

Unannounced Care Inspection Report 8 June 2017



Pinewood

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

www.rgia.org.uk

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 provides admissions for short term periods of rehabilitation only. There are no permanent residents accommodated in the home.

3.0 Service details

Registered organisation/registered person: Northern Health and Social Care Trust	Registered manager: Mrs Mairead Donnelly
Person in charge of the home at the time of inspection: Mrs Mairead Donnelly	Date manager registered: 22 September 2015
Categories of care: 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 8 June 2017 from 11.00 to 17.00.

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 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 liaising with other care professionals, improvements to the environment, care planning and ensuring good communication between residents and staff.

Areas for improvement were identified regarding the floor in the reception part of the home and ensuring the records of the most recent fire drill are maintained. Two areas for improvement have been stated for the second time relating to the gathering of residents views, and the review and updating of the homes statement of purpose as these standards were partially met at the time of this inspection.

Residents said “it is very good” and “I know there is someone there at night if I need help”.

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	0	4

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

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 17 January 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 last care inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with nine residents, four staff, two visiting professionals and two residents' visitors/representatives.

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

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal information
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of environment / equipment checks
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance was recorded as partially 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 most recent inspection dated 17 January 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 17 January 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 1.2 Stated: First time To be completed by: 17 May 2017	The registered provider should ensure views of residents are formally gathered with regard to their satisfaction about the service provided by the home.	Partially met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of information in the home confirmed that steps have been taken to develop a system to gather views of residents regarding their satisfaction with the service. This work is currently ongoing. This recommendation has been stated for a second time in the QIP appended to this report.	
Area for improvement 2 Ref: Standard 13.1 Stated: First time To be completed by: 17 March 2017	The registered provider should ensure the provision of activities is reviewed ensuring residents have an opportunity to participate in a range of different activities should they so wish.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed residents are encouraged to participate in activities specifically related to their individual needs and recovery programme.	

Area for improvement 3 Ref: Standard 20.6 Stated: First time To be completed by: 17 March 2017	The registered provider should ensure that the homes statement of purpose is reviewed and updated.	Partially met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that work has been done to review the homes statement of purpose to reflect in greater detail the nature of the service being provided. This work is ongoing. This recommendation has been stated for a second time in the QIP appended to this report.	

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 registered manager confirmed 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 registered manager confirmed the number of residents accommodated in the home can change on a regular basis depending on admissions and discharges from the home. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager confirmed that recruitment was currently ongoing. Arrangements were in place to monitor the registration status of staff with their professional body.

An adult safeguarding policy and procedure was in place consistent with the current regional guidance. A safeguarding champion has 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 registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. The registered manager confirmed all residents were admitted to the home on a temporary basis. There are no permanent residents accommodated in the home. Residents are referred to the home for a limited time to enable a period of assessment and recovery before discharge either home or referral for a permanent placement in another facility. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. The registered manager evidenced that work was ongoing within the home to further develop the admission and discharge information provided in response to the transition of the service.

There is a key pad entry system at the front door of the home for security reasons. The registered manager confirmed that there were currently no restrictive practices undertaken within the home and on the day of the inspection none were observed. The registered manager confirmed on occasions restrictive practices may be employed within the home, notably bed rails or pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these would be appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and 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. The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

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 registered manager 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, residents' bedrooms were clean, tidy and appropriately heated, new furniture had been provided as part of the refurbishment of the home. 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. It was noted work had

been completed on the floor in the reception area of the home. This resulted in an uneven flooring surface. Action is required to ensure compliance with the standards. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible across the home.

The home had an up to date fire risk assessment in place dated May 2017; the registered manager confirmed and all recommendations had been addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Records pertaining to the most recent fire drill were not available this was identified as an area of improvement to meet the standards. 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.

One completed questionnaire was returned to RQIA from staff. The respondent described their level of satisfaction with this aspect of care as satisfied.

Staff spoken with during the inspection made the following comments:

- “This place is very good, you get a thorough induction.”
- “I have no issues here, I think it is very good. It works”.

