



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment and ID: Pinewood (1373)
Date of Inspection: 18 November 2014
Inspector's Name: Bronagh Duggan
Inspection ID: IN017325

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Pinewood (1373)
Address:	101 Frys Road Ballymena BT43 7EN
Telephone Number:	(028) 2563 8664
Email Address:	andrew.jamison@northerntrust.hscni.net
Registered Organisation/ Registered Provider:	Northern HSC Trust
Registered Manager:	Mr Andrew Jamison
Person in Charge of the Home at the Time of Inspection:	Mr Andrew Jamison
Categories of Care:	Residential – I (Old and Infirm) (Variation of Category Application Form has been received by RQIA and additions of categories of care is pending)
Number of Registered Places:	36
Number of Residents Accommodated on Day of Inspection:	7 Permanent Residents 5 Temporary Permanent 15 Residents for a period of rehabilitation under the step up step down scheme 1 Assessment 1 Respite
Scale of Charges (Per Week):	Trust Rates
Date and Type of Previous Inspection:	7 July 2014 Secondary Unannounced Inspection
Date and Time of Inspection:	18 November 2014 10:30am-5:30pm
Name of Inspector:	Bronagh Duggan

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	17
Staff	4
Relatives	2
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	11	1

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to DHSSPS Residential Care Homes Minimum Standards.

A view of the management of residents' human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not Applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to Become Compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not Compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 – Moving Towards Compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Pinewood Residential Care home is situated in Ballymena within walking distance of local shops and amenities.

The residential home is owned and operated by the Northern Health and Social Care Trust. The current Registered Manager is Mr Andrew Jamison.

Accommodation for residents is provided in single rooms in a single storey building.

The home consists of four communal lounge areas with a dining area situated centrally at the reception area of the home.

The home also provides for catering and laundry services on the ground floor, a number of communal sanitary facilities are available throughout the home.

Service provision consists of a core of permanent residents (although permanent admissions have been suspended for many months) respite beds and designated places for a step up/step down facility designed for people who require a short period of rehabilitation before returning to live in the community.

Pinewood is also registered to provide flexible day care service to three individuals per day.

The home is registered to provide care for a maximum of 36 persons under the following categories of care:

Residential Care

I Old age not falling into any other category

Variation of Category Application Form has been received by RQIA and additions of categories of care is pending

8.0 Summary of Inspection

This primary unannounced care inspection of Pinewood Residential Home was undertaken by Bronagh Duggan on 18 November 2014 between the hours of 10:30am–5:30pm. Mr Andrew Jamison registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection

The requirements and recommendation made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that when resident's representatives were informed of outcomes from health and social care appointments this was documented in residents notes, also appointment records viewed were kept up to date. The recommendation for a window and ceiling area to be improved has been reiterated as a requirement, this area was repainted following the previous inspection however the condition of the wall requires improvement. The detail of the actions taken by Mr Jamison can be viewed in the section following this summary.

Prior to the inspection on 18 November 2014 Mr Jamison completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mr Jamison in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, relatives, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

8.1 Standard 10 - Responding to Residents' Behaviour

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. One recommendation was made in relation to the homes policy and procedure which should stipulate the need to notify RQIA on each occasion restraint is used. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. A review of staff training records identified that four care staff had received training in behaviours which challenge entitled Managing Aggression in 2013, a recommendation has been made that all care staff complete training relating to managing behaviours on an annual basis in keeping with RQIA Guidance on Mandatory Training 2012.

Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of his responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Pinewood Residential Home was substantially compliant with this standard.

8.2 Standard 13 - Programme of Activities and Events

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided, although some residents stated they did not wish to participate in activities. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and

resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Pinewood Residential Home is overall compliant with this standard.

8.3 Resident, Representatives, and Staff Consultation

During the course of the inspection the inspector met with residents, representatives, and staff. Questionnaires were also issued; one was completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaire and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. Staff shared with the inspector the changing nature of their role in the home to meet the needs of an often changing group of residents.

Comments received from residents, representatives, and staff are included in section 10.0 of the main body of the report.

8.4 Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

8.5 Photographs/Care Plans

A review of eight care plans showed that photographs were not included in each one a requirement was made that a recent photograph is included in the care plan of each resident in the home. This issue was considered more pertinent considering the high turnover of short term residents in the home.

8.6 Storage of medications

During a walk around the home the inspector viewed the medication trolley which was stored in the dining room area. The medication trolley was not in use at the time, the inspector observed the trolley was not secured to the wall. A requirement was made to ensure the safe storage of medications the trolley must be secured to the wall at all times when not in use.

8.7 Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Permanent residents' bedrooms were observed to be homely and personalised, bedrooms used for short term residents were

basically furnished though fit for purpose. During the previous inspection a recommendation was made that an identified window and ceiling area should be improved, although this was repainted the plaster was observed peeling off the wall the need for this area to be further improved has been restated as a requirement.

A number of additional areas were also considered. These included returns regarding the management of complaints, information in relation to resident dependency levels, guardianship, vetting and fire safety. Further details can be found in section 10.0 of the main body of the report.

