



Unannounced Care Inspection Report 7 March 2019



Pinewood

Type of Service: Residential Care Home
Address: 101 Frys Road, Ballymena BT43 7EN
Tel No: 02825638664
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 provider 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 with 30 beds that provides care for residents within the categories of care as listed in Section 3.0 of this report. 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

Organisation/Registered Provider: Northern HSC Trust Responsible Individuals: Anthony Baxter Stevens	Registered Manager: Mairead Donnelly
Person in charge at the time of inspection: Mairead Donnelly	Date manager registered: 16 October 2015
Categories of care: Residential Care (RC) I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability	Number of registered places: 30 The home is also approved to provide care on a daily basis only to 1 person

4.0 Inspection summary

An unannounced inspection took place on 7 March 2019 from 10.30 to 15.30 hours.

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

This was primarily a focused inspection to review meals and the mealtime experience in the home.

Evidence of good practice was found in relation to feedback from residents and staff, general observations of care practices and staff's knowledge and understanding of residents' needs.

Two areas for improvement were identified; these related to ensuring fire safety recommendations were addressed and to ensure a risk assessment and associated care plan was completed for any resident admitted to the home that smokes.

The following areas were examined during the inspection:

- meals and meal times
- care practices
- environment

Residents spoken with shared positive comments with regard to their experiences in the home.

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	2	0

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

No further actions were required to be taken following the most recent inspection on 9 October 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, and written and verbal communications since the previous inspection.

During the inspection the inspector met with 10 residents individually and others in groups, six staff and two visiting professionals.

Ten questionnaires 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 online. "Have we missed you?" cards were left in the home to give residents and residents' representatives the opportunity to contact RQIA and discuss any issues regarding the inspection of the home. One completed resident questionnaire was returned to RQIA within the identified timescale; the respondent indicated they were "very satisfied" with all the areas reviewed in the questionnaire. No staff questionnaires were returned within the identified timescale.

The following records were examined during the inspection:

- two care records
- menus
- notifications of accidents and incidents
- compliments and complaints records
- fire safety risk assessment
- fire safety checks

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 most recent inspection dated 9 October 2018

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified.

6.2 Review of areas for improvement from the last care inspection dated 9 October 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.3.1 Meals and mealtimes

A varied and nutritious diet was provided to meet the individual recorded dietary needs and preferences of the residents. The menu was rotated over a four weekly cycle. The menu offered a choice of meal each mealtime.

Systems were in place to record residents' weights upon admission and assessments reflected any specialist dietary needs. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by SALT were reflected within the individual residents' care plans.

Discussions with staff confirmed that they were aware of matters concerning residents' eating and drinking as detailed in residents' care plans. An inspection of a sample of two residents' care records, including information pertaining to eating and drinking, was undertaken. These records reflected the residents' prescribed needs and included SALT guidance as necessary.

Meals were provided at conventional times throughout the day with drinks and snacks available in-between. Residents can also have a snack or drink on request. Fresh drinking water was readily available.

The lunchtime meal was appetising and nicely presented. The dining room was nicely facilitated. Tables were nicely set with choice of condiments. Residents had a choice of meals provided.

Discussions with residents during this inspection confirmed that they were very satisfied with this area of care. Some of the comments made included statements such as:

- "I am more than satisfied with the food, can't complain."
- "Everyone is very helpful. I am quite happy here, I have no complaints. The food is good, the only thing is you get too much! It's good and you get a choice every day."
- "Very good, the staff, the food, can't complain about anything."

The kitchen facility was tidy and well organised. Discussion with the chef and kitchen assistant confirmed that they were aware of different dietary needs of residents and there were systems in place to ensure information relating to specialist diets was available for staff. The chef and kitchen assistant described the arrangements in place regarding meal provision for residents who require specific textured meals.

Information displayed in the dining room showed plans were in place for a focused programme on nutrition and hydration in the coming week. This was to share awareness with residents and staff of the benefits of maintaining healthy levels of nutrition and hydration. Information was also available for staff relating to The International Dysphagia Diet Standardisation Initiative (IDDSI).