Areas of good practice

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

Areas for improvement

Two areas were identified for improvement. This included ensuring the floor area in the reception part of the home was fit for purpose and records of the most recent fire safety drill are maintained in the home.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

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

Three care records were reviewed, they included an initial assessment of needs, risk assessments, and daily/regular statement of health and well-being of the resident. The registered manager confirmed work was currently ongoing to review the format of the care records used within the home. This work was being completed in response to the changing

nature of the service provided. The registered manager confirmed all residents are admitted to the home for a short term period of assessment and rehabilitation to support recovery before discharge. The registered manager confirmed regular multi-disciplinary meetings are held during 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. Discussion with staff confirmed that a person centred approach underpinned practice, for example, residents are supported with their individual needs and recovery plans. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered at appropriate intervals. Audits of infection prevention and control procedures, environment and equipment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed 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, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives 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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff spoken with during the inspection made the following comments:

- "I really love my job here it is good to see the difference when people come in to how they leave again, you know it make a difference."

One completed questionnaire was returned to RQIA from staff. The respondent described their level of satisfaction with this aspect of care as satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to developing care records to reflect changes in the service provided, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 registered manager confirmed 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.

Discussion with staff, residents and/or their representatives confirmed that residents' needs were met within the home. Residents and representatives were aware of the short term nature of placements within the home.

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, an information guide is provided for all residents upon admission to the home.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected for example, staff were aware of the need to ensure residents' information was handled securely.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them through regular meetings and care reviews.

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

The registered manager confirmed work was ongoing regarding the development of a system to gather the views of residents who access the service. The completion of this has been stated in the QIP appended to this report for a second time.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example residents are supported to regain and maintain everyday living skills. Arrangements were in place for residents to maintain links with their friends, families and wider community; visitors are welcomed to the home.

Residents spoken with during the inspection made the following comments:

- “It is very good, very clean, the food is excellent. If you have to be in somewhere this is a great place to be that’s for sure.”
- “They are all very kind and helpful which is important. I know there is someone there if I need help at night”.
- “You just push the button and staff will come. We are well looked after here, it has been great.”
- “I am getting on very well here. It’s good.”
- “It’s very good, the company has been great. Everything has been lovely, the food, vegetables well cooked.”

One completed questionnaire was returned to RQIA from staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Resident’s representatives commented:

- “Staff come quickly they are always about”.
- “I would like to see more OT and physio for (relative)”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, 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 registered manager outlined the management arrangements and governance systems in place within the home. Discussion with the registered manager confirmed that changes were being implemented across the home as there are no permanent residents and all admissions are for short term periods of rehabilitation only. The registered manager confirmed that new care records were being developed to reflect the changing nature of admissions to the home. The statement of purpose also needs to be updated to reflect the service and this area for improvement has been identified for the second time.

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. Residents and/or their representatives were made aware of how to make a complaint by way of information displayed in the reception area of the home and contained within the homes user guide.

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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive 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.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Staff recently completed training in dementia awareness.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; the three most recent reports were reviewed and found to be satisfactory.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager confirmed that senior management were kept informed regarding the day to day running of the home through regular visits to the home and by regular updates.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed 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. The registered manager confirmed that staff could also access line management to raise concerns and they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed 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.

One completed questionnaire was returned to RQIA from staff. The respondent described their level of satisfaction with this aspect of the service as satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.8 Stated: First time To be completed by: 8 September 2017	The registered person shall ensure that the floor in the reception area of the home is fit for purpose. Ref: 6.4 Response by registered person detailing the actions taken: Minor works form completed and forwarded to Estates for replacement of flooring.
Area for improvement 2 Ref: Standard 29.6 Stated: First time To be completed by: 8 September 2017	The registered person shall ensure records of the most recent fire drill are maintained in the home. Ref: 6.4 Response by registered person detailing the actions taken: Fire officer contacted to ensure this is recorded at time of training and drill being carried out.
Area for improvement 3 Ref: Standard 1.2 Stated: Second time To be completed by: 22 June 2017	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 Response by registered person detailing the actions taken: Format for seeking these views is currently being finalised
Area for improvement 4 Ref: Standard 20.6 Stated: Second time To be completed by: 8 September 2017	The registered provider should ensure that the homes statement of purpose is reviewed and updated. Ref: 6.2 Response by registered person detailing the actions taken: Final version of statement of purpose will be forwarded to RQIA on completion

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



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