

# Inspection Report

11 October 2023



## Pinewood

**Type of Service: Residential Care Home**  
**Address: 101 Frys Road, Ballymena, BT43 7EN**  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Northern Health and Social Care Trust	<b>Registered Manager:</b> Ms Judith Purdy
<b>Responsible Individual:</b> Ms Jennifer Welsh	<b>Date Registered:</b> 10 February 2023
<b>Person in charge at the time of inspection:</b> Judith Purdy	<b>Number of registered places:</b> 30
<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 residents accommodated in the residential care home on the day of this inspection:</b> 20
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential care home which provides health and social care for up to 30 residents. The home is situated on the ground floor of the building with individual bedrooms and access to communal lounges, bathrooms and a dining room.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 October 2023, from 10.10 am to 5.50 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was bright and welcoming, communal areas were suitably decorated and free from obstruction. Residents were provided with choice throughout the day about where they wished to sit and what they wanted to do.

Residents generally provided positive feedback about their time spent in the care home, reporting staff to be responsive and supportive.

Staff were knowledgeable and well trained to deliver safe and effective care. It was evident that staff promoted the dignity and well-being of residents by knocking on doors before entering and offering personal care discreetly.

Areas requiring improvement were identified relating to care plans, appropriate storage of equipment and refurbishment plans.

RQIA were assured that the delivery of care and service provided in Pinewood was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Pinewood.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents spoken with provided positive feedback regarding their experiences in the care home. One resident said, "staff are excellent." Another resident said, "I love it in here, they are wonderful people."

Staff spoke positively about their time working in the care home. Two staff members said, "I love working in here." Staff told us, there is good team work and reported feeling supported by the manager.

Eight questionnaires were received following the inspection from residents and relatives. The feedback received from the questionnaires highlighted that residents and relatives were satisfied and very satisfied that their care was safe, compassionate, effective and well led. A number of comments were also included on the questionnaires, one wrote; "I'm very happy with all aspects of my care and every staff member is very good to me."

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 20 October 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14 (2)(a) <b>Stated:</b> First time	The registered person shall ensure all parts of the residential care home to which residents have access are free from hazards to their safety.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The medication fridge was observed to be unlocked; cleaning products were stored in areas which were accessible to residents. This was discussed with the manager and addressed immediately. This area for improvement has not been met and will be stated for a second time.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	The registered person shall ensure all notifiable events in the home are reported to RQIA.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Improvement was noted regarding the reporting of notifiable events to RQIA however, further improvement is required to ensure notifiable events include accurate details relating to the time and dates of incidents. This area for improvement has been partially been met and is stated for a second time.	

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 13 <b>Stated:</b> Second time	The registered person shall ensure that the home provides a structured programme of activities and that a record is maintained of all activities that take place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time	The registered person shall ensure pre-employment checks have been made to ensure all staff are safely recruited for their roles.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered person shall ensure that each resident has an up to date care plan which reflects residents' current needs for UTI, skin care and use of antibiotics.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met as written, however a new area for improvement has been identified relating to care plans.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time	The registered person shall ensure audits are in place for skin care and restrictive practices.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

The manager evidenced effective monitoring systems were in place to ensure staff were suitably registered with the Northern Ireland Social Care Council (NISCC).

Staff said they enjoyed working in the home and that there was good team work. They told us they were supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. There were systems in place to ensure staff were trained and supported to do their job.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. A discussion took place with the manager to ensure the codes used on the duty rota are consistent in reflecting shift patterns. This will be reviewed during the next inspection.

Staff told us that there was enough staff on duty to meet the needs of the residents. It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. This was observed in practice and further evidenced in the feedback provided by residents who described staff as attentive to their care needs. Comments made by one resident regarding staff were shared with the manager and RQIA were satisfied with the action plan agreed.

Residents told us they felt confident in requesting support from staff and said they were approachable in their manner.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. This was evident in a staff member's interaction with a resident when offering support with personal care.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made. The manager also monitors this through completion of a monthly skin care audit.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks and condiments made available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their admission to the home and care records were held confidentially. However, it was evident that bridging care plans were not always reviewed in a timely manner following a resident's admission to the care home. As well as this, care plan evaluations were not always reviewed on a regular basis. This was discussed with the manager and an area for improvement was identified.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and fresh smelling. Communal areas were bright and spacious. There were a number of pieces of equipment located alongside walkways in the home, a discussion took place with the manager regarding same. The manager agreed to review the storage of such equipment and an area for improvement was identified.