Three requirements and two recommendations were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, registered manager, and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 18 July 2014.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	9.4 Ref:9.0	When residents representatives are provided with feedback from health and social care appointments it should be documented in residents care notes that the information has been shared.	Discussion with the registered manager and review of care records showed that relevant information was included in resident's notes.	Compliant
2	9.5 Ref:9.0	The record of all appointments attended should be kept up to date to reflect resident's attendance and if a follow up appointment is not made within the specified time the home should contact the service provider to arrange an appointment and document same.	Discussion with the registered manager and review of care records showed that appointment records were kept up to date. Staff were aware of the need to follow up on appointments as necessary.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 27(2) (b) Ref: 10.4	The registered manager must ensure that improvements are made to the window and ceiling area of the identified bedroom.	This area was repainted however the overall condition of the wall remained in need of improvement. This recommendation has been reiterated as a requirement.	Moving towards compliance

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
All clients have individual care plans reflecting their needs. All staff have a good knowledge of a clients usual conduct, behaviours and way of communicating and any changes to this are closely monitored.	Compliant
Inspection Findings:	
<p>The home had a policy and procedure titled Managing Challenging Behaviour - (Including Restrictive Practice and Physical Interventions), Residential and Day Care Services to be read in conjunction with Restrictive Physical Interventions Policy (2010) and also Behaviour Interventions with trust clients who have a Learning Disability and Challenging Behaviour (2011), and Deprivation of Liberty Safeguards and Human Rights (2014). A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge.</p> <p>A recommendation has been made that the need to notify RQIA on each occasion restraint is used should be included within the policy and procedure.</p> <p>Observation of staff interactions with residents identified that informed values of dignity and respect and the implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that four care staff had received training in behaviours which challenge entitled Managing Aggression in 2013, a recommendation has been made that all care staff complete training relating to managing behaviours on an annual basis in keeping with RQIA Guidance on Mandatory Training 2012.</p>	Moving towards compliance

<p>A review of three residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that the staff member had not completed training in managing challenging behaviour.</p>	
<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p>	
<p>Any changes in a clients behaviour which is uncharacteristic and of concern would be discussed with the clients G.P, social worker and the care team in the unit.The relative and client would be fully involved in this discussion and any treatment prescribed would be implemented.The situation would be monitored closely and any changes responded to in the same manner.</p>	Compliant
<p>Inspection Findings:</p>	
<p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Three care records were reviewed and identified that they contained the relevant information regarding the residents care and treatment.</p> <p>A review of the records and discussions with visitors confirmed that they had been informed appropriately.</p>	Compliant

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>If a Client needed a consistent approach or response from staff due to their behaviour or to prevent their behaviour from taking a certain course this would be detailed in their care plan. No client requires this at present</p>	Not applicable
<p>Inspection Findings:</p>	
<p>A review of three care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>No clients have behaviour management programmes in place however if this was required it would be agreed by the multi disciplinary team and contained within the care plan.</p>	Not applicable
<p>Inspection Findings:</p>	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not Applicable
<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>No behaviour management programmes are in place. RESPECT training for staff is planned , this covers the management of challenging behaviours and behaviours that others find difficult.</p>	Not applicable

Inspection Findings:	
<p>The registered manager confirmed there are currently no behaviour management programmes in place. A review of staff training records evidenced that four staff had received training in managing aggression in 2013, as stated in 10.1 a recommendation was made that training is provided for all care staff in relation to managing challenging behaviours on an annual basis. The registered manager informed the inspector staff were due to complete training in November 2014.</p> <p>Staff confirmed during discussions that they felt supported within the home and this support ranged from supervision to staff meetings.</p>	Moving towards compliance
<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>No incident has been managed outside of a clients care plan.If such a situation occurred this would be managed, recorded and reported in accordance with Trust policy and procedure.</p>	Not applicable
Inspection Findings:	
<p>A review of the accident and incident records from April 2014 to November 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident’s care plan.</p> <p>Staff confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	Compliant

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment Restraint is never used in the home. In the event of this ever being an issue, it would be discussed with the multi disciplinary team and used in line with Trust policy and procedure.</p>	<p>Not applicable</p>
<p>Inspection Findings: A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home other than two instances in which bedrails are used. A review of resident’s records showed the appropriate consultation and documentation was in place for the use of this equipment.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially Compliant</p>
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STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activites are based on clients needs and interests and promotes positive outcomes.	Compliant
Inspection Findings:	
The home had a policy dated February 2014 on the provision of activities. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. Some short term residents at the home confirmed to the inspector that they chose not to participate in activities whilst in the home but preferred to stay in their rooms. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Compliant
Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme of needs based activites includes regular input from Churches and community organisations.	Compliant

Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised six times each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis; however care staff stated that some residents may not always wish to participate in activities.</p>	Compliant
Criterion Assessed:	
<p>13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Clients who stay in their own rooms and have the ability to do so, are able to be involved in the development of activities.</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities provided and discussions with residents, including residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of resident meetings, one to one discussions with staff and care management review meetings.</p>	Compliant
Criterion Assessed:	
<p>13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The programme of activities is displayed for clients and their representatives.</p>	Compliant

