



Announced Enforcement Care Inspection Report 17 September 2020



Towell House

Type of Service: Residential Care Home
Address: 57 Kings Road, Belfast BT5 7BS
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Inspectors: Bronagh Duggan and Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 90 residents.

3.0 Service details

Organisation/Registered Provider: The Towell Building Trust Responsible Individual: Gillian Brooker	Registered Manager and date registered: Gillian Millar – 19 January 2015
Person in charge at the time of inspection: Gillian Millar	Number of registered places: 90 A maximum of 10 residents who have been formally diagnosed with dementia in RC-DE
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Total number of residents in the residential care home on the day of this inspection: 72

4.0 Inspection summary

An announced inspection took place on 17 September 2020 from 09.15 to 15.45.

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

The inspection sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice issued on 11 August 2020 (FTC ref: FT000106). The areas identified for improvement and compliance with the regulation were in relation to dependency levels; staffing review; auditing of care records; wound care and moving and handling assessments; control of substances hazardous to health (COSHH); and ensuring managerial oversight. The date of compliance with the notice was 23 September 2020. At the request of the responsible individual the compliance visit was brought forward to 17 September 2020.

Evidence was available to validate compliance with the Failure to Comply Notice.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*1

*The total number of areas for improvement includes one which has been carried forward for review at the next care inspection.

This inspection resulted in no new areas for improvement being identified.

Further enforcement action did not result from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website:

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the failure to comply notice, the previous inspection report, an action plan submitted by the responsible individual and any other information / intelligence received since the previous inspection.

During the inspection the inspectors met with 14 residents, 12 staff and the registered manager.

The following records were examined during the inspection:

- six care records
- resident dependency information
- moving and handling assessments
- wound care information
- audits in relation to care reviews, care records, wound care, resident dependencies and Control of Substances Hazardous to Health (COSHH)
- daily handover records
- staff training records.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 30 July 2020

This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 11 August 2020. The area for improvement from the last care inspection on 30 July 2020 was not reviewed as part of the inspection and is carried forward to the next care inspection. The QIP in Section 7.2 reflects the carried forward areas for improvement.

6.2 Inspection findings

FTC Ref: FT000106

**Notice of Failure to Comply with *The Residential Care Homes Regulations (Northern Ireland) 2005*
Regulation 10.—**

(1) The registered provider and the registered manager shall, having regard to the size of the residential care home, the statement of purpose, and the number and needs of the residents, carry on or manage the home (as the case may be) with sufficient care, competence and skill.

In relation to this notice, the following 11 actions were required to comply with this regulation.

The registered person must ensure that:

- a comprehensive review of the care needs and dependency levels of all residents in the home is undertaken;
- a system is introduced to assess the dependency levels of residents in the home on a regular basis;
- there is evidence that staffing levels are kept under review in response to the dependency assessments to ensure the identified needs of residents are met;
- there is a clear and robust audit system for the regular review and updating of care records to ensure they accurately reflect the needs of residents;
- up to date care plans are in place to manage the wound care needs of residents;
- there is a clear and robust audit system in place to monitor and evaluate wound care needs of residents in the home;
- the moving and handling assessments for residents are up to date and reflective of the current needs of residents;
- up to date care plans are in place to manage the moving and handling needs of residents
- all staff have completed training regarding Control of Substances Hazardous to Health (COSHH);
- a robust audit system is introduced to ensure safe management and storage of substances hazardous to health within the home environment; and
- the registered manager has oversight of the audits to ensure that, where deficits are identified, these are actioned to ensure improvements are made.

Evidence was available to validate compliance with the Failure to Comply Notice.

We noted that a comprehensive review of care needs was completed for a number of residents through care management reviews. Reports of these reviews were available. Evidence was available within care records to validate that all residents' dependency levels had been reviewed and updated accordingly.

A system was introduced to review the dependency levels of all residents on a regular basis. A daily template is completed by staff which includes a review of the dependency levels of residents. This is shared with the manager to ensure that she has oversight of any changes in the resident's dependency.

Records were available to show staffing levels were allocated according to the resident numbers and dependencies. Staff were aware that if a change in residents needs occurred this should be shared with the referring Trust to facilitate a reassessment of needs as required. In addition, the manager advised the organisational structure of the home was reviewed to allocate unit managers to specific areas of the home to ensure closer working among care staff, residents and residents' representatives. We could see that there was sufficient staff on duty to meet the needs of the residents in a prompt manner. Discussion with staff confirmed that the staffing levels were increased. This is monitored by the manager on a daily basis.

A robust auditing system was in place to ensure the regular review of care records; an action plan was in place with agreed timeframes. Review of six care records confirmed the care records were up to date and reflected the needs of the residents.

Review of care records validated that specific care plans were in place regarding the management of wound care needs where identified. These were maintained on an up to date basis and included recommendations from other professionals.

There was evidence of wound care audits being undertaken and any areas requiring action were identified with timeframes. This was also monitored on a daily basis by the manager through a daily template completed by staff.

From the care records reviewed we could see moving and handling assessments were in place to accurately reflect residents' needs.

Review of care records confirmed that there were up to date care plans in place for residents who required assistance with moving and handling.

Review of staff training records showed staff had completed training in relation to COSHH.

During a walk around the home we observed appropriate management of COSHH risks; treatment room doors were locked and domestic cleaning trolleys were supervised. Clear signage was also in place to remind staff of the importance of keeping stores and clinical areas locked when not in use. A weekly audit check is completed by staff to ensure compliance with this area.

Discussion with the manager and review of records showed the manager maintained oversight of the home through regular updates and completion of a daily template in the senior cover file. These records evidenced that the manager has daily oversight of staffing levels, dependencies,

wound care and any other issues in the home. Review of audit records confirmed that where deficits were identified these were actioned accordingly and signed off by the manager.

Positive feedback was obtained from discussions with both residents and staff. Two completed questionnaires were returned; comments received indicated a general level of satisfaction with the care provided.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.3 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice. A notable improvement was evident during the inspection with regard to observations made, review of records and feedback received from residents and staff.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains an area for improvement carried forward from the last care inspection on 30 July 2020. This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 11 August 2020.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 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 the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The registered provider has confirmed that actions have been completed to address the areas for improvement identified during the last care inspection and has returned the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27 Stated: Second time	The registered person shall ensure that action is taken to eliminate the malodours in the identified bedroom.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.



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