



The **Regulation** and
Quality Improvement
Authority

Pinewood
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Unannounced Care Inspection
of
Pinewood

12 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 12 February 2016 from 10.00 to 15.50. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. Two areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. These related to the reporting of accidents and incidents in the home, and ensuring the call bell system is connected to accurately reflect the correctly designated areas of the home. Two recommendations were made.

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

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with the registered manager Mrs Mairead Donnelly as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: NHSCT/Mr Tony Stevens	Registered Manager: Mrs Mairead Donnelly
Person in charge of the home at the time of inspection: Mrs Mairead Donnelly	Date manager registered: 01/10/2015
Categories of care: RC-I	Number of registered places: 36
Number of residents accommodated on day of inspection: 20	Weekly tariff at time of inspection: £470 per week

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents and the returned Quality Improvement Plan from the previous care inspection on 15 September 2016.

During the inspection we met with 18 residents, two care staff, the deputy manager, registered manager, two visiting professionals and three resident's visitors/representatives.

The following records were examined during the inspection: six care records, satisfaction questionnaires for residents and representatives', staff training records, monthly monitoring reports, the homes Statement of Purpose and Residents Guide, the homes Fire Safety Risk Assessment, accident and incident records and complaints.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced finance inspection dated 26 January 2016. The completed QIP was still due to be returned to and approved by the finance inspector.

5.2 Review of requirements and recommendations from the last care inspection on 15 September 2015.

Previous Inspection Recommendations		Validation of compliance
Recommendation 1 Ref: Standard 14.5	The "acting" manager should ensure residents' wishes in the event of their death are obtained through a process of consultation and or care review.	Met
	Action taken as confirmed during the inspection: We can confirm relevant information was included in the identified care records inspected.	
Recommendation 2 Ref: Standard 6.2	The "acting" manager should ensure that the identified care plans accurately reflect the specific continence needs of residents and identify the plan of care to meet those needs.	Met

	<p>Action taken as confirmed during the inspection: We can confirm relevant information was included in the identified care records inspected.</p>	
<p>Recommendation 3 Ref: Standard 10.1</p>	<p>The need to notify RQIA on each occasion restraint is used should be included within the homes policy and procedure relating to managing challenging behaviour and the use of physical interventions.</p>	Met
	<p>Action taken as confirmed during the inspection: The registered manager confirmed the amended policy was currently being reviewed pending approval by the Trust. This policy stipulates the need to notify RQIA on each occasion restraint is used.</p>	
<p>Recommendation 4 Ref: Standard 10.1</p>	<p>All care staff should complete training relating to managing behaviours on an annual basis in keeping with RQIA Guidance on Mandatory Training 2012.</p>	Met
	<p>Action taken as confirmed during the inspection: From our discussions with the registered manager and inspection of training records maintained in the home we can confirm that staff completed training relating to managing challenging behaviour.</p>	

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

We discussed with the registered manager the opportunities which exist in the home for residents to shape the quality of services and facilities provided. In our discussions the registered manager confirmed that the home currently meets the needs of a small number of permanently place residents while the majority of residents in the home access the service for a short term period of rehabilitative care.

We inspected six care records these contained up to date needs assessments, and care plans. There was evidence to show these were reviewed regularly. The registered manager confirmed that residents are supported to be actively involved in their care. Short term residents work with health care professionals from the Trusts rehabilitative care service including physiotherapists and occupational therapists. Weekly meetings are held to review the progress of residents admitted to the home for a period of rehabilitation.

Is care effective? (Quality of management)

The registered manager confirmed that the views of residents are sought formally through the process of gathering questionnaire responses. The information received from the completed questionnaires is then analysed and compiled within a report which is made available for residents and their representatives. We viewed a selection of questionnaires which had been distributed in December 2015. The registered manager confirmed that she was still in the process of compiling the report for 2015 at the time of the inspection.

The registered manager and staff also confirmed that residents and their representatives are encouraged to make comments and suggestions directly. We found in our discussions with residents and their representatives that they were aware of how to make a complaint if they so wished.

We inspected a selection of monthly monitoring reports available in the home. These showed that the views of residents and their representatives were gathered on a regular basis. The registered manager confirmed that there is an open door policy within the home and that she is available for formal and informal discussions as required.

