



The Regulation and
Quality Improvement
Authority

Towell House
RQIA ID: 1660
57 Kings Road
Belfast
BT5 7BS

Inspector: Patricia Galbraith
Inspection ID: IN22308

Tel: 0289040 1642
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**Unannounced Care Inspection
of
Towell House
30 June 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 30 June 2015 from 10.15 to 16.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Following the last inspection a meeting was held in RQIA on 13 February 2015 at 2pm to provide opportunity to discuss the outcome of the inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Belfast Health and Social Care Trust	Registered Manager: Gillian Millar
Person in Charge of the Home at the Time of Inspection: Gillian Millar, Registered Manager	Date Manager Registered: 19 January 2015
Categories of Care: RC-DE, RC-I, RC-PH	Number of Registered Places: 84
Number of Residents Accommodated on Day of Inspection: 83	Weekly Tariff at Time of Inspection: £470 - £548

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: returned Quality Improvement Plan from the previous inspection, notifications of accidents and incidents.

We met with 35 residents and 12 members of staff of various grades. No resident's representatives and no visiting professionals were present during the inspection.

We inspected eight care records, complaints records, staff training records, Fire Safety Risk Assessment, accident and incident records.

4.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection carried out over two days 28 January 2015 and 6 February 2015. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (3)	<u>Competency and capability assessment</u> The registered manager is required to carry out a competency and a capability assessment with any person who is given responsibility of being in charge of the home for any period of time in her absence.	Met
	Action taken as confirmed during the inspection: The registered manger confirmed to us all staff who required a competency and capability assessment had been completed. Records inspected confirmed this.	
Requirement 2 Ref: Regulation 20 (2)	<u>Supervision</u> The registered manager must ensure that care staff receives formal supervision with records retained.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed to us all formal staff supervision had been completed. Records have been retained.	
Requirement 3 Ref: Regulation 14 (2) (c)	<u>Safety</u> The registered manager must ensure that a risk assessment is undertaken on window blinds with draw strings and take appropriate action to minimise the associated potential risk.	Met
	Action taken as confirmed during the inspection: We inspected the draw strings of window blinds. Safety clips are now in place to minimise associated potential risk.	

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 4 Ref: Regulation 27 (4) (a)	<u>Fire Safety</u> The registered manager must ensure that action taken to address the recommendations made in the fire risk assessment is recorded within the designated area of the assessment.	Met
	Action taken as confirmed during the inspection: Actions taken to address the recommendations made by the Fire Safety Risk Assessment where found to be recorded appropriately.	
Requirement 5 Ref: Regulation 14 (4)	<u>Safeguarding</u> The registered manager must ensure that one incident which occurred during November 2014 is retrospectively referred to the designated officer of the commissioning trust and that all further incidents in this regard are notified in accordance with DHSSPS Guidance and Towell House policy / procedure.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed to us that this issue was referred to and investigated by the commissioning trust.	

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 6</p> <p>Ref: Regulation 29 (4) (b)</p>	<p><u>Monthly monitoring visits</u></p> <p>The person responsible for conducting monthly monitoring visits on behalf of the registered provider should record evidence of all complaints received and action taken by the home to address / resolve issues and make recommendation and undertake follow up as required.</p> <p>Additionally the person who conducted the monitoring visit should scrutinise complaints records to ensure appropriate action is taken to resolve complaints and where necessary report on findings and liaise with the registered manager / responsible person / individual regarding any identified concerns.</p> <p>The responsible person / individual should discuss the record dated 9 December 2014 with the person, who conducted the visit, in regard to the inappropriate recorded response to a complaint about heating.</p> <p>As agreed, the responsible person / individual is requested to forward a copy of monthly monitoring visits to RQIA within five working days of each subsequent visit until further notice.</p> <p>Action taken as confirmed during the inspection:</p> <p>Monthly monitoring reports under regulation 29 have been received regularly at RQIA as required. The reports confirmed to us that the registered person was dealing with complaints appropriately as part of monthly inspections. Systems have been put in place to quality assure the homes handling of any complaints.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 30 (f)</p>	<p><u>Notifications – accidents</u></p> <p>The registered manager must ensure that, in accordance with legislation any accident occurring in the home is to be notified to RQIA within three working days.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: The registered managers confirmed to us all accidents are managed appropriately. Records inspected confirmed this.</p>	
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Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 20.2</p>	<p><u>Medications</u></p> <p>As agreed, the registered manager is to undertake an investigation into the timing of administration of medication by staff to one resident, as agreed and submit a report on the outcome to RQIA. The outcome of investigation to be shared with the complainant.</p> <hr/> <p>Action taken as confirmed during the inspection: The registered manager confirmed to us the medication times had been reviewed. The registered manager confirmed to us the resident is no longer in the home.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 17.10</p>	<p><u>Complaints</u></p> <p>It is recommended that records of complaints show evidence of all communications with complainants, resolution / action taken and where applicable lessons learned.</p> <p>The date on which a complaint is received should be recorded in complaints records.</p> <p>The registered manager must ensure that the action taken and resolution to complaints about heating in certain bedrooms is discussed with residents and where appropriate relatives.</p> <p>The registered manager to notify RQIA on the action taken / resolution to the heating complaints.</p> <p>The registered manager is requested to notify RQIA on the action taken / resolution to the heating complaints.</p> <hr/> <p>Action taken as confirmed during the inspection: The registered manager confirmed to us that all actions recommended have been addressed appropriately.</p>	<p>Met</p>

