



The Regulation and
Quality Improvement
Authority

Pinewood
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**Unannounced Care Inspection
of
Pinewood**

15 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of inspection

An unannounced care inspection took place on 15 September 2015 from 10.30 to 17.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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 Ms Bri Smith deputy manager 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 (Acting)
Person in Charge of the Home at the Time of Inspection: Ms Bri Smith	Date Manager Registered: 01/05/2015
Categories of Care: RC-I	Number of Registered Places: 36
Number of Residents Accommodated on Day of Inspection: 25	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 and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection the following records were analysed: Notification of accident and incident records submitted to RQIA and the returned Quality Improvement Plan from the previous care inspection.

During the inspection we met with 14 residents individually and with others in groups, three care staff and two resident's visitors/representative.

The following records were examined during the inspection:

- Five care records
- Relevant policies and procedures
- Staff training records
- Fire Safety Risk Assessment
- Accident and incident records
- Compliments and complaints.

5. The Inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 12 August 2015. There were no requirements and no recommendations made as a result of this inspection.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (2) (b)	The registered manager must ensure that improvements are made to the window and ceiling area of the identified bedroom.	Met
	Action taken as confirmed during the inspection: We inspected the identified bedroom; improvements were observed to the specific areas.	

<p>Requirement 2</p> <p>Ref: Regulation 19(1) (a) Schedule 3</p>	<p>The registered manager must ensure that a recent photograph is included in the care plan of each resident in the home.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>We inspected a sample of five care plans these all included a recent photograph.</p>		
<p>Requirement 3</p> <p>Ref: Regulation 13. (4) (a)</p>	<p>The registered manager must ensure that the medicines trolley is secured to the wall at all times when not in use.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Upon arrival at the home we checked the medicine trolley. This was found to be secured to the wall when not in use.</p>		
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>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>	Partially Met
<p>Action taken as confirmed during the inspection:</p> <p>The deputy manager confirmed that the home's policy and procedure relating to the management of challenging behaviour and the use of physical restraint has been reviewed. This is currently awaiting approval at Trust level.</p> <p>This recommendation has been restated in the QIP for a second time.</p>		
<p>Recommendation 2</p> <p>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>	Partially Met
<p>Action taken as confirmed during the inspection:</p> <p>The deputy manager confirmed that staff had not yet completed this training. However training has been arranged for October 2015. Records available in the home confirmed this.</p>		

	This recommendation has been restated in the QIP for a second time.	
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5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The deputy manager confirmed that there is currently only a small number of permanent residents living in the home. The majority of residents' who access services at Pinewood do so for short term periods of rehabilitation following discharge from hospital. Up to four residents may also access the home for a period of respite. Within this report much of the discussion regarding death and dying relates to the circumstances of expected death in the home. The deputy manager confirmed dying and death is not frequently experienced in the home due to the small number of permanently placed residents. However it is acknowledged the event of sudden death could affect permanent or short term residents in the home at any time.

The deputy manager confirmed that residents' can and have spent their final days in the home unless there are documented health care needs to prevent this. In our discussions with the deputy manager and staff they confirmed that those identified as important to residents would be involved in decisions about their treatment and care. Staff confirmed that they work closely with other health care professionals including the residents General Practitioner and the district nursing service. Staff also confirmed that any changes in the resident's condition would be monitored closely, reflected in their evaluation care records and documented in their care plan.

In our discussions staff confirmed that they liaise closely with family members and would keep them fully informed about any changes in the resident's condition. Staff were aware of the need to monitor residents food and fluid intake, skin integrity and repositioning. Staff confirmed all appropriate risk assessments would be in place.

The deputy manager confirmed that spiritual support is available for residents' on a regular basis with frequent visits from local ministers and lay groups.

Is care effective? (Quality of management)

The home had a policy in place regarding the death of a resident. The policy contained relevant information regarding support to be offered, who to contact, and actions to be taken following a death. The policy referenced current best practice. We observed information relating to grief and bereavement available for staff.

We inspected five care records; four of these reflected residents' spiritual preferences and next of kin details. One care record contained an advanced care plan which included the resident's personal wishes in the event of their death. Three of the care records inspected stated the residents' families were responsible for funeral arrangements. We discussed with the deputy manager the benefit of obtaining the recorded wishes of residents regarding specific arrangements/wishes at the time of their death. We made a recommendation that this issue should be clarified for all permanent residents' in the home. This information should be included in the residents' care plan.

In relation to handling deceased residents' belongings the acting manager confirmed that these are handled with care and respect. A procedure is in place to ensure all items are secured and dealt with in a timely manner in consultation with the resident's representative.

Is care compassionate? (Quality of care)

The deputy manager and staff confirmed to us that the needs of the dying resident would be met with a strong focus on dignity and respect. Staff confirmed that information would be communicated sensitively to family members who would be given time and privacy to spend with their loved one.

The deputy manager confirmed to us that following the death of a resident other residents are informed in a sensitive manner. Residents and staff would have the opportunity to pay their respects and be provided with support if needed. Staff confirmed that there was a supportive ethos from the management of the home when dealing with dying and death.