The registered manager confirmed that permanent residents in the home had been involved in the recent redecoration of their bedrooms; and that all residents make choices regarding meal provisions and events in the home.

In our discussions with staff and residents they confirmed that religious services are available in the home and that they can attend if they so wish. The homes Statement of Purpose and Residents Guide also outlined the arrangements for consultation with residents and representatives.

Is care compassionate? (Quality of care)

In our discussions with staff they confirmed that residents' individual needs and preferences are promoted in the home. During each short term residents stay the service provision is tailored with the additional support of professionals from the community rehabilitation team to ensure residents fulfil their potential.

In our observations of care practices and interactions between residents and staff we found that residents were treated with dignity and respect when being supported by staff.

Areas for improvement

We identified no areas for improvement from the standard inspected. Overall this standard was assessed to be met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents' views

We met with 18 residents, in accordance with their capabilities all residents indicated that they were happy with the care in the home, their relationship with staff and the services and facilities available.

Some comments received included:

- "It's very very good, you couldn't ask for better."
- "The food here is first class."
- "I couldn't complain about anything, everyone is very good."
- "It's like winning the pools; I wish I had been here months ago."
- "The care is very good and the food is very good".
- "I am very happy here, this is a nice place and everyone is very kind."
- "I wish I could stay here everyone is lovely."

5.4.2 Visitors/ representatives views

We met with three visitors/ representatives in the home. They shared with us their experience of visiting the home and confirmed that they found their relatives were well cared for and they were kept informed of any changes in their relative's condition.

5.4.3 Staff views

We spoke with three staff including one carer, one senior carer and the deputy manager. Discussions with staff identified that they were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff shared with us their experiences of supporting residents admitted to the home for a period of rehabilitation and also demonstrated good awareness of the needs and preferences of permanently placed residents.

5.4.4 Visiting professionals

We spoke with two visiting professionals who were in the home during the period of inspection. Both professionals confirmed that they were kept well informed regarding any changes and that staff in the home worked closely with them to ensure the best outcomes of care. The professionals confirmed that residents are actively involved in their decision to come to the home and through the discharge planning process.

5.4.5 General environment

We found the home was clean and tidy with no malodours present. We noted that much of the home had recently been repainted this has improved the appearance of the home. We found the bedrooms of permanent residents to be homely and personalised. The bedrooms available for short term residents were clean, tidy and functional.

It was brought to our attention during the inspection that the call bell system did not correlate with the room numbers shown on the screen. This issue was discussed with the registered manager. We made a recommendation that this issue should be addressed to ensure that the call bell system is connected to accurately reflect the designated areas.

5.4.6 Complaints

We inspected complaints records maintained in the home. There had been no new complaints made since the previous inspection.

5.4.7 Accidents and incidents

We reviewed the accident and incident notifications since the previous inspection we found the majority of these had been managed and reported appropriately. We noted two incidents were not reported to RQIA which should have been. These were discussed with the registered manager who confirmed the information would be forwarded to RQIA retrospectively. We made a recommendation that all accidents and incidents should be reported to RQIA in keeping with regional guidance.

Areas for improvement

We identified two areas of improvement from the additional areas examined. These included the reporting of accidents and incidents to RQIA in keeping with regional guidance and to ensure the call bell system accurately reflects the designated areas of the home. Two recommendations were made.

Number of requirements:	0	Number of recommendations:	2
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6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Mairead Donnelly registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 20.15 Stated: First time To be completed by: 13 February 2016	The registered manager should ensure that accidents and incidents in the home should be reported to RQIA in keeping with regional guidance.		
	Response by Registered Person(s) detailing the actions taken: This has been actioned		
Recommendation 2 Ref: Standard 27.8 Stated: First time To be completed by: 26 March 2016	The registered manager should ensure that the call bell system is connected to accurately reflect the designated areas.		
	Response by Registered Person(s) detailing the actions taken: This has been actioned		
Registered Manager completing QIP	M Donnelly	Date completed	06.04.16
Registered Person approving QIP	Dr Tony Stevens Una Cuning	Date approved	07.04.16
RQIA Inspector assessing response	Bronagh Duggan	Date approved	11.04.16

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address