



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Service and ID:** Pinewood (1373)  
**Date of Inspection:** 8 July 2014  
**Inspector's Name:** Bronagh Duggan  
**Inspection ID:** 17326

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1.0 General information

<b>Name of Service:</b>	Pinewood (1373)
<b>Address:</b>	101 Frys Road Ballymena BT43 7EN
<b>Telephone number:</b>	(028) 2563 8664
<b>E mail address:</b>	andrew.jamison@northerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Northern HSC Trust Mr Larry O'Neill
<b>Registered Manager:</b>	Andrew Jamison
<b>Person in charge of the home at the time of inspection:</b>	Andrew Jamison
<b>Categories of care:</b>	RC-I
<b>Number of registered places:</b>	36
<b>Number of residents accommodated on Day of Inspection:</b>	28
<b>Scale of charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	23 October 2013 Primary announced inspection
<b>Date and time of inspection:</b>	8 July 2014 10:50am - 3:00pm
<b>Name of Inspector:</b>	Bronagh Duggan

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and visitors
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

### **5.1 Health and Social Care**

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Pinewood Residential Care home is situated close to the town centre of Ballymena. The residential home is owned and operated by the Northern Health and Social Care Trust. The current registered manager is Mr Andrew Jamison.

Accommodation for residents is provided in a purpose built single story building. It occupies a spacious site with ample car parking and surrounding gardens. A more private garden area with a greenhouse is located at the rear of the home.

Pinewood has four lounges and there are three alcoves with sitting / relaxation areas. The home's dining room, offices and bedrooms radiate out from the entrance / reception area in three corridors. Accommodation is provided in single bedrooms.

Service provision consists of a core of permanent residents (although permanent admissions have been suspended for many months) respite beds and designated places for a step up/step down facility designed for people who require a short period of rehabilitation before returning to live in the community.

The home is registered to provide care for a maximum of 36 persons under the following categories of care:

### Residential care

I Old age not falling into any other category

### Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of three residents.

## 7.0 Summary of inspection

This secondary unannounced care inspection of Pinewood was undertaken by Bronagh Duggan on 8 July 2014 between the hours of 10:50am - 3:05pm. Mr Andrew Jamison, registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken by Mr Andrew Jamison, registered manager can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard nine Health and Social Care. The home was found to be compliant with this standard. There were processes in place to ensure the effective management of the standard inspected.

As part of the inspection the care records of three residents were viewed these all included the details of the residents general practitioner, optician and dentist. These services were accessed by the resident. Two care staff spoken with showed good knowledge of the needs of residents in the home. Staff confirmed that the needs of residents can vary and they work closely with a range of other professionals who visit the home and review residents changing

needs. The three care records which were reviewed during the inspection showed residents health and welfare was continually monitored. There was evidence of multi-disciplinary input in relation to meeting resident's needs, and referrals had been made where appropriate to primary health care services.

Discussion with staff indicated that resident's representatives would be provided with feedback from health and social care appointments where appropriate. Staff confirmed to the inspector that a resident's representative had recently been informed of changes in their relative's condition however this was not reflected in the residents' notes. A recommendation has been made that when resident's representatives are provided with feedback from their relative's health and social care appointments this information should be documented in resident's notes.

The three care records reviewed included a recording system which was used to monitor resident's attendance at health and social care appointments. A review of these records showed that two had been completed, however one of the records was not fully up to date in that the residents' most recent appointments had not been recorded. There was also an omission noted in relation to a follow up appointment for the identified resident. This was discussed with the registered manager who stated that the home did not usually arrange the follow up appointment this would be done by the service provider. A recommendation has been made that the record of all appointments attended is kept up to date to reflect resident's attendance and if a follow up appointment is not made within the specified time the home should contact the service provider to arrange an appointment and document same.

Records were available in the three care records reviewed which documented the personal equipment and appliances of residents. These items are maintained and stored appropriately in resident's bedrooms when not in use.

During the inspection the inspector met with residents, staff, and one relative and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector also observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. One relative spoken with indicated their satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, and the visiting relative are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be dated though mainly fit for purpose. One identified bedroom was identified as requiring improvements to be made to the window and ceiling area. A requirement has been made in this regard.

One requirement and two recommendations were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, visiting relative, registered manager, and staff for their assistance and co-operation throughout the inspection process.



