



Announced Care Inspection Report 4 November 2020



Pinewood

Type of Service: Residential Care Home (RCH)

Address: 101 Frys Road, Ballymena BT43 7EN

Tel no: 028 2563 8664

Inspector: Marie-Claire Quinn

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.

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 residential care home registered to provide residential care for up to 30 residents.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Jennifer Welsh	Registered Manager and date registered: Kathleen Henry, acting
Person in charge at the time of inspection: Kathleen Henry	Number of registered places: 30
Categories of care: Residential Care (RC) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 9

4.0 Inspection summary

This short notice announced care inspection took place on 4 November 2020 from 10.30 to 15.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- the home's environment
- staffing
- care delivery
- recording of care
- governance and management arrangements.

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
Total number of areas for improvement	0	*4

Areas for improvement include one under the standards which has been carried forward to the next care inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Kathleen Henry, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and returned QIP.

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.

A poster was displayed in the home advising that an inspection was being conducted. A number of questionnaires and 'Tell Us' cards were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- staff duty rota from 30 October 2020 to 7 November 2020
- one staff recruitment record
- care records of three residents
- accident and incidents records
- a sample of governance records, including audits and monthly monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or carried forward to the next care inspection.

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 previous care inspection 14 February 2020

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 6.2 Stated: Second time	<p>The registered person shall ensure that care plans include details of:</p> <ul style="list-style-type: none"> • the management of any identified risks • strategies or programmes to manage specified behaviours <p>This is specifically in relation to residents with additional physical health needs.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>We reviewed care records which included sufficient detail on the management of falls, mobility and wound care. One care plan regarding the management of diabetes required additional review; the manager provided written confirmation that this had been addressed following the inspection. This area for improvement has been met.</p>	
Area for improvement 2 Ref: Standard 13 Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Observation of practice and discussion with residents and staff during the inspection confirmed that this area for improvement has been met.</p>	
Area for improvement 3 Ref: Standard 27.10 Stated: First time	<p>The registered person shall ensure that a programme of works to repair the areas of damaged flooring in the dining room and corridor areas is developed. The programme of works should clearly identify the date by which the damaged flooring will be replace/repaired.</p>	Carried forward to the next care inspection

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 4 Ref: Standard 20.2 Stated: First time	<p>The registered person shall ensure the following issues in relation to accidents/incidents are addressed:</p> <ul style="list-style-type: none"> • Accidents/incidents entered in the Trust Datix system should be reviewed to identify any that should have been submitted to RQIA in accordance with RQIA's Statutory Notification of Incidents and Deaths guidance document dated September 2017. A retrospective notification should be submitted for any accidents/incidents not previously notified to RQIA. • RQIA's Statutory Notification of Incidents and Deaths guidance document should be shared with all staff responsible for submitting notifications. 	Met
	<p>Action taken as confirmed during the inspection: Review of records and discussion with staff and management confirmed this area for improvement has been met.</p>	

6.2 Inspection findings

6.2.1 The home's environment

The home was clean, warm and tidy.

Staff checked our identification, took our temperature and ensured we sanitised our hands when we arrived at the home.

There was information on COVID-19 and Infection Prevention and Control (IPC) measures displayed at the entrance and throughout the home. Visiting arrangements were risk assessed and organised in line with current COVID-19 guidance.

Staff wore Personal Protective Equipment (PPE) correctly and as required. Staff followed the correct procedures for donning and doffing PPE and washing their hands. Staff also encouraged residents to wash their hands when necessary. No concerns regarding the supply of PPE were raised by staff.

Corridors in the home had been clearly designated depending on whether residents required a period of isolation. This was well managed, signposted and clearly communicated to residents and their relatives prior to admission to the home. Staff were delegated to a specific area of the home on each shift, to further minimise the risk of cross infection.

Management advised that identified repair and refurbishment of flooring in the home had been delayed due to an outbreak of COVID-19 in April 2020 and the continued need to reduce footfall in the home. Adequate arrangements were in place to minimise trip hazards in the interim. The manager had also raised the issue with senior management for the home and was awaiting an estimate of when the work would be commenced. We therefore felt it was proportionate to carry this area for improvement forward to the next care inspection.

