



Unannounced Care Inspection Report 14 February 2020



Pinewood

Type of Service: Residential Care Home
Address: 101 Frys Road, Ballymena BT43 7EN
Tel no: 028 2563 8664
Inspector: Stephen O'Connor

www.rqia.org.uk

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 30 residents within the categories of care listed in section 3.0 below. The home provides care for residents admitted for short periods of rehabilitation before discharge either home or on to a permanent care placement.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Mr Anthony Baxter Stevens	Registered Manager and date registered: Mrs Angela Denvir (acting)
Person in charge at the time of inspection: Mrs Angela Denvir	Number of registered places: 30
Categories of care: Residential Care (RC) I - Old age not falling within any other category MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Total number of residents in the residential care home on the day of this inspection: 21

4.0 Inspection summary

An unannounced inspection took place on 14 February 2020 from 10:00 hours to 15:20 hours.

The following areas were examined during the inspection:

- the environment
- dining experience
- incident management
- care records
- consultation with residents, staff and visiting professionals

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Two areas of improvement made during the previous care inspection in relation to care plans and provision of activities have not been met and are stated for the second time. Two further areas for improvement against the standards have been made. These relate to repairing/replacing damaged flooring and in relation to the management of notifiable events.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*4

*The total number of areas for improvement includes two standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Angela Denvir, area manager for residential, daycare and supported living in the Northern Health and Social Care Trust (NHSCT) and Mrs Mairead Donnelly, 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 inspection dated 1 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 1 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection the inspector met with two residents, six staff and four visiting professionals. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to be placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was displayed and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- incident and accident records from 1 October 2019 to 14 February 2020
- the care records of three residents
- resident care charts including food and fluid intake charts
- complaints record from 1 October 2019 to 14 February 2020
- a sample of reports of visits by the registered provider/monthly monitoring reports dated 2 October 2019, 18 November 2019, 23 December 2019 and 20 January 2020.

Areas for improvements identified at the last care inspection were reviewed and an assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 1 October 2019

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 6.2 Stated: First time	The registered person shall ensure that care plans include details of: <ul style="list-style-type: none"> • the management of any identified risks • strategies or programmes to manage specified behaviours This is specifically in relation to residents with additional physical health needs.	Not met
	Action taken as confirmed during the inspection: During discussion it was confirmed that bridging care plans developed by the health care professional who organises the admission are in place. Bridging care plans reviewed did make reference to identified risks. However should a risk be identified following admission staff do not develop care plans to outline the care to be delivered to mitigate against the risk. This was discussed during feedback. We confirmed that staff are responsible for detailing the care to be	

	<p>delivered by the core team. The manager confirmed that the procedures in relation to care planning have been reviewed and have been shared with the Trust Board for approval.</p> <p>This area for improvement against the standards has not been addressed and has been stated for a second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>It was confirmed that a structured activity programme has not been developed and implemented. The manager confirmed that the provision of activities presents challenges as the priority would be residents needing to be available and free to engage in rehabilitation programmes. The manager informed us that the Trust are currently reviewing how best to deliver a resident activity programme within the home.</p> <p>This area for improvement against the standards has not been addressed and has been stated for a second time.</p>	

6.2 Inspection findings

6.2.1 The environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were well maintained, clean and tidy. We observed that all store rooms requiring restricted access were locked with either a key or keypad.

We observed that several areas of the vinyl type flooring in the dining room was taped down. We also observed that the main corridor is carpeted, that a manhole cover near the manager's office has a vinyl type covering as opposed to carpet and that the manhole cover has tape at the edges. The issues identified with the flooring were discussed with the manager and an area for improvement against the standards has been made.

6.2.2 Dining experience

Residents had been weighed on admission and monthly thereafter. Residents and staff confirmed that they had 24 hour access to food and drink. Residents commented positively on the food provided in the home.

We reviewed the lunchtime meal experience in the home from 12.45 hours to 13.15 hours. Residents dined in the main dining areas or at their preferred dining area such as their bedroom or the lounge. Food was plated in the dining room in accordance with resident's menu selection. The food was only served when residents were ready to eat their meals or to be assisted with their meals. A range of drinks was served with the meal. The food served appeared nutritious and appetising. Specialist diets were also catered for.

Staff were knowledgeable in relation to residents dietary requirements. Residents wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. The mealtime was well supervised. Food intake records were maintained well.

6.2.3 Incident management

Prior to the inspection it was identified that the home had not submitted any notifications to RQIA since the previous inspection on 1 October 2019. Review of the home's internal accident and incidents records confirmed that incidents were well managed, with appropriate action taken to ensure the safety of residents. We did identify three incidents which had not been notified to RQIA as required. This was discussed during feedback and the manager submitted these following the inspection. An area for improvement was also made under standards to ensure the home complies with this in future.