We viewed a large number of compliment and thank you cards. These were received from families of former residents. The cards contained words of praise and gratitude for the kindness and compassion received during their time at the home.

Areas for improvement

We identified one area for improvement in relation to this standard. Overall this standard was assessed as being met.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

In our discussions with staff they demonstrated knowledge of supporting residents' with their continence needs. Staff were aware of the need to make onward referrals to the continence team if they witnessed any changes in relation to residents' continence. Staff were also aware of infection control procedures in the home and confirmed there was always a good supply of products available.

We inspected five care records; two of these indicated that residents were independent in this area. One care record contained detailed information in relation to the residents specific continence needs. We noted a lack of clarity in two of the records reviewed. We found that they did not clearly identify the plan of care to support residents with their identified continence needs. We made a recommendation that all care plans should clearly reflect the specific continence needs of residents including if they require the use of any specifically assessed continence products.

We observed good supplies of continence products, aprons, gloves, and hand washing dispensers throughout the home. No malodours were identified.

Is care effective? (Quality of management)

The home had a policy in place regarding the management of continence. Staff were aware of the need to contact specialist services if there was an identified need or change in residents condition. Staff completed training in relation to infection control in 2014 and most recently in September 2015. The deputy manager provided information to show that staff were due to complete training specific to continence management in October 2015.

In our discussions with staff they showed good knowledge of residents' individual needs and measures to promote continence management.

Is care compassionate? (Quality of care)

In our discussions with staff they were aware of the need to promote the values of privacy, dignity and respect when supporting residents with their continence needs. Observations of general care practices indicated that continence care was undertaken in a discreet and private manner.

Areas for improvement

We identified one area of improvement for this theme. Overall this theme was assessed as being met.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Residents views

We spoke with 14 residents individually and others in groups. We received seven completed resident questionnaires. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Some of the comments received from residents included:

- "This is a good place to be, everyone is very good".
- "The food is good, my room is good, the home is clean".
- "I am well looked after here".
- "The care is good, the staff are very helpful".
- "There are no complaints from me".
- "It's a good place, it's a good job there is somewhere like it. It helps people".
- "This is a good home , we have all we need".
- "It is excellent, the care is very good".
- "I have found Pinewood very good, thanks to all for care".

5.5.2 Relatives/representatives views

We met with two visiting relatives/representatives who shared their experience of visiting the home.

Comments received included:

- “This is an excellent home, we are so glad (relative) is here. We know the care is very good, we are kept well informed”.
- “This is my first time here, the home is clean and fresh, and (my relative) is content here”.

5.5.3 Staff views

We spoke with three care staff and received three completed staff questionnaires. Staff confirmed that they were supported in their respective duties and were provided with relevant training resources to undertake their duties. This information was also reflected in the returned questionnaires received.

5.5.4 General environment

We found the home was clean and tidy with no malodours present. The décor and furnishings' although dated were fit for purpose.

5.5.5 Accidents and incidents

We reviewed the accident and incident reports from the previous inspection and found these to be appropriately managed and reported.

5.5.6 Fire Safety

An up to date Fire Safety Risk Assessment was in place. Fire safety checks were maintained on an up to date basis. We reviewed fire safety training records in the home. It was noted that there were some discrepancies' in regard to the most recent dates that staff had completed fire safety training. Confirmation of recent fire safety training was later made available. The need to ensure training records are fully completed was discussed with the deputy manager. It was agreed that this issue would be addressed with staff members at the next staff meeting.

5.5.7 Compliments and complaints

We reviewed records of compliments and complaints maintained in the home. There were no new complaints from the previous inspection. A large number of compliments were observed.

5.5.8 Management arrangements

Mrs Mairead Donnelly is currently the “acting” manager of Pinewood. Mrs Donnelly is a registered nurse and has extensive experience regarding the provision of care for older adults. Following the inspection we spoke with Mrs Donnelly via telephone and requested that the completed application to become registered manager of Pinewood is submitted to RQIA. This information has been forwarded on and is currently being processed by RQIA.

6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Bri Smith deputy 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, 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 within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 14.5 Stated: First time To be Completed by: 9 November 2015	The “acting” manager should ensure residents’ wishes in the event of their death are obtained through a process of consultation and or care review.		
	Response by Registered Person(s) Detailing the Actions Taken:		
Recommendation 2 Ref: Standard 6.2 Stated: First time To be Completed by: 13 October 2015	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.		
	Response by Registered Person(s) Detailing the Actions Taken:		
Recommendation 3 Ref: Standard 10.1 Stated: Second time To be Completed by: 9 November 2015	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.		
	Response by Registered Person(s) Detailing the Actions Taken:		
Recommendation 4 Ref: Standard 10.1 Stated: Second time To be Completed by: 9 November 2015	All care staff should complete training relating to managing behaviours on an annual basis in keeping with RQIA Guidance on Mandatory Training 2012.		
	Response by Registered Person(s) Detailing the Actions Taken:		
Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

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