6.2.2 Staffing

Care was delivered to residents in a timely way by friendly and cheerful staff. There were good interactions between staff and residents. It was lovely to see that care, catering and domestic staff took their time to chat and engage with residents, especially given the current visiting restrictions. Staff also supported residents with using mobile phones or face time to maintain contact with their loved ones; one staff joked, "There are 90 year olds better at technology than me!"

The six staff we spoke with during the inspection told us that although they were busy, they had positive experiences working in the home. Staff told us:

- "I know it's a cliché, but we are all like a family here. Everyone is very supportive and Kathleen (manager) is fantastic."
- "I have worked here three years and haven't had any issues. The clients all seem to love it so much they don't want to go home!"
- "Every day is different. We have good days and bad days but we get through them."
- "The residents get very good care. COVID-19 has obviously changed things, but all working ok. Kathleen is very organised and on top of things."

The home has a low turnover of staff and only one member of staff had been recruited since the previous care inspection in February 2020. Basic staff recruitment records are retained in the home, with fuller records retained in Northern Health and Social Care Trust's head office. We reviewed one staff recruitment record. The most recent Access NI check was not available on the day of inspection, however management provided written confirmation that this was in place immediately following the inspection.

Management maintained good oversight of staff's professional registration with Northern Ireland Social Care Council (NISCC).

6.2.3 Care delivery

Residents looked very well cared for and it was clear staff had taken great time and effort to support residents with their personal care and appearance. One resident was delighted as although she couldn't have a haircut, staff had washed, deep conditioned and blow dried her hair.

Residents told us:

- “Staff are very obliging.”
- “Staff are very good, they do what they can to help. My leg was very sore yesterday and they brought me painkillers. It feels a bit better today.”
- “I’ve put on 16 pounds since I’ve been here! The food is fantastic. But I’m keen to get home; I’m raring to go and ready to take on the world!”

Residents took part in a range of activities depending on their needs, interests and preferences. One resident was enjoying a cup of tea and crocheting in the lounge, while awaiting a visitor. Some residents enjoyed reading or watching television in their room. Other residents were occupied with attending appointments or completing physiotherapy exercises. Staff advised activities are flexible depending on the individual resident; previous activities have included draughts, word searches, jigsaws and reciting the Rosary.

Discussion with staff and observation of practice confirmed that staff promoted residents independence and confidence throughout the day. In addition to planned physical rehabilitation exercises, care staff were encouraging and supportive with residents who needed to increase their mobility. Staff demonstrated good knowledge of residents’ individual needs, and took pride in their successful rehabilitation.

We observed part of the lunch time meal. The layout of the dining room had been reviewed to allow for social distancing. Residents could choose whether to enjoy their lunch in their bedrooms, the dining room or the lounge areas. One resident received an early lunch before being discharged from the home. Residents told us the food was nice, and one resident was pleased to be having parsnips for lunch as it is one of their favourite vegetables. Residents were also offered cold and hot drinks throughout the day.

6.2.4 Recording of care

Care records were detailed regarding residents’ physical health care needs. Risk assessments and care plans were in place regarding the management of nutrition, continence, pain, mobility and personal care. Care was regularly reviewed to ensure it was effective and adjusted to the residents’ needs.

However, care records were medically focused and did not include sufficient detail on residents’ social, emotional and psychological needs. Information on a resident’s life history was also not consistently recorded. This was discussed with the manager, who agreed on the need for care records to better reflect the social model of care provided in the home. Two areas for improvement were made.

There was clear evidence of multi-professional input into resident’s care. Records included regular input from G.Ps, district nursing, dieticians and social workers as required. Information on resident’s mental capacity and any related Deprivation of Liberty Safeguards required were retained in care records.

Residents’ weights were monitored and recorded; the manager agreed to review the template used for this to ensure consistency. For instance, some staff recorded weights in kilograms, others in stone and pounds.

Physiotherapy and occupational therapy services are based in the home. The home has piloted a 'tracker' system which evidences how care staff support residents to meet their rehabilitation goals across a 24 hour period. For instance, some residents struggled to use the bathroom at night. Staff were given clear direction on how to support residents with this, and recorded residents progress as their mobility, independence and confidence improved. This contributed to a more timely and successful recovery and discharge for residents; this system may be implemented in other NSHCT homes as a result.

