

Unannounced Care Inspection Report 18 August 2016



Pinewood

Type of service: Residential care home
Address: 101 Frys Road, Ballymena, BT43 7EN
Tel No: 02825638664
Inspector: Bronagh Duggan

Please note: This assessment is based on the findings of this inspection and should be read together with the full report.

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Pinewood took place on 18 August 2016 from 10:45 to 16:45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

No requirements or recommendations were made in relation to this domain. There were examples of good practice found throughout the inspection in relation staff training, supervision and appraisal, infection prevention and control, risk management and the home's environment.

Is care effective?

No requirements or recommendations were made in relation to this domain. There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements and or recommendations were made in relation to this domain. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking into account the views of residents.

Is the service well led?

No requirements or recommendations were made in relation to this domain. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, quality improvement and good working relationships.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mairead Donnelly, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 12 February 2016.

2.0 Service details

Registered organisation/registered person: Norther Health and Social Care Trust ,Dr Anthony Baxter Stevens	Registered manager: Mrs Mairead Donnelly
Person in charge of the home at the time of inspection: Mairead Donnelly	Date manager registered: 22 September 2015
Categories of care: I - Old age not falling within any other category	Number of registered places: 36

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents since the previous inspection, the returned Quality Improvement Plan, the previous inspection report and complaints returns submitted to RQIA.

During the inspection the inspector met with 11 residents individually and others in groups, four care staff, one domestic staff, one visiting professional and two resident visitors/representatives.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal information
- Sample of competency and capability assessments
- Staff training schedule/records
- Two resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents, infection prevention and control, equipment checks.
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Relevant policies and procedures

A total of 24 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Eleven questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12/02/16

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 12/02/16

Last care inspection recommendations		Validation of compliance
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.	Met
	Action taken as confirmed during the inspection: Inspection of accident and incident records maintained in the home confirmed that these had been reported appropriately.	
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.	Partially Met
	Action taken as confirmed during the inspection: The registered manager confirmed that the estates department have viewed the current system and are in the process of replacing same. This recommendation has been stated for a second time in the Quality Improvement Plan appended to this report.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- Registered manager
- Senior Care Assistant x 2
- Care assistant x 4
- Kitchen staff x2
- Domestic staff x 3

The evening shift included Senior Care Assistant x1, Care Assistant x 3, the night shift consisted of Senior Care Assistant x 1, Care Assistant x 2.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff. The registered manager

confirmed that she was currently reviewing the content of the induction programme with a view to making it more specific to staff members roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided.

The registered manager and staff confirmed that competency and capability assessments were being undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments were reviewed and found to satisfactory.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The registered manager confirmed Enhanced Access NI disclosures were viewed for all staff prior to the commencement of employment. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The registered manager confirmed that there are plans in place to implement the new adult safeguarding procedures (relating to the establishment of a safeguarding champion) and that adult safeguarding policy and procedures were currently being updated at Trust level to reflect the new regional guidance.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that there had been no recent events of suspected, alleged or actual incidents of abuse. The registered manager confirmed any incidents would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. The registered manager confirmed that the home currently accommodated two residents on a permanent basis. All other residents who access the service do so for a short time usually following discharge from hospital, and before returning to their own homes. The home also provides places for residents to access a period of respite.

Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Care needs assessment and risk assessments e.g. manual handling, bedrails, nutrition, falls, where appropriate were reviewed and updated on a regular basis or as changes occurred.

Discussion with the registered manager confirmed the use of a keypad entry system to the home. The registered manager confirmed this had been assessed, documented, and minimised. The registered manager confirmed the system was introduced due to the ever changing number of visitors to the home.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety. The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. The registered manager confirmed that arrangements were currently in place to develop further an e learning system which will be fully accessible by staff. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. Hand wipes were also available in the dining room area of the home to encourage good hand hygiene at meal times. This practice is commended.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the permanent residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. Bedrooms for short term residents accessing the step up step down care were clean, tidy and functional. The home was fresh smelling, clean and appropriately heated throughout.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 21 March 2016 the registered manager confirmed all recommendations were appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently on 4 May 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Eleven completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were very satisfied with the care provided.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of two care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. It was noted however that two identified residents were overdue care reviews in August 2016 this issue was discussed with the registered manager who confirmed this issue had been raised with the care management team and would be rectified without delay. Records available in the home confirmed this. Discussion with staff confirmed that a person centred approach underpinned practice. For example staff shared that one identified resident likes to go for a short lie down after lunch each day and the resident is actively supported with this routine.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

Audits of accidents and incidents (including falls), infection prevention and control, cleaning and monitoring of equipment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. The registered manager confirmed that the majority of residents in the home access the service for a short period of time during which regular meetings are held to discuss and assess residents progress with a view to them being discharged from the home and return to their own homes. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records along with accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Weekly meetings are held for residents accessing the home for short periods, these are used to assess the resident's progress from admission and prepare for discharge. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who had issues with mental capacity or who required specialist supports.

One resident's representative and one staff member spoken with during the inspection made the following comments:

- This has been a really excellent experience. Everyone is so helpful, keep you well informed, it is very personalised care. I see staff will go and chat with residents during their break, you may not expect that but it happens. Everyone is so friendly all the time.
- Residents come in here and they don't want to leave. They enjoy meeting other people. It's good to know that, it would be worse if they didn't want to be here.

Eleven completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were very satisfied with the care provided.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, were met within the home. Discussion with residents confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected. For example staff were aware of the need to hold review meetings in a private area of the home.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities/interactions. For example the registered manager confirmed day trips have been arranged for the permanent residents in the home. Also residents accessing the home through the step up step down service are supported to regain / maintain daily living skills

through the use of a practice kitchen area. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents were provided with information in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. For example the residents guide outlined services available and is provided to all residents admitted to the home.

The registered manager confirmed that the views and opinions of the residents, and or their representatives, were sought and taken into account in all matters affecting them. For example permanent residents were involved the redecoration of their bedrooms and choosing curtains etc. The registered manager confirmed she looking at additional ways to gather views from those residents who access the service for a short period of time.

Residents and resident's representatives spoken with during the inspection made the following comments:

- "I can't complain, everyone is very nice, the food is good, I am happy enough".
- "It is lovely here, the staff are kind. They care about you".
- "I like it, everyone likes to help. They are all very good".
- "I am very happy here, I have all that I could need. The staff are very helpful, I enjoy the food, it couldn't be better".
- "This has been a great experience, I only wish I could stay".

Eleven completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were very satisfied with the care provided.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The health and social care needs of residents were met in accordance with the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, and information was available throughout the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was available for inspection.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and the gathering of views from residents and representatives. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to

raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Eleven completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were very satisfied with the care provided.

One resident's representative and one staff member commented:

- The staff have been so helpful, it really couldn't be better. It has been excellent.
- The manager is very caring and understanding both to clients and staff nothing is a bother to her. Couldn't ask for a better manager.

Areas for improvement

There were no areas identified for improvement.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

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

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 27.8</p> <p>Stated: Second time</p> <p>To be completed by: 18 October 2016</p>	<p>The registered manager should ensure that the call bell system is connected to accurately reflect the designated areas.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The call bell system is currently out for tender and will be installed soon. In the interim the manager has put a numbering system in place to reflect the areas more accurately</p>

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



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