

# Inspection Report

**03 March 2022**



## Towell House

**Type of Service: Residential Care Home (RCH)**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> The Towell Building Trust  <b>Responsible Individual:</b> Ms Gillian Sarita Brooker	<b>Registered Manager:</b> Miss Sarah Jane Thompson  <b>Date registered:</b> 13 May 2021
<b>Person in charge at the time of inspection:</b> Miss Sarah Jane Thompson	<b>Number of registered places:</b> 90  Category RC-DE for one identified resident only.
<b>Categories of care:</b> Residential Care (RC): I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b>  81
<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 90 residents. The home is divided over three floors. The home has a large garden that residents can access.	

## 2.0 Inspection summary

An unannounced inspection took place on 03 March 2022, from 9.40am to 5:00pm by two care Inspectors.

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.

The home was clean and there was a homely atmosphere. Staff members were attentive to the residents needs and carried out their work in a compassionate manner. Residents said that living in the home was a good experience.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

One new area requiring improvement was identified. Please refer to the Quality Improvement Plan (QIP) for details.

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.

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

The findings of this report will provide the management team 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 and 'Tell Us' cards 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.

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

24 residents, seven staff and one relative were spoken with during the inspection. No comments were received from staff via the on-line staff survey. No residents or relatives responded via the questionnaires provided.

Residents commented positively regarding the home and said they felt they were well looked after. A resident told us of how, "I am very happy, the food is excellent. The staff are attentive and my room is kept very clean", another resident spoke of how "activities are put on for us, the staff are attentive to me".

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the Manager and the training provided.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 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 29 June 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time	The registered person shall review staffing levels in the home to ensure at all times suitably qualified, competent and experienced staff are working in the home in such numbers as are appropriate for the health and welfare of residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (1) (b) <b>Stated:</b> First time	The registered person shall ensure that the residential home is conducted so as to make proper provision for the care and where appropriate, treatment and supervision of residents. Reference to this is made to ensure adequate levels of supervision are maintained for residents during meal times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection</b> There was evidence that this area for improvement was met.	

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard E7  <b>Stated:</b> First time	The registered person shall ensure call bells are positioned to ensure easy access for residents, and in addition review the use of other alternative technologies risk assessed according to the individual needs of residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 9.3  <b>Stated:</b> First time	The registered person shall ensure care records including weight records are maintained on an up to date basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted 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.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

### 5.2.2 Care Delivery and Record Keeping

Staff members were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or

feelings known. Staff members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff members 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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

The dining experience was an opportunity of residents to socialise, and 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.

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. Lunch was a pleasant and unhurried experience for the residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

A relative commented on how communication with the home, "was good and the care was very good".

### 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.

Residents' bedrooms were personalised with items important to the resident. 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.

A resident spoke of how his room was kept, "very clean and tidy".

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

There were areas in the home where infection prevention and control issues were identified. For example floor coverings in two of the dining rooms needed attention, Chairs in the downstairs lounge had their surfaces damaged, and a pedal bin in a toilet was broken. Full details were discussed with the Manager and 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, the home participated in the regional testing arrangements and 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 PPE had been provided.

Staff members 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 DoH 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.

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.

There was a range of activities provided for residents. This ranged from arts and crafts, watching movies, musical activities to baking.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.

Visiting and care partner 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. Miss Sarah Jane Thompson Has been the Manager in this home since 13 May 2021.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Residents spoken with said that they knew how to report any concerns and said they were confident that the Manager would address these.

Staff members 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 incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them 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.

## 6.0 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**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Sarah Jane Thompson, Registered 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 July 2022</p>	<p>The registered person shall ensure that there is a system in place to monitor and address environmental factors which impact on the robustness of the infection prevention and control measures and practices.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Our robust infection control measures have had an adverse effect on the communal furnishings and floor coverings in the home from the onset of the pandemic. A maintenance and refurbishment plan is in place and we have been awaiting quotes for refurbishment from external sources with reasonable time frames from November 2021. The plan has been in place for over a year however it is unrealistic that in the current economic climate, these works will be completed by July 2022. Quotes for works in some areas have been accepted however sourcing of materials remains an ongoing issue and directly impact timeframes. The environmental issues concerned remain a feature within our Infection, Prevention and Control auditing. Remedial actions have been taken as a temporary measure.</p>

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