6.2.4 Care records

As discussed, three care records were selected for random review. Review of these records evidenced that bridging care plans developed by the health care professional who organises the admission were in place. It was confirmed that Pinewood staff do not develop care plans. One care record reviewed evidenced that the resident had recently been assessed by speech and language therapy (SALT) who had made recommendations in regards to the consistency of food and thickness of liquids. However, there was no corresponding care plan developed by Pinewood to detail the arrangements in respect of the SALT recommendations. This was discussed during feedback. We also used an example of a resident developing an infection following admission (this would not be included in a bridging care plan) to highlight the need for staff to develop care plans outlining the care to be delivered by Pinewood staff. Therefore this area for improvement has not been met and has been stated for a second time.

There was evidence of visiting professionals such as district nurses recording care delivered on the evaluation sheets. Separate notes are maintained by some visiting professionals such as delirium support services team members, physiotherapy and occupational therapy staff. Review of evaluation sheets evidenced that staff do not always make a daily entry. This was discussed during feedback and we confirmed that as the home specialises in rehabilitation it would be considered to be good practice to make a daily entry in respect of the resident's condition and progress.

6.2.5 Deprivation of Liberty Safeguards (DoLs)

Pinewood has three designated delirium beds. The delirium support services team supports the home in relation to these residents. A discussion took place in regards to the importance of ensuring that it is clearly documented in the bridging care plan if the resident being admitted into a delirium bed is subject to DoLs or not. The manager confirmed that as residents admitted to Pinewood are being admitted directly from Trust hospitals such a resident would be subject to DoLs and all relevant paperwork is provided on admission.

6.2.6 Consultation with residents, staff and visiting professionals

During the inspection we consulted with two residents, six staff and four visiting professionals. Residents appeared to be relaxed and comfortable in their surrounding and in their interactions with others. The residents spoken with were very positive about their experience of living in the home, stating that staff were very friendly and helpful. None of the residents spoken with voiced any concerns. One of the residents expressed her desire to be a permanent resident in the home though she acknowledged that this was not possible.

The relative consulted with spoke positively in relation to the care provision in the home. They indicated that staff were caring and compassionate, that staff knew the residents really well and that they had no concerns or worries in relation to the standard of care being delivered. The relative confirmed they felt they could voice a concern to staff or management.

We also consulted with four visiting professionals, a delirium support nurse, a district nurse, an occupational therapist and a general practitioner (GP). All of these professionals indicated that they felt staff knew the residents really well, and that staff were responsive to residents' needs and communicate well with other stakeholders involved in the residents' care.

Of the 10 questionnaires left in the home, 10 were returned; most residents indicated that they were very satisfied the home was providing safe, effective and compassionate care and that the home was well led. One resident indicated that they were unsatisfied in relation to the home being well led. Two of the questionnaires included comments which were shared with the manager for action and review.

No completed staff questionnaires were submitted to RQIA following the inspection.

Areas of good practice

There is positive feedback from consultation, and no issues identified in relation to dining experience.

Areas for improvement

Two new areas for improvement were identified in relation to developing a programme of works to repair/replace damaged flooring and in relation to submitting notifications to RQIA.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Angela Denvir, area manager for residential, daycare and supported living in the NHSC and Mrs Mairead Donnelly, manager, as part of the inspection process. The timescales for completion 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.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: Second time</p> <p>To be completed by: 13 March 2020</p>	<p>The registered person shall ensure that care plans include details of:</p> <ul style="list-style-type: none"> • the management of any identified risks • strategies or programmes to manage specified behaviours <p>This is specifically in relation to residents with additional physical health needs.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Risk assessments that are currently completed on separate assessment formats will be incorporated into the care plan. This will detail the management of the identified risks and programmes to manage any specified behaviours.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13</p> <p>Stated: Second time</p> <p>To be completed by: 13 March 2020</p>	<p>The registered person shall ensure that the home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The rehabilitation programmes forms part of the activity base for recovery clients, this involves physiotherapy and occupational therapy programmes and individual plans. Those service users with Delirium are offered structured activity in partnership with the delirium team and residential staff in order to improve cognitive, and social functioning</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.10</p> <p>Stated: First time</p> <p>To be completed by: 10 April 2020</p>	<p>The registered person shall ensure that a programme of works to repair the areas of damaged flooring in the dining room and corridor areas is developed. The programme of works should clearly identify the date by which the damaged flooring will be replace/repared.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Flooring is included in a plan for estate services to repalce in 2020/21</p>

<p>Area for improvement 4</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: 13 March 2020</p>	<p>The registered person shall ensure the following issues in relation to accidents/incidents are addressed:</p> <ul style="list-style-type: none"> • Accidents/incidents entered in the Trust Datix system should be reviewed to identify any that should have been submitted to RQIA in accordance with RQIA’s Statutory Notification of Incidents and Deaths guidance document dated September 2017. A retrospective notification should be submitted for any accidents/incidents not previously notified to RQIA. • RQIA’s Statutory Notification of Incidents and Deaths guidance document should be shared with all staff responsible for submitting notifications. <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: Staff have been briefed and reminded of the process for reporting all notifiable incidents. This will be monitored monthly.</p>

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



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