Inspection Findings:	
<p>On the day of the inspection the weekly programme of activities was on display in the front reception area of the home, the daily activity was on display on a whiteboard in the dining room area of the home. These locations were considered appropriate as the areas were easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
Residents are encouraged to participate in activities through staff encouragement and the use of equipment.	Compliant
Inspection Findings:	
<p>During discussion staff and some residents informed the inspector that some short term residents in the home will often not participate in activities in the home rather they would concentrate on becoming well for discharge while others confirmed that they were keen to get involved in activities in the home.</p> <p>The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included board games, jig saw puzzles, bingo, and quiz materials.</p>	Substantially Compliant
<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
Activities are planned around the needs of the clients and their daily routine.	Compliant

Inspection Findings:	
<p>The care staff, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	
Provider's Self-Assessment	
When activities are carried out by staff from outside the home the manager seeks evidence that they have the necessary skills to do so.	Compliant
Inspection Findings:	
<p>The registered manager confirmed that musicians and a hairdresser are employed to provide activities for residents.</p> <p>The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	
Provider's Self-Assessment	
Any activity carried out by staff from outside the home is monitored by home staff and feedback is gained in a timely fashion.	Compliant

Inspection Findings:	
The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home’s staff), of any change in residents’ needs which could affect their participation in the planned activity.	Compliant
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
A record is kept of all activities that take place within Pinewood, the person leading the activity and the names of the clients who take part.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
The programme of activities is reviewed regularly , particularly during clients meetings and the programme reflects the clients changing needs.	Compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed on 20 September 2014. The records also identified that the programme had been reviewed at least twice yearly. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

10.0 Additional Areas Examined

10.1 Residents Consultation

The inspector met with 17 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area's whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "It is really excellent here, the food is wonderful".
- "This is a good home, staff are very attentive".
- "You couldn't ask for better than here, no complaints".
- "Everyone is very kind, the food is great".
- "This is like a first class hotel, couldn't be better".
- "They are very very good here".
- "It is terrific here, this is a good place".

10.2 Relatives/Representative Consultation

Two relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "The care is very good, everyone is great".
- "This place is superb, excellent care, staff are excellent".

10.3 Staff Consultation/Questionnaires

The inspector spoke with four staff and received one completed and returned questionnaire. A review of the completed questionnaire and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff shared with the inspector the changing nature of their role in the home to meet the needs of an often changing group of residents. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

10.4 Visiting Professionals Consultation

There were no visiting professionals available to meet with the inspector on the day of inspection.

10.5 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

10.6 Photographs / Care Plans

A review of eight care plans showed that photographs were not included in each one a requirement was made that a recent photograph is included in the care plan of each resident in the home. This issue was considered more pertinent considering the high turnover of short term residents in the home.

10.7 Storage of medications

During a walk around the home the inspector viewed the medication trolley which is stored in the dining room area of the home. The medicine trolley was not in use at the time, the inspector observed the medicine trolley was not secured to the wall. A requirement was made that to ensure the safe storage of medications the trolley must be secured to the wall at all times when not in use.

10.8 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

10.9 Environment

The inspector viewed the home accompanied by Mr Jamison and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Permanent residents' bedrooms were observed to be homely and personalised, bedrooms used for short term residents were basically furnished though fit for purpose. During the previous inspection a recommendation was made that an identified window and ceiling area should be improved, although this was repainted the general condition remained poor with plaster observed peeling off the wall. The need for this area to be improved has been restated as a requirement.

10.10 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

10.11 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 14 March 2014.

The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff in September and October 2014. The records also identified that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

10.12 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mr Jamison. Mr Jamison confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Jamison, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Bronagh Duggan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Unannounced Care Inspection

Pinewood

18 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Andrew Jamison either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 27 (2) (b)	<p>The registered manager must ensure that improvements are made to the window and ceiling area of the identified bedroom.</p> <p>Ref: 10.9</p>	Two (Originally stated as a recommendation)	Improvements had already been made to the area following earlier QIP, however further deterioration has happened. This will be addressed by estate services.	10 February 2015
2	Regulation 19(1) (a) Schedule 3	<p>The registered manager must ensure that a recent photograph is included in the care plan of each resident in the home.</p> <p>Ref: 10.6</p>	One	One photograph was missing on the day of inspection. This was rectified immediately. The person concerned left the following day.	6 January 2015
3.	Regulation 13. (4) (a)	<p>The registered manager must ensure that the medicines trolley is secured to the wall at all times when not in use.</p> <p>Ref: 10.7</p>	One	Trolley will be secured to the wall at all times.	From the day of inspection and ongoing.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1	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. Ref:9.0	One	RQIA would be notified of all occasions that restraint is used. The trust and unit policy will be amended.	10 February 2015
2	10.1	All care staff should complete training relating to managing behaviours on an annual basis in keeping with RQIA Guidance on Mandatory Training 2012. Ref:9.0	One	A training programme for the management of challenging behaviours is being drawn up for all the residential homes.	10 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Andrew Jamison
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Dr T Stevens Una Cuning

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	5.2.15
Further information requested from provider			