6.3.2 The environment

The home was clean and tidy with good standard of furnishing and décor being maintained. The registered manager confirmed there were plans in place for ongoing environmental improvements. Communal areas were comfortable and nicely facilitated. Residents' bedrooms were clean and comfortable.

The home was appropriately heated and fresh smelling. There were no obvious health and safety risks observed in the internal and external environment.

Review of fire safety records showed fire safety checks including fire alarm, emergency equipment and lighting were maintained on an up-to-date basis. Fire drills were completed on a regular basis and records were maintained of staff who participated.

There was an up-to-date fire safety risk assessment completed in May 2018. Although recommendations had been actioned by the registered manager and reported onwards to estates there was no evidence that all the recommendations had been completed. This was identified as an area for improvement to comply with the regulations.

Review of one of the care records showed that a newly admitted resident was a smoker. The registered manager advised there was only one smoker in the home at the time of inspection. The need to ensure that a risk assessment and corresponding care plan, pertaining to smoking, was put in place for any resident admitted to the home that smokes was discussed with the registered manager and identified as an area for improvement to comply with the regulations.

6.3.3 Residents' views

The inspector met with 10 residents individually and others in groups in the home at the time of this inspection. In accordance with their capabilities, all residents advised/confirmed that they felt a good standard of care was provided for, that staff acted with kindness and support, they enjoyed the meals and that the overall general atmosphere was good.

Comments received from residents included:

- "It is very good, I don't think that you could get better. I can't say a bad word about anything."
- "They (staff) are really really lovely. Everyone is so good, the manager is lovely and will really try to help you. I didn't know what to expect coming here but it has been great."
- "It is so clean, comfortable, good food, faultless. The standard of care has been tremendous. Every aspect of care is brilliant. Cleanliness, quality of food, it's piping hot, fresh ingredients, I can't think of any aspect that could be better. I have been saying to family and friends how good it is, really is."
- "Very comfortable, very good. I like the staff here, getting around is very good, they look after you very well."

6.3.4 Care practices

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles and duties and training. Staff also advised that they believed a good standard of care was provided for residents admitted to the home and if there were any concerns they would have no hesitation in reporting these to management.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

Discussion with the registered manager, and inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents. It was also advised that the home did not accommodate any individuals whose assessed needs could not be met.

The general atmosphere in the home was homely and supportive. Residents were observed being encouraged by care staff and visiting allied health care professionals regarding their progress in the home. Residents appeared content, relaxed and at ease with their interactions with staff and their environment. Staff interactions were found to be polite, friendly and warm.

Comments received from visiting professionals include:

- “I have to say the communication here is so good. You are kept well informed of any changes. I was speaking to a former resident recently; he was saying how good his stay was and how he improved.”
- “Brilliant, it works really well. Staff are brilliant, keep you well informed. Communication is excellent, care is excellent, it really is. Staff are so supportive of the residents, they do a great job. I wish everywhere was like Pinewood.”

Areas of good practice

There were areas of good practice found in relation to feedback from residents, general observations of care practices and staff’s knowledge and understanding of residents’ needs.

Areas for improvement

Two areas for improvement were identified during the inspection; these related to the completion of recommendations outlined in the home’s fire safety risk assessment, and to ensure a risk assessment and corresponding care plan is put in place for any resident admitted to the home that smokes.

	Regulations	Standards
Total number of areas for improvement	2	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 Mairead Donnelly, registered 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.

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 27(4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2019</p>	<p>The registered person shall ensure the fire safety recommendations outlined in the homes fire safety risk assessment are completed without delay.</p> <p>Ref: 6.3.2</p>
	<p>Response by registered person detailing the actions taken: The new fire panel has been fitted and commissioned and all other actions are in progress</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 8 March 2019</p>	<p>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.</p> <p>Ref: 6.3.2</p>
	<p>Response by registered person detailing the actions taken: Pinewood is a non smoking facility. Clients are informed of this prior to accepting a place here. Very occasionally a client struggles with this despite being offered support. On the day of inspection there was one client who was smoking outside the unit. Whilst we aim to be non smoking at all times, a smoking risk assessment will be in place should we have a client who smokes</p>

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



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