6.2.5 Governance and management arrangements

On 3 November 2020, we contacted the manager to arrange an onsite interview for their application to become registered manager of this home. The manager no longer wished to proceed with this application, which has since been withdrawn. We agreed on the need to ensure a thorough handover and induction between the current and new manager; the home will inform RQIA of these changes without delay.

Staff confirmed that the manager was supportive and approachable. They felt there was good communication and information sharing in the home. Staff felt confident that any issues identified were addressed promptly.

Following the inspection, one staff member submitted feedback online and stated they were very unsatisfied that the care in the home was safe, effective and compassionate. Staff were undecided if care was well-led and had specific issues with the management of the rota. We discussed this with the manager on 20 November 2020; she advised the rota had been planned and issued to staff until 6 January 2021, to ensure staff were aware of arrangements for the Christmas period. Additional comments were provided with the manager for further action and review.

Review of accidents, incidents and complaints records was satisfactory.

Senior care staff completed regular audits on medicines, falls management and hand hygiene. Initially it was unclear whether there was a systematic audit programme in place. Discussion with the manager and review of governance records provided the assurance that the manager had recently implemented a monthly audit checklist. This provided a schedule of audits to be completed, recorded how any deficits were addressed and evidenced how the manager maintained good oversight in the home. The manager agreed to implement a similar schedule for senior care staff and further drive quality improvement and oversight in the home.

The two most recent monthly monitoring reports were reviewed and were adequate. Visits had not been completed on a regular basis. The manager explained this was due to staff sickness and the need for reduced footfall in the home. Visits were now adapted to be completed remotely. We agreed on the need for robust monthly monitoring arrangements, especially with upcoming management changes. We also highlighted the need for residents' relatives to be contacted to gather their views during monthly monitoring visits. An area for improvement has been made.

Areas of good practice

Areas of good practice were identified in relation to the home's IPC practices, the engagement between residents and staff and staff's knowledge and understanding of residents' needs and preferences.

Good practice was also identified in the delivery of personalised and individual care, which supported residents to improve and maintain their independence, skills and confidence.

Areas for improvement

Three new areas for improvement were identified in relation to residents' social needs assessments, life history and the completion of monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	3

6.3 Conclusion

The home was clean, warm and tidy. There were robust IPC measures in place. Staff were knowledgeable about residents' needs and preferences and delivered care in a friendly, cheerful and timely way. Residents looked very well cared for and were positive about their experiences being in the home.

There was clear evidence of good multi-agency working to support residents' rehabilitation and recovery. Staff told us they felt well supported by management and the manager demonstrated good oversight and leadership in the home.

Areas for improvement are detailed in the QIP below.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathleen Henry, 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 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.10 Stated: First time To be completed by: 10 April 2020	<p>The registered person shall ensure that a programme of works to repair the areas of damaged flooring in the dining room and corridor areas is developed. The programme of works should clearly identify the date by which the damaged flooring will be replace/repaired.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 6.1</p>
Area for improvement 2 Ref: Standard 5.2 Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that care records include a comprehensive assessment of residents' social, emotional and psychological needs.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: Bridging care plans for recovery service users are under review. The new documentation will reflect and include the assessment of residents social, emotional and psychological needs. this will be in partnership with and community discharge coordinators.</p>
Area for improvement 3 Ref: Standard 5.3 Stated: First time To be completed by: From the date of inspection.	<p>The registered person shall ensure care records include sufficient information about the resident's life history and previous lifestyle, values and personal preferences.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: Bridging care plans are under review Documentation is now in place for staff to complete with resident on admission to gain information on their life history and previous lifestyle, values and personal preferences.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection.</p>	<p>The registered person shall ensure that a written monitoring report is completed on a minimum monthly basis. This report summarises any views of residents and/or their relatives about the quality of the service provided.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Written monthly monitoring reports will be completed in line with monthly monitoring visits and discussed and shared with the unit manager with any recommendations taking into account the views of residents/visitors.</p>
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Please ensure this document is completed in full and returned via Web Portal



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