Previous Inspection Recommendations		Validation of Compliance
Recommendation 3 Ref: Standard 20.2	<u>Meal times.</u> The registered manager must ensure that staff are aware of the necessity to be seated when assisting a resident during meal times	Met
	Action taken as confirmed during the inspection: The registered manger confirmed to us that all staff had been made aware of policy in respect to assisting a residents during meal times.	
Recommendation 4 Ref: Standard 20.2	<u>Staff duty roster</u> It is recommended that the registered manager ensures that the staff duty roster is recorded in black ink pen in keeping with legislative requirements, DHSSPS Minimum Standards and other standards set by professional bodies and standard setting organisations.	Met
	Action taken as confirmed during the inspection: We inspected the duty rota and confirmed it was completed in black ink.	

4.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of life)

The registered manager confirmed to us residents can spend their final days in the home unless there are documented health care needs to prevent this.

We inspected eight residents' care records and confirmed that care needs assessments; risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were appropriately signed.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the general practitioner relating to medical interventions, this was noted within the care records.

Is Care Effective? (Quality of management)

The home had a policy and procedure relating to death and dying. The policy gave guidance in how to manage this area of need.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

Is Care Compassionate? (Quality of Care)

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident.

The registered manager described how a resident had been cared for in the home at the end of life; whilst the medical needs of the resident had been met by the General Practitioner and the district nursing team, the care needs of the resident were fully met by the staff. The family had been able to be with the resident at the end of life. The staff accommodated the family and made them comfortable within the home. The news of the resident's death had been given to fellow residents in a sensitive manner.

In our discussions with the registered manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The registered manager confirmed to us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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4.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We inspected four residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion with staff we confirmed there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

Is care effective? (Quality of management)

The home has policies and procedures relating to the management of continence. The policy was comprehensive. In our discussions with staff they were able to identify continence issues and the importance of continued review and evaluation.

The registered manager confirmed to us the trust continence care team can be contacted for advice and direction; they also carry out regular reviews.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

Areas for Improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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4.5 Additional areas examined

4.5.1 Residents' views

We met with three residents individually and fourteen in smaller group settings. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "Staff are very good here."
- "they are very kind to all of us."
- "staff are all really good."
- "It's really lovely here. The staff are all so good to me."

4.5.2 Staff views

We met with four staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- "I like working here there is good team work"
- "Staff are all great to work with"

Ten staff questionnaires were distributed on the day of inspection. None were returned in time for inclusion in report.

4.5.3 Care practices

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

4.5.4 Accidents / incidents

An inspection of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

4.5.5 Complaints / compliments

Complaints had been recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned.

4.5.6 Fire safety

On the day of inspection the home's Fire Safety Risk Assessment was in date complying with regulation. Fire alarms were tested weekly in different zone. We inspected the staff training records which confirmed that staff members had received fire training twice yearly in accordance with regulation.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Gillian Millar	Date Completed	23/07/2015
Registered Person	Jill Brooker	Date Approved	23/07/2015
RQIA Inspector Assessing Response	Patricia Galbraith	Date Approved	27/07/2015

Please provide any additional comments or observations you may wish to make below:

4.1 of report refers to an unannounced inspection which was actually an announced inspection.

****Please complete in full and returned to care.team@rqia.org.uk from the authorised email address****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.