**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 23 October 2013**

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 11.1 and 11.5	Reviews should take place at least annually and supporting documentation should be maintained and available for inspection in line with the Trust's own policy as well as this standard.	A review of records available and discussion with the registered manager confirmed that care reviews have been brought up to date.	Compliant
2	Standard 16.2	All staff should have training on vulnerable adults awareness at induction in line with the Trust's own policy as well as this standard.	A review of records available in the home and discussion with the registered manager confirmed that all staff have completed training in vulnerable adult awareness.	Compliant

## 9.0 Inspection Findings

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
The care records of three residents were viewed these all included the details of the residents general practitioner, optician and dentist. These services were accessed by the resident.	Compliant
<b>Criterion Assessed:</b> 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Two care staff spoken with showed good knowledge of the needs of residents in the home. The home currently has seven permanent residents. On the day of inspection there were 13 residents accessing the step up step down service. Staff confirmed that the needs of temporary residents can vary and they work closely with a range of other professionals who visit the home and review residents changing needs.	Compliant

<p><b>Criterion Assessed:</b> 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b> The three care records which were reviewed during the inspection showed residents health and welfare needs were continually monitored. There was evidence of multi-disciplinary input in relation to meeting resident's individual needs, referrals had been made where appropriate to primary health care services.</p>	Compliant
<p><b>Criterion Assessed:</b> 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b> Discussion with staff indicated that resident's representatives would be provided with feedback from health and social care appointments where appropriate. Staff confirmed that a resident's representative had recently been informed of changes in their condition; this was not reflected in the residents' notes. A recommendation has been made that when residents representatives are provided with feedback from health and social care appointments it should be documented in residents care notes that the information has been shared.</p>	Substantially compliant
<p><b>Criterion Assessed:</b> 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b> The three care records reviewed included a recording system which was used to monitor resident's attendance at health and social care appointments. A review of these records showed that two had been completed however, one of the records was not fully up to date in that the residents' most recent appointments had not been recorded. There was also an omission noted in relation to a follow up appointment for the identified resident. This was discussed with the registered manager who stated that the home did not usually arrange the follow up appointment this would be done by the service provider. A recommendation has been made that the record of all appointments attended is kept up to date to reflect resident's attendance and if a follow up appointment is not made within the specified time the home should contact the service provider to arrange an appointment and document same.</p>	Substantially compliant

<b>Criterion Assessed:</b> 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Records were available which documented personal equipment and appliances of residents. These items are maintained and stored appropriately in resident's bedrooms when not in use.	Compliant

## **10.0 ADDITIONAL AREAS EXAMINED**

### **10.1 Resident's consultation**

The inspector met with 16 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

"It's just super, everybody is great"

"It's absolutely marvellous here, you wouldn't get better"

"They are all very good"

"The care is very good, I couldn't say anything bad about here"

### **10.2 Relatives/representative consultation**

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

"It's a great place; it gives me peace of mind. I know he/she is well looked after, staff are wonderful".

### **10.3 Staff consultation**

The inspector spoke with two members of staff. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

### **10.4 Environment**

The inspector viewed the home accompanied by Mr Andrew Jamison and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be dated though mainly fit for purpose. One bedroom was identified as requiring improvements to be made to the window and ceiling area. A requirement has been made in this regard.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Andrew Jamison, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Bronagh Duggan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Pinewood (1373)

8 July 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Andrew Jamison registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005**

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 27(2) (b)  Ref: 10.4	The registered manager must ensure that improvements are made to the window and ceiling area of the identified bedroom.	One	This work will be completed to the Window and Ceiling area.	3 November 2014



<b>Recommendations</b>					
<b>These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.</b>					
<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	9.4  Ref:9.0	When residents representatives are provided with feedback from health and social care appointments it should be documented in residents care notes that the information has been shared.	One	All feedback from appointments that is shared will be documented in the clients notes.	From day of inspection and ongoing
2	9.5  Ref:9.0	The record of all appointments attended should be kept up to date to reflect resident's attendance and if a follow up appointment is not made within the specified time the home should contact the service provider to arrange an appointment and document same.	One	The records will be kept up to date to reflect a clients attendance. Follow up appointments will be made as appropriate.	From day of inspection and ongoing

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Andrew Jamison
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Dr Tony Stevens Una Cuning

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	3/10/14
Further information requested from provider			