

# Unannounced Care Inspection Report 9 October 2018



## Pinewood

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

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home registered to provide care and accommodation for 30 persons in the categories of care cited on the home’s certificate of registration and detailed in section 3.0 of this report. The home provides care for residents on a short term basis only for a period of rehabilitation before discharge either home or on to a permanent care placement.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Anthony Stevens	<b>Registered Manager:</b> Mairead Donnelly
<b>Person in charge at the time of inspection:</b> Mairead Donnelly	<b>Date manager registered:</b> 22 September 2015
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	<b>Number of registered places:</b> 30  The home is also approved to provide care on a daily basis only for 1 person.

### 4.0 Inspection summary

An unannounced care inspection took place on 9 October 2018 from 10.30 to 16.45.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training, care reviews, communication between residents, staff and other interested parties and maintaining good working relationships.

Residents and one representative spoken with gave positive feedback in relation 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
<b>Total number of areas for improvement</b>	0	0

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 were required to be taken following the most recent inspection on 12 October 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: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, nine residents, five staff, one visiting professional and one residents' visitor/representative.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Ten questionnaires were returned by residents and residents' representatives within the agreed timescale. No completed staff questionnaires were returned within the timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules/ information
- Staff training schedule and training records
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of environment, equipment, Infection Prevention and Control (IPC),
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- 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 recorded as 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 12 October 2018

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 12 October 2017

Areas for improvement from the last care inspection		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> Ref: Regulation 15.(1) (e) <b>Stated:</b> First time	The registered person shall ensure the home will not provide accommodation to a resident unless it is registered for the category of care appropriate to resident's needs.  Ref: 6.7	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of records confirmed residents were admitted within the categories of care for which the home is registered.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> Ref: Standard 6.2 <b>Stated:</b> First time	The registered person shall ensure a care plan is completed for all residents including the identified resident.  Ref: 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of a sample of records confirmed care plans were in place accordingly.	

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were used in the home. The registered manager stated that the use of temporary/agency staff did not prevent residents from receiving continuity of care.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff questionnaires confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training and staff appraisals were reviewed during the inspection.

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A sample of staff competency and capability assessments were later reviewed, the registered manager advised arrangements were in place to review and update the competencies assessed due to changes in the nature of the service and the associated roles of staff. This shall be followed up at a future inspection.

Review of the recruitment and selection policy and procedure during a previous inspection confirmed that it complied with current legislation and best practice. The registered manager advised 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.

A register of staff working in the home was available and contained all information as outlined within the legislation.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC) (where applicable).

The adult safeguarding policy in place was viewed during a previous inspection and was consistent with the current regional policy and procedures. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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.

The registered manager advised there had been no recent safeguarding incidents and that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained prior to admission.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. The registered manager confirmed plans were in place for updates as required. 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. The registered manager reported that any outbreaks of infection within the last year had been managed in accordance with the trust policy and procedures.

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

Inspection of the internal environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. The registered manager advised there were ongoing redecoration and refurbishment plans in place for identified parts of the home. The registered manager was advised to submit to RQIA a minor variation to registration regarding change of use for some areas of the home. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.

The home had an up to date Legionella risk assessment in place dated 6 December 2016.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 11 May 2018 and recommendations were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated, the registered manager was advised to record any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Ten completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Nine respondents described their level of satisfaction with this aspect of care as very satisfied one was satisfied.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

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

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

Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR). Three care records were reviewed they included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Risk assessments (e.g. bedrails, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The registered manager advised work was ongoing regarding the review and development of new templates for the care records used in the home.



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. An individual service agreement setting out the terms of residency in the home was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe how the needs, choices and preferences of individual residents were met within the home. For example residents have opportunities for one to one therapy programmes, and would make choices regarding meals.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to record residents' weights, there were arrangements in place to ensure guidance and recommendations provided by dieticians and SALT were adhered to.

Discussion with the registered manager and staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Referrals would be made to the multi-professional team regarding any areas of concern in a timely manner.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls), environment, equipment, infection prevention and control were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection. In addition information is gathered from resident comment cards, and residents are requested to complete a survey following their stay in the home.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports, were available on request for residents, their representatives any other interested parties to read.

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.

Ten completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Nine respondents described their level of satisfaction with this aspect of care as very satisfied one was satisfied.

Comments received from completed questionnaires were as follows:

- “Fully informed and all answers (given) the meals are most variable and really first class.” (resident)
- “Have only had one previous experience of residential homes and in comparison Pinewood is exceptional.” (resident)

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager, residents and the representative advised that consent was sought in relation to care and treatment. Residents are informed prior to admission about the type of service provided and that the placement will be for a limited period of time only. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and explained how confidentiality were protected.

Discussion with the registered manager confirmed that there were opportunities for lay groups to support resident's spiritual and cultural needs for example a Eucharistic minister would visit 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 the daily menus were displayed. Residents were also provided with information prior to admission regarding what to expect from their stay in the home.

Discussion with staff, residents, representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Systems of communication included, suggestion box, visits by the registered provider, comment cards and service user satisfaction surveys.

Discussion with the registered manager and staff confirmed that residents were enabled and supported to engage in a range of events as part of their rehabilitation programme. Within the home there was a library for residents to access, hairdressing services, and DVD's available to watch. Arrangements were in place for residents to maintain links with their friends, families and wider community for example visitors are welcome to the home, the registered manager confirmed there is a range of seasonal events which occur in the home for example Halloween and Christmas events.

Residents, staff and one residents' visitor/representative spoken with during the inspection made the following comments:

- "Marvellous for food, the girls are excellent". (resident)
- "Everyone is lovely, they are so caring". (resident)
- "You couldn't say a bad word about it, it's great. The food is lovely, you get a good choice". (resident)
- "This is a very good place, everyone is very kind." (resident)
- "The girls all seem very nice, they are attentive, they are always about which is good." (representative)
- "I enjoy working here, I would recommend it to anyone, I would be happy for my family members to be here." (staff)

Ten completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Nine respondents described their level of satisfaction with this aspect of care as very satisfied one was satisfied.

Comments received from completed questionnaires were as follows:

- "The care is excellent, the staff are very friendly and kind I have found that I have received great care and attention and have loved my stay here." (resident)

### 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
<b>Total number of areas for improvement</b>	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 and stated that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

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

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

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.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure reviewed during a previous inspection which included reporting arrangements to RQIA. A review of a sample of notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager confirmed a regular audit of accidents and incidents was undertaken.

There was a system to ensure 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 for example falls prevention, delirium and human rights.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

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

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager confirmed there were arrangements in place for managing identified lack of competency and poor performance for staff.

Ten completed questionnaires were returned to RQIA from residents and residents' visitors/representatives. Nine respondents described their level of satisfaction with this aspect of care as very satisfied one was satisfied.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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