Inspection Report

3 & 4 September 2024

Towell House

Type of service: Residential
Address: 57 Kings Road, Belfast, BT5 7BS
Telephone number: 028 9040 1642

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: The Towell Building Trust **Responsible Individual:** Mrs Gillian Sarita Brooker	**Registered Manager:** Mrs Sarah-Jane Stafford **Date registered:** 13 May 2021
Person in charge at the time of inspection: Sarah-Jane Stafford	**Number of registered places:** 92
Categories of care: Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	**Number of residents accommodated in the residential care home on the day of this inspection:** 82
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 92 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 3 September 2024 from 9.40 am to 4.00 pm and 4 September 2024 from 9.15 am to 3.30 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.

It was evident that staff had a good understanding of residents' needs and treated them with kindness and respect. Residents looked well cared for and said that living in the home was a good experience. Residents who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Staff were respectful and promoted the dignity of the residents in their interactions with them.

Staff mostly spoke positively of their experiences working in the home and of the support provided by the management team. Some staff and residents told us the home would benefit from increased staffing on occasion; this was evident during the inspection. This is discussed further in the main body of the report.

Additional comments received from the residents and staff are included in the main body of the report.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 6.0.

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

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' lived 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 management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included "staff are brilliant", "staff are kind and caring", "staff are very patient", "staff are very good to me" and "staff are very attentive".

Some residents told us that staff are “always busy” and “sometimes it can be slow because they are “short staffed”. Staff also told us that increased staffing would be of benefit because this impacted upon the time they had with residents. Some staff told us this was impacting on staff morale. These comments were shared with the management team for their action and review.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager is supportive and available for advice and guidance.

RQIA received feedback from some resident’s relatives and representatives during the inspection. They spoke highly of the care provided in the home, stating they were happy with the care and support being provided to their loved one.

One visiting professional stated that the staff in the home are approachable and that communication with the home is always of a good standard.

Six questionnaire responses were received from residents following the inspection. One questionnaire highlighted that care delivery can be slow due to staffing and two further questionnaires responded that improvements could be made with regards food. The remainder confirmed that they were satisfied with the care and services provided in the home.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 03/01/24</th></tr>
<tr><th colspan="2">Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard E26

Stated: First time</td><td>The registered person shall ensure that each residents bedroom has a lockable storage space, for use by the resident.

Ref: 5.2.3</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
There was evidence that this area for improvement was met.</td></tr>
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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 training compliance in the home was of a good standard. A review of staff records confirmed that new staff had completed an induction within the home.

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. Advice was provided to the manager to ensure that the rota is signed by them regularly to evidence oversight of staffing levels in the home.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

There were competency and capability assessments in place for staff left in charge of the home in the absence of the manager.

Staff received supervision sessions and an annual appraisal; and records were maintained.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC), this evidenced that all staff who were required to be registered with NISCC, had this in place.

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 told us there was good teamwork, communication is good and they mostly enjoyed working in the home.

Some staff told us that the home would benefit from increased staffing levels because they felt they do not have enough time to spend with residents when they need support. Staff told us that this was having an impact on morale within the care team. Staff told us that they had raised this concern with management during recent staff meetings; however, a review of minutes did not evidence this discussion. During the inspection there was a concern noted with staff supervision in the main lounge area of the home. On four occasions it was noted that a large number of residents were left for periods of time with no staff supervision. Allocation of staff was discussed with the management team for their review and action and an area for improvement has been identified.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, wishes, preferred activities and likes/dislikes.

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

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Therapy (SALT) team.

Some care records had not been regularly reviewed or updated to ensure they continued to meet the needs of residents. For example, two residents who had a specialised mattress for pressure relief, did not have a care plan in to reflect this. Another resident who was assessed by SALT as requiring a modified diet, did not have the specific details of this recorded in their care plan. An area for improvement has been identified.

At times some residents may be required to use equipment that can be considered restrictive. For example; alarm mats and door alarms. It was established that safe systems were in place to manage this aspect of care.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

Examination of records and discussion with the management team confirmed that the risk of falling in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Some residents had been assessed as not having the capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguard (DoLS) records were in place and residents care records reflected this need.

Daily progress records were kept in relation to how each resident spent their day and the care and support provided by staff. However; there were gaps identified in some of the records reviewed and the records lacked detail in relation to the level of support provided to residents in relation to their emotional health and well-being, activities and visits from professionals. An area for improvement has been identified.

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. Staff ensured that residents were comfortable, had a pleasant social experience and a meal that they enjoyed.

There was a menu on display for residents and their representatives to view which evidenced the choices offered to residents. It was noted that if residents did not wish to have anything from the menu, staff offered alternatives. Kitchen staff spoke with enthusiasm about providing residents with homemade, nutritious food.

During observation of the lunch time experience, it was observed that one resident's meal was not in keeping with their Speech and Language recommendations. Discussion with management highlighted that although all the records were correct, the resident's meal was not. This was discussed with the management team for their review and consideration and an area for improvement has been identified.

It was noted that one tin of thickening agent was not safely or securely stored during lunch time. This was brought to the attention of management who arranged to have it removed and stored securely. This will be reviewed at the next inspection.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, warm and comfortable for residents. Bedrooms were tidy and personalised where necessary with photographs and other personal belongings for residents. Communal areas were well decorated, suitably furnished and homely. There were no malodours detected in the home.

