

# Inspection Report

20 October 2022



## Pinewood

**Type of Service: Residential Care Home**  
**Address: 101 Frys Road, Ballymena, BT43 7EN**  
**Tel no: 028 2563 8664**

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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

<p><b>Organisation:</b> Northern Health and Social Care Trust</p> <p><b>Responsible Individual:</b> Ms Jennifer Welsh</p>	<p><b>Registered Manager:</b> Ms Judith Purdy - not registered</p>
<p><b>Person in charge at the time of inspection:</b> Ms Judith Purdy - Manager</p>	<p><b>Number of registered places:</b> 30</p>
<p><b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 14</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential care home which provides health and social care for up to 30 residents. The home is situated on the ground floor of the building with individual bedrooms and access to communal lounges, bathrooms and a dining room.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 20 October 2022, from 9.00 am to 5.00 pm 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.

Staff members were observed to provide care in a compassionate manner and it was evident that staff promoted the dignity and well-being of residents. Staff were knowledgeable and well trained to deliver safe and effective care.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 7.0.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Pinewood was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services provided.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **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 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.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

We spoke with residents and staff in small groups and individually. Comments received from residents were positive about the care provision and staff in Pinewood. Comments included, "it's like a hotel here", "the food is excellent", "we are spoilt here" and "they keep the place very clean".

Staff said they felt supported by the manager and had received a good induction. Comments included, "we work well as a team" and "it's great here, very welcoming."

Eight resident questionnaires were received and residents confirmed that they were very satisfied that care was safe, effective, compassionate and well-led in Pinewood.

There were no responses received for the online staff survey.

A record of compliments received about the home was kept and shared with the staff team.

## 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 21 July 2022		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> While it was noted that activity provision was taking place, activities were not as listed on the planned activities schedule, were not taking place regularly and the schedule was not displayed for residents and relatives to view.  This area for improvement has been partially met and has been stated for a second time.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Evidence was not available in the home to provide assurance that a robust system was in place to ensure staff were recruited correctly to protect residents. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training compliance was progressing well and additional training had been provided on falls awareness.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. Review of documentation confirmed that staff meetings were held for all staff to attend.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota, however, did not identify the person in charge when the manager was not on duty and a key code was required to explain the rota system. This was discussed with the manager and will be added to the rota. This will be reviewed at the next inspection.

Staff told us that there was enough staff on duty to meet the needs of the residents most of the time but at times the level of dependency increased and this can require increased support. This was discussed with the manager for her review.

It was noted on the day of inspection that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff confirmed that they had received an induction when starting their employment. Records reviewed confirmed that staff were registered with their professional body, the Northern Ireland Social Care Council (NISCC).

Residents spoken with did not raise any concerns about staffing levels and said staff were available when they called them.

### **5.2.2 Care Delivery and Record Keeping**

Staff were observed to be prompt in recognising residents' needs and any early signs of illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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.

Residents who are less able to mobilise require special attention to their skin care. Staff assisted residents with mobilising and the occupational therapist and physiotherapist were involved regularly with the rehabilitation process.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. For example, residents were referred to the Trust's occupational therapist or physiotherapist if required.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents' care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Care records were reviewed and showed that some care plans were either not in place or had not been updated with changes in residents' needs. There was no evidence of communication with relatives or other health care professionals such as the physiotherapist or occupational therapist. The record of residents' property was not recorded. An area for improvement was identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

There was evidence throughout the home of 'homely' touches such as, snacks and drinks available for residents throughout the day.

Residents spoke positively about the cleanliness of the home and staff raised no concerns about the maintenance or décor of the home.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

It was noted that storage areas for medication, electrical controls and chemicals were not all locked appropriately. This was brought to the attention of staff for immediate action. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

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

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or spend time in their own rooms if desired and could have family/friends in their room or one of the lounges to visit.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

The range of activities provided for residents by staff was reviewed and found that the provision of activities was not conducted on a regular basis. In addition, if the planned activity had been changed, the reason for this was not clear. A planned activity schedule had not been displayed for resident/relative review. An area for improvement in this regard has been stated for a second time.

Staff recognised the importance of maintaining good communication with families. Staff assisted residents to make phone calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Ms Judith Purdy has been the manager in this home since 27 July 2021 and has applied to register with RQIA.

While a number of robust audits were in place, there was evidence that the system of auditing did not include an overview of restrictive practices and skin care. This was discussed with the manager and an area for improvement was identified.

Residents spoken with said that they knew how to report any concerns and said they were confident that the person in charge would address these. Review of the home's record of complaints confirmed that these were well managed.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home.

A sample of accidents and incidents were reviewed and it was noted that not all notifiable events were notified, if required, to the care manager and to RQIA. An area for improvement was identified.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

## 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 Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	4*

\* The total number of areas for improvement includes one which has been stated for a second time.

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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure all parts of the residential care home to which residents have access are free from hazards to their safety.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> All areas of the residential care home that are accessible to residents, are free from hazards to their safety. This includes all hazardous liquids, which are stored in appropriate locked cupboards. The procedures for the safe storage of hazardous materials have been highlighted to all staff.



<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure all notifiable events in the home are reported to RQIA.</p> <p>Ref: 5.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>All incidents or accidents that are notifiable to RQIA will be reported. The registered manager and all senior care staff have access to the RQIA web portal to submit notifications within the required timeframe.</p>
<p><b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 11 January 2022</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: 5.1 and 5.2.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>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>Staff also provide a variety of both one to one and group activities with residents including quizzes, reminiscence activities and chair based exercise programmes. The registered manager will ensure that accurate records of activities offered and resident participation are maintained within the residential care home.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 19.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure pre-employment checks have been made to ensure all staff are safely recruited for their roles.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Recruitment and all pre-employment checks are managed by BSO Recruitment and Selection Services. The pre-employment checks required for all posts within the residential</p>

	<p>care home are outlined at the start of each recruitment process. Once completed, the registered manager is advised by BSO Shared Services that pre-employment checks have been completed and are satisfactory. Details regarding the pre-employment checks then transfer from BSO Recruitment and Selection Services to NHSCT HR Department and are held centrally in staff files. This information is not held in the residential care home.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that each resident has an up to date care plan which reflects residents' current needs for UTI, skin care and use of antibiotics.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All residents are admitted to the residential care home with a bridging care plan completed by their hospital MDT. This care plan is up to date and comprehensive, detailing all current care needs. Updates to this care plan are then added to care plan evaluation templates, to ensure that each resident has an accurate care plan of their current needs. The registered manager will ensure that all care plans are regularly updated.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure audits are in place for skin care and restrictive practices.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The skin care and needs for restrictive practices for all residents is clearly contained within each resident care plan. Additionally all residents requiring district nursing input for skin management have an additional nursing care plan, held within their district nursing resident file. The skin care needs and restrictive practices are also reviewed at each weekly MDT. Monthly audits are in place within the care home and skin care and restrictive practices will also be added to these.</p>

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



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