There was evidence of wear and tear to some aspects of the environment, for example handrails required repaired to allow for these to be effectively cleaned. This was discussed with the manager and an area for improvement was identified.

One bathroom was noted to have a broken buzzer, this was discussed with the manager who confirmed this had been logged with the estates department and assurances were provided following the inspection that this had been repaired.

Residents' bedrooms were generally personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished and comfortable.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence throughout the home of flowers, newspapers and magazines, snacks and drinks available.

Fire safety measures were in place. A Fire Risk Assessment had been completed on the 13 July 2023 and the risk was deemed 'tolerable'. Staff were aware of their training in this area and how to respond to any concerns or risks.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could spend time in the lounge, go out with friends or family and interact with the staff and other residents. Residents told us there was good opportunities and variety in the activities offered throughout the day. On the day of inspection, a reminiscence quiz was taking place in the lounge with residents. This was an enjoyable experience for residents with some saying, "that was lovely", "it took me down memory lane."

Other residents told us they preferred not to get involved in activities however, felt that input from the Physiotherapist's and Occupational Therapists was beneficial in supporting their rehabilitation.

An activity schedule was in place and evidenced a range of activities organised throughout the home, including: bingo, group sing alongs, word searches and movie nights.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents were well presented, there was evidence that personal care was of a good standard. Resident's commented positively about the support made available to them by staff.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Ms Judith Purdy has been the manager in this home since 27 July 2021.



There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The area manager, Colette O'Neill was identified as the appointed safeguarding champion for the home. It was established that staff had good knowledge regarding adult safeguarding and the protection of adults at risk of harm.

Residents spoken with said that they knew how to report any concerns and said they were confident that the Person in Charge would manage this appropriately.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff commented positively about the manager and told us they felt comfortable in approaching her for support and guidance.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	4*

\* the total number of areas for improvement includes two regulations that have been stated for a second time and one standard which has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Judith Purdy, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediately and ongoing	The registered person shall ensure all parts of the residential care home to which residents have access are free from hazards to their safety.  Ref: 5.1  <b>Response by registered person detailing the actions taken:</b> Hairdressing room is now locked at all times and all hazardous substances locked away unless in use . Room will only be used the day the hairdresser is in the home, and will remain locked when hairdresser is finished.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediately and ongoing	The registered person shall ensure all notifiable events in the home are reported to RQIA.  Ref: 5.1  <b>Response by registered person detailing the actions taken:</b> Guidliance has been resent to SCA's re: notifiable events , times and dates to be accurately recorded and also Appendix 2 / reporting requirements grid. SCA's all have access to this on the shared drive and all SCA's have been reminded of all training available on LearnHSCNI. RQIA notifications have also been discussed at SCA's staff meeting.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time  <b>To be completed by:</b> From date of last inspection	The registered person shall ensure pre-employment checks have been made to ensure all staff are safely recruited for their roles.  Ref: 5.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6  <b>Stated:</b> First time	The registered person shall ensure care plans are drawn up as an assessment of the resident's need is carried out and ensure that these are regularly reviewed.  Ref: 5.2.2

<p><b>To be completed by:</b> 11 November 2023</p>	<p><b>Response by registered person detailing the actions taken:</b> All SCA 's have been allocated residents and to complete new recovery care plan's after two weeks admission,SCA's to identify care plans that need to review and also identify in a timely manner when recovery care plan is no longer reflecting residents needs. Bridging care plans will not be used behind day 14 of residents placement.</p>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the equipment identified at inspection is stored appropriately to ensure walkways remain unobstructed.  Ref: 5.2.3</p>
<p><b>To be completed by:</b> 11 November 2023</p>	<p><b>Response by registered person detailing the actions taken:</b> Only two wheelchairs are to be kept in the entrance area, other two wheelchairs to be locked away. Wheelchairs not to be blocking / obstructing any fire exits during meal times.</p>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time</p>	<p>The registered person shall submit a rolling refurbishment plan to RQIA outlining the plans for repairs and timeframes relating to the areas identified during the inspection.  Ref: 5.2.3</p>
<p><b>To be completed by:</b> 8 December 2023</p>	<p><b>Response by registered person detailing the actions taken:</b> Handrails - requested to be sanded and re painted. Bathroom buzzer is fully functional . Please see attached management plan.</p>

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



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