It was apparent that work was ongoing in the home and work was required in parts of the home to ensure the homes environment was maintained and decorated to a good standard. Flooring in parts of the home was worn and stained and needed to be effectively cleaned or replaced. A review of records highlighted that this has been identified by management and a maintenance plan has been shared with RQIA. This will be reviewed at the next care inspection.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. The Fire Risk Assessment for the home was completed on 11 January 2024 and the action identified has been completed.

There was a shower chair in one bathroom which could not be effectively cleaned. This was brought to the attention of the management team who arranged for it to be removed.

Systems and processes were in place for the management of infection prevention and control. For example; there were ample supply of personal and protective equipment (PPE) and staff confirmed good availability of cleaning products.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff. Discussion with residents confirmed that they were satisfied that they could make their own choices throughout the day with regard to their routine. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choice to residents throughout the day which included food and drink options and where and how they wished to spend their time. Some residents choose to spend time in the communal lounge watching TV, listening to music and chatting to staff. Other residents preferred to spend time alone relaxing in their bedrooms, having visits with loved ones or attending a local day centre.

Residents spoke positively about the provision of activities in the home with the majority of residents telling us they really enjoy the variety on offer. An activity planner was in place for residents and their representatives to view. Activities offered in the home included, reading groups, bowling, music quiz, bingo, visits to the local cinema and religious services. During the inspection residents were observed actively engaging with external activity providers completing a game of indoor curling.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Sarah-Jane Stafford has been the manager in this home since 13 May 2021.

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 the residents, care practices or the environment. Staff confirmed that there were good working relationships between staff and the home's management. One staff member's comments about management in the home was shared with the management team for their review and consideration.

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

It was established that the manager had a system in place to monitor accidents and incidents 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 evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Staff and residents' meetings were held accordingly and included a comprehensive list of agenda items. A review of these records highlighted that there were no action plans being created following meetings to include; action identified, person responsible and date achieved by. This is a good method to ensure tasks are completed in an achievable timescale. Two areas for improvement have been identified.

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 were action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	2	4

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by:** 4 September 2024	The registered person shall ensure there are adequate staff on duty to meet the needs of residents; ensuring deployment of staff across the home includes supervision in all areas as required. Ref: 5.2.1
	Response by registered person detailing the actions taken: The homes dependancy levels are reviewed daily by the management team. This is reflected in the senior cover file. This is held with the most senior person on duty each day. Supervision is now clearly identified on the staff allocation who is responsible for supervision of the main lounge and is reviewed by management daily. Communication sent to all care staff regarding responsibilities for supervision over and above the designated persons daily.
Area for improvement 2 **Ref:** Regulation 14 (2) (b) (c) **Stated:** First time	The registered person shall ensure that any resident who requires a modified diet, receives a meal in line with the assessed recommendations and International Dysphagia Diet Standardisation Initiative (IDDSI) levels made by the Speech and Language Therapist.

To be completed by: 4 September 2024	The registered person shall also ensure that the meal time experience is regularly monitored by senior staff and records maintained. Ref: 5.2.2
	Response by registered person detailing the actions taken: The allocated Team Leader or SCA on duty will manage this and work in partnership with the chef. The person allocated as the safety pause will oversee the meal being plated and deliver it directly to the individual to reduce any errors or potential for near miss. The management team attend the dining room to oversee and record finding on the senior cover file at each meal time. Coloured place mats correlating to the IDDSI diagram ordered and to be implemeted as another safeguarding measure.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 6.6 **Stated:** First time **To be completed by:** 4 October 2024	The registered person shall ensure that care plans are kept under regular review and amended as changes occur to accurately reflect the needs of residents. This area for improvement is made specifically in relation to skin care and residents on a modified diet. Ref: 5.2.2
	Response by registered person detailing the actions taken: Care plans have been reviewed and additions added for skin care and modified diets. These continue to be audited regularly. Memo sent to all staff regarding the careplanning, of skin care and SALT changes. Staff meeting held 13/09/2024 and all issues identified discussed.
Area for improvement 2 **Ref:** Standard 8.2 **Stated:** First time **To be completed by:** 4 November 2024	The registered person shall review how progress records are completed to ensure that residents records are meaningful and person centred. Care staff must be provided with guidance in relation to the completion of these records, in order to ensure a full account of the support provided to residents has been recorded. Ref: 5.2.2
	Response by registered person detailing the actions taken: Guidance memo sent to all care staff and if further assistance required staff encouraged to speak to Team Leaders or Managers. This will continue to be monitored and actioned

	when required. Staff meeting held 13/09/2024 and all areas have been fully discussed.
Area for improvement 3 **Ref:** Standard 1.5 **Stated:** First time **To be completed by:** 4 November 2024	The registered person shall ensure that action plans are created following resident's meetings which include details of the actions agreed, plan to address and areas of concern, who is responsible for the action and the date it is achieved by. Ref: 5.2.5
	Response by registered person detailing the actions taken: Team Leaders advised of new template to be added to minutes of residents meeting which will include actions agreed, plans to address and areas of concern. This will also include who is responsible for actions and the date they are achieved. Home Manager will have oversight of this process.

Area for improvement 4 **Ref:** Standard 25.8 **Stated:** First time **To be completed by:** 4 November 2024	The registered person shall ensure that staff meeting records include actions identified, person responsible and date to be achieved by. Ref: 5.2.5
	Response by registered person detailing the actions taken: All staff meetings will include process as per resident meetings as above.

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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