

Inspection Report

16 November 2021



Pinewood

Type of Service: Residential Care Home
Address: 101 Frys Road, Ballymena, BT43 7EN
Tel no: 028 25 638 664

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Northern HSC Trust Registered Person/s OR Responsible Individual Ms Jennifer Welsh – acting	Registered Manager: Judith Purdy – not registered
Person in charge at the time of inspection: Judith Purdy	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.	Number of residents accommodated in the residential care home on the day of this inspection: 18
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 30 residents who require intermediate care. The home is situated on one floor and residents have access to communal lounges and a dining room.	

2.0 Inspection summary

An unannounced inspection took place on 16 November 2021 from 9.50am to 3.40pm 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.

Residents spoke very positively about the care they receive in Pinewood, describing the staff as “very nice”, with one resident describing the home as “top notch”.

Staff were observed promoting the dignity and well-being of residents and providing care in a compassionate manner. Staff described the care as “excellent” with “excellent multi-disciplinary working and communication”. Staff demonstrated a good understanding of adult safeguarding and Deprivation of Liberty (DoL) principles.

RQIA were assured that the delivery of care and service provided in Pinewood was safe, effective, compassionate and that the home was well led. One new area for improvement was identified as outlined in the Quality Improvement Plan (Section 7.0).

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 and 'Tell Us' cards 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. A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

We spoke with nine residents and seven members of staff as part of the inspection process. Residents were very positive about their experience in Pinewood. Residents told us they "couldn't ask for better" in respect of the care they receive and described the staff as "very good" to them. Residents spoke very highly of the food provided in Pinewood, with one resident describing it as "outstanding...like a first class restaurant".

Staff described the care as "excellent" with positive working relationships established and maintained with the wider multi-disciplinary team. Staff described the management team as very "approachable" and stated that any issues raised by staff are resolved in a prompt manner.

No questionnaires were received from residents, resident representatives or staff within the timeline specified.

A record of compliments received about the home was kept and shared with the staff team. The following comments were recorded on thank you cards:-

- "Thank you for your wonderful care and attention".
- "Thank you for looking after mum".
- "Thanks for everything".

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 4 November 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 27.10 Stated: First time	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/repaired.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 5.2 Stated: First time	The registered person shall ensure that care records include a comprehensive assessment of residents' social, emotional and psychological needs.	Met
	Action taken as confirmed during the inspection: Review of a sample of residents' care records highlighted that this area for improvement has been met.	
Area for improvement 3 Ref: Standard 5.3 Stated: First time	The registered person shall ensure care records include sufficient information about the resident's life history and previous lifestyle, values and personal preferences.	Met
	Action taken as confirmed during the inspection: The home have devised a "getting to know you" document with the aim of ascertaining more information about residents. This is an aspect of care which staff should continue to focus on in order to inform person centred planning and care delivery.	

Area for improvement 4 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that a written monitoring report is completed on a minimum monthly basis. This report summarises any views of residents and/or their relatives about the quality of the service provided.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff were observed to be knowledgeable and compassionate towards residents. Positive interactions between staff and residents were observed throughout the inspection. Staff spoken to described the staffing levels in the home as “great” and told us that “communication between staff is excellent”. Staff described the management team in the home as very approachable and stated that they were able to raise any issues of concern and were confident that it would be resolved.

Review of governance records and discussion with the manager provided assurance that staff registration with the Northern Ireland Social Care Council (NISCC) was effectively monitored.

There were systems in place to help ensure that staff were trained and supported to do their job. Mandatory training for care staff included the following topics: fire safety, basic life support, adult safeguarding, manual handling, infection prevention and control and deprivation of liberty safeguards (DoLS).

Staff described the planned staffing levels in the home as “great”. The staff duty rota accurately reflected the grade and numbers of staff working in the home on a daily basis. However, the duty rota did not identify the person in charge of the Home in the absence of the manager; this was highlighted to the manager who agreed to address this immediately. This will be reviewed at a future inspection.

A sample of staff files evidenced that supervision and appraisals were completed on a regular basis. In order to develop greater oversight of when staff supervision is due, the manager has agreed to develop a schedule. This will be reviewed at a future inspection.

Competency and capability assessments for persons in charge of the home and those with medication responsibilities were not available on the day of inspection. Caroline Bucklee, Area Manager, provided assurances following the inspection that these assessments had been completed and will ensure they are retained and remain available at future inspections.

5.2.2 Care Delivery and Record Keeping

The atmosphere in the home was observed to be calm and relaxed. Residents were well presented and willing to engage in conversation. The residents spoken to were all very positive about the care they received in Pinewood.

