that the staff were good, that they had no complaints and there was always staff available if they needed assistance.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Knight, area manager and following the inspection, to Mairead Donnelly, registered 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 June 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the previous inspection, intelligence information, the previous inspection report and the returned QIP.

During the inspection the inspector met with 13 residents, four care staff, two visiting professionals the registered manager and the area manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Fourteen questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- staff duty rota
- staff annual appraisal information
- staff training schedule/records
- three resident's care files
- the home's statement of purpose
- service user guide
- complaints and compliments records
- audits of the environment and infection prevention and control procedures
- equipment maintenance/cleaning records
- accident/incident/notifiable events register
- monthly monitoring reports
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- sample of policies and procedures

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to Elizabeth Knight, area manager at the conclusion of the inspection and also to Mairead Donnelly, registered manager via telephone following the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 June 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 8 June 2017

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
Area for improvement 1 Ref: Standard 27.8 Stated: First time	The registered person shall ensure that the floor in the reception area of the home is fit for purpose. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Temporary improvements had been made to the floor in the reception area. The registered manager reported that a works order was with the estates department to complete the work.	
Area for improvement 1 Ref: Standard 29.6 Stated: First time	The registered person shall ensure records of the most recent fire drill are maintained in the home. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Records of the most recent fire drill were available for inspection.	

Area for improvement 1 Ref: Standard 1.2 Stated: Second time	The registered provider should ensure views of residents are formally gathered with regard to their satisfaction about the service provided by the home. Ref: 6.2	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of information available in the home confirmed that a system was in place to formally gather the views of residents about the service.	
Area for improvement 1 Ref: Standard 20.6 Stated: Second time	The registered provider should ensure that the homes statement of purpose is reviewed and updated. Ref: 6.2	Met
	Action taken as confirmed during the inspection: The Statement of Purpose for the home was reviewed and updated accordingly.	

6.3 Inspection findings

6.4 Is care safe?

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

The senior carer advised on the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. The senior carer advised the number of residents accommodated in the home can change on a daily basis depending on the number of admissions to and discharges from the home. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy was reviewed during the previous inspection and was consistent with the current regional guidance. A safeguarding champion had been established. Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The senior carer advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior carer identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

There were restrictive practices employed within the home, notably a keypad entry system, and pressure alarm mats. Discussion with the senior carer regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety.

Review of records showed that equipment and medical devices in use in the home were well maintained and regularly serviced; cleaning records were available for inspection.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The senior carer reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be clean, tidy, and comfortable. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 19 May 2017. The registered manager advised that all recommendations had been appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 20 September 2017. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Fourteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- "Everything is very good." (resident)
- "I trust the staff – If I buzz the staff come immediately." (resident)
- "The Pinewood staff provide safe care in a friendly, considerate, helpful manner." (representative)
- "Approachable and friendly staff, inspiring confidence in the care being provided by the facility." (representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the senior carer established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed and two included an assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. It was noted one of the care records did not contain a care plan but contained all other relevant information. This was identified as an area for improvement to comply with the standards. The area manager advised that newly developed care record templates were being finalised for use following a review of the format of care records used within the home. This work was being completed in response to the changing nature of the service provided as all residents are admitted to the home for a short term period of assessment and rehabilitation to help support recovery before discharge either home or on to a permanent care placement. The area manager reported that regular multi-disciplinary meetings are held during the residents stay to monitor progress and assess how or where residents needs can best be met in the long term, following discharge.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice for example residents were supported with their individual needs to aid recovery. Records were stored safely and securely in line with data protection.

The senior carer advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of infection prevention and control procedures and equipment checks were available for inspection. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews and staff shift handovers. Staff reported that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Fourteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- “We feel our father is getting the right care for his needs and we are kept informed of any developments.” (representative)
- “In the few days that the user has been cared for at this facility we have seen great progress both physically and psychologically and we are delighted to see this.” (representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified in regard to ensuring a care plan was in place for all residents reference to this is made in that a care plan was not available for an identified resident.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

The senior carer advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents’ spiritual and cultural needs, were met within the home. Staff, for example explained that ministers would visit residents in the home if they so wish. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment for example upon admission to the home residents are provided with a Service Users Guide which contains relevant information about the home and residents are also invited to attend weekly review meetings.

Residents stated that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Discussions with staff confirmed that they were aware of the importance of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected.

Staff advised that residents were listened to, valued and communicated with in an appropriate manner. Residents stated that their views and opinions were taken into account in matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included for example, a suggestion box, weekly reviews and comment cards were also available for residents to complete regarding their stay in the home.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage in activities to help regain and maintain everyday living skills. A library was available for residents’ use. The registered manager advised that plans were in place to review activity arrangements during the weekends. Arrangements were in place for residents to maintain links with their friends, families and wider community; visitors were welcomed to the home.

Residents spoken with during the inspection made the following comments:

- “It has been good here everyone is very kind. If I need anything there is always someone there.”
- “I can’t complain, I have everything that I need, the staff are good and there is always someone about.”
- “It’s nice and quiet, the staff are good, food nice. Its first class”.
- “Everything is very good, the food is great, it was so good I had seconds and I’m having an egg for breakfast in the morning.”
- “I don’t want to go home, I love it here.”
- “The staff are very good, Mairead especially. It has been a great experience. I can’t speak highly enough of Pinewood.”

Fourteen completed questionnaires were returned to RQIA from residents, resident representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- “The staff appear to be caring and compassionate.” (representative)
- “The staff are very compassionate and our father is treated in a dignified, respectful manner. At all times he is involved in decisions about his care.” (representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, promoting residents independence, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 area manager outlined the management arrangements and governance systems in place within the home to support the management of change across the home.

During the inspection there was evidence of admissions being made to the home outside of the categories of care for which the home was registered. Subsequent to this, following discussions with RQIA the senior manager from NHSCT was advised to ensure a variation to registration application was submitted to RQIA to address the identified issue. This was identified as an area for improvement to comply with regulations.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the user information guide and poster displayed.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Learning from accidents and incidents was disseminated to all relevant parties and actions plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff completed training regarding delirium.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

Following discussions with the registered manager, there was evidence that managerial staff were provided with additional training in governance and leadership. Learning from incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Senior management were kept informed regarding the day to day running of the home through regular visits and updates.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff advised that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager advised that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. Staff reported that they could access line management to raise concerns. Staff stated that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The area manager advised that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Fourteen completed questionnaires were returned to RQIA from residents, resident representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- “Staff are very pleasant and approachable.”(representative)
- “The service is well led and the staff are well motivated and provide over and above a good standard of care. Any changes or developments regarding our father are explained to us immediately.” (representative)
- “I have met and spoken at length with the (deputy superintendent) and found her to be friendly, efficient and well able to respond to my enquiries.” (representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection ensuring the home is registered for categories of care appropriate to residents’ needs.

	Regulations	Standards
Total number of areas for improvement	1	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 Elizabeth Knight, area manager and also with Mairead Donnelly, registered manager following the inspection, 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 15.(1) (e)</p> <p>Stated: First time</p> <p>To be completed by: 26 October 2017</p>	<p>The registered person shall ensure the home will not provide accommodation to a resident unless it is registered for the category of care appropriate to resident's needs.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Following discussion with RQIA, The NHSCT has now applied for a change in registration category</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2017</p>	<p>The registered person shall ensure a care plan is completed for all residents including the identified resident.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: A careplan was completed for the one client who did not have a careplan.</p>

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



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