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. One staff member described the care delivered as "top class".

Staff were observed to be prompt in recognising residents' care needs and responding to the nurse call system. Staff were noted to be skilled in communicating with service users and sensitive to their needs. For example, one resident described their health as deteriorating and felt burdensome to the staff. The staff member responded in a compassionate and sensitive manner offering regular reassurance and comfort to the resident.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. Staff spoken with described the handover as detailed and informative.

Residents' needs were assessed at the time of their admission to the home. Care plans and multi-disciplinary assessments were received for any new admission. Staff recognised the importance of ongoing assessment of residents' needs following their initial admission into the home.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was also recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. During the inspection the dining room was not available for residents to use due to the completion of recent work to replace the floor. The manager provided assurance that the dining room will be available within coming days. Residents' meals were delivered to their bedrooms and the meals looked and smelt appetising. Staff explained that residents have a choice of meals and will place their orders each morning for the day ahead. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure they received the correct diet.

There was evidence that residents' weights were checked on admission and monthly thereafter to monitor weight loss or gain.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home environment included a sample of bedrooms, bathrooms, storage areas, communal lounges and the dining area. The home was observed to be warm, clean, well-lit and free from malodours. Residents' bedrooms were noted to be clean, suitably furnished with some residents choosing to bring sentimental items for their stay.

Corridors within the home were clean and free from clutter.

Measures were in place to manage the risk of COVID-19. For example, the home participated in the regional testing arrangements for residents and staff. Personal Protective Equipment (PPE) was available at the front entrance of the home for all visitors along with temperature checks and health declaration forms. PPE stations were available throughout the home and staff were observed to be wearing PPE appropriately and taking appropriate opportunities for hand hygiene. Governance records showed that IPC audits were regularly completed along with IPC visits from relevant Trust representatives.

The home also has an isolation area for all new admissions to the home. Once a resident completes their period of isolation they will transfer to another area within the home. Staff have implemented this to manage the risk of COVID-19.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. A fire risk assessment had been complete in July 2021 with actions addressed by the manager.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Patients

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents preferred to spend their days in their bedrooms while some took opportunities to visit the lounge.

Discussion with the manager highlighted that there is no schedule in place for activities. The manager advised that staff will engage with residents on a one to one basis and that residents can avail of the communal spaces or watch TV / listen to the radio in their bedrooms. It is essential that a programme of activities is devised to provide positive outcomes for residents based on their identified needs and interests. An area for improvement was made.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental health of residents being noted by staff.

Residents told us:-

- “The staff here are marvellous”.
- “I’m spoilt rotten”.
- “The place is top notch...everything about it”.
- “The staff are all very good”.

5.2.5 Management and Governance Arrangements

Since the last inspection a new manager has been appointed. An application for the manager’s registration with RQIA has been submitted and will be progressed accordingly.

Staff were aware of their role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff described the management team as “very good and approachable”. Staff also advised that they felt able to raise any concerns and were confident these would be resolved.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of quality assurance auditing which focused on various aspects of care and services provided by the home such as: falls management, IPC and equipment.

A review of the records of accidents and incidents which had occurred in the home evidenced that these were managed correctly and reported appropriately.

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. A sample of records highlighted that a number of these visits were announced. Advice was given to ensure these visits are conducted on an unannounced basis and this will be reviewed at a future inspection.

6.0 Conclusion

Residents presented as happy and comfortable in the home environment. Residents spoke very positively about their experience in Pinewood and the care they receive. Positive interactions were observed throughout the inspection between staff and residents.

The environment was clean and well maintained. Staff were observed to respond to residents in a timely manner and were skilled in their communication with residents.

A new area for improvement was made in respect of the provision of activities.

Based on the inspection findings and discussions held, RQIA is satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

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' Minimum Standards (August 2011) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	0	1

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

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 6-8 weeks</p>	<p>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.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: Pinewood Residential Home provides intermediate care beds to facilitate periods of short term rehabilitation. There are no permanent residents residing in Pinewood Residential Home.</p> <p>Our care staff within the home participate in the delivery of rehabilitation programmes for our residents, facilitating regular practice with mobility, transfers and activities of daily living. This work is vital in supporting our residents to achieve their individual rehabilitation goals and to progress to discharge from the service.</p> <p>Our programme of other activities has been severely impacted upon throughout the COVID-19 pandemic. Staff however do continue to provide one to one activities with residents including book reading, reminiscence, games and quizzes and hair and beauty. A structured programme of activities outside of the rehabilitation provided will be re-commenced and records maintained. The programme of activities offered will however continue to be dependent on resident need and infection control protocols in place.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care