



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Towell House
Establishment ID No:	1660
Date of Inspection:	15 April 2014
Inspector's Name:	Lorna Conn
Inspection No:	16800

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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GENERAL INFORMATION

Name of Home:	Towell House
Address:	57 Kings Road Belfast BT5 7BS
Telephone Number:	028 90401642
E mail Address:	generalmanager@towellhouse.co.uk
Registered Organisation/ Registered Provider:	The Towell Building Trust Mrs Gillian Sarita Brooker
Registered Manager:	Mrs Gillian Millar (Acting manager)
Person in Charge of the home at the time of Inspection:	Ms Bronagh Berry (Home co-ordinator)
Categories of Care:	RC-I, RC-PH, RC-DE
Number of Registered Places:	84
Number of Residents Accommodated on Day of Inspection:	79
Scale of Charges (per week):	£450-£526
Date and type of previous inspection:	11 & 14 November 2013, Primary announced care inspection.
Date and time of inspection:	15 April 2014 12:50 pm - 5:00 pm
Name of Inspector:	Lorna Conn

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Towell House is a large residential home at the corner of Kings Road and the Knock dual carriageway in East Belfast. While the original building dates back over 50 years, a more modern extension was built 10 years ago adding accommodation for an additional 24 residents. Altogether the home caters for 84 residents, all in single rooms with the exception of four double rooms available for couples in the new wing and all rooms in this new wing are fully en suite. There is a graded payment system which takes account of en suite facilities and view. The home is in its own grounds with a large garden area at the rear and ample car parking spaces. There are a good range of sitting rooms including the large open planned room near the entrance, a large dining room for residents in the original building, a central kitchen, a lift and many other sitting areas, kitchenettes and two small dining rooms in the modern wing where residents of each floor have their meals. The home is owned and managed by the Towell Building Trust, a long established voluntary organization committed to quality residential care for older persons.

SUMMARY

This is a summary of a secondary unannounced care inspection of Towell House Residential Care Home. The inspection was undertaken on 15 April 2014 from 12:50 pm - 5:00 pm by Lorna Conn, inspector and reflects the position in the home at the time of the inspection. Verbal feedback was given at the end of the inspection to Ms Bronagh Berry, the Home co-ordinator and Mrs Jill Brooker, the registered person.

On arrival the inspector was welcomed by Ms Bronagh Berry, the Home co-ordinator. The inspector viewed parts of the home accompanied by the Home co-ordinator and also alone during the inspection. The home was found to be clean, tidy and suitably decorated. Residents' bedrooms were observed to be homely and personalised.

Thereafter, the inspector focussed on examining the previous quality improvement plan and found that one requirement and seven recommendations were compliant. One requirement concerning fire safety training was moving towards compliance and one recommendation regarding the vulnerable adults' policy was substantially compliant. These have been stated on a second occasion.

No new requirements or recommendations were made following this inspection.

The inspector met and spoke to as many residents as possible who stated they were happy and content living in the home and discreetly observed care practices. There were no visiting professionals present in the home but one relative who was present made affirmative comments regarding the care provided within the home.

The inspector spoke privately to a range of grades of staff on duty. Staff made positive comments regarding working in the home; the care provided and the support received from management and no concerns were expressed.

The inspector wishes to acknowledge the full co-operation of the home co-ordinator; the registered person; residents; staff and visitors throughout the inspection. The inspector would like to thank all those involved for their time, open and honest conversation and for the hospitality received.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	3 (1) (c) schedule 1	The registered person is required to review that statement of purpose to include the procedure for emergency admission and arrangements for dealing with complaints. (standard 20.6)	The statement of purpose had been reviewed. On examination by the inspector this was found to include the required areas.	Compliant
2.	27 (4) (e)	The registered person is required to ensure that all staff receive fire safety training from a competent person on a six monthly basis. (standards 28.3 7 29.4)	A plan had been established to ensure that henceforth all staff will receive fire safety training on a six monthly basis. Records of staff training evidenced that 57 staff had up to date fire safety training. Plans in place indicated that the remainder of staff would receive this training by the end of June 2014. This has been stated on a second occasion.	Moving towards Compliance

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	11.3	The registered person is recommended to ensure that the written review reports prepared by the home detail how it has been prepared in consultation with the resident.	Four files were sampled and all were found to include the written review reports prepared by the home and had been prepared in consultation with the resident.	Compliant
2.	11.5	The registered person is recommended to ensure that care review minutes are requested and maintain records thereof.	Four files were reviewed and all were found to have review minutes contained therein. An audit is also in place to guide staff in requesting minutes of review meetings, if necessary.	Compliant
3.	16.1	The registered person is recommended to update the vulnerable adults' policy regarding the relevant persons and agencies to be contacted, including the Disclosure and Barring Service and NMC.	The vulnerable adults' policy had been updated in December 2013. This was examined and included most of the relevant persons and agencies to be contacted with the exception of the Disclosure and Barring Service. This has been stated on a second occasion.	Substantially Compliant
4.	16.7	The registered person is recommended to ensure that written communication is sought from the Trust regarding the final outcome of one identified incident.	Written communication was maintained on site regarding the final outcome of one identified incident.	Compliant

5.	19.2	The registered person is recommended to record that the pre-employment health questionnaire is signed off as satisfactory by the registered person.	This area is now included on the recruitment checklist. Documentation regarding two recent staff appointments was reviewed and both had been signed by the registered person.	Compliant
6.	19.4	The registered person is recommended ensure that records are held which verify that staff are issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment.	A system is in place to record that staff have been issued with a written statement of main terms and conditions prior to employment and no later than thirteen weeks after appointment. Two files of recently appointed staff were examined and both were compliant.	Compliant
7.	19.6	The registered person is recommended to review how residents, or where appropriate their representatives, are involved in the recruitment process where possible.	Records of board and residents meetings were reviewed and this had been discussed with residents and representatives with a view to greater involvement of both in the recruitment process.	Compliant
8.	20.11	The registered person is recommended to further develop the monthly monitoring visit reports to include the recording of the unannounced nature of visits and records of relative involvement.	Monthly monitoring visits reports were sampled and these had been developed in these two identified areas.	Compliant

ADDITIONAL AREAS EXAMINED

Residents' views.

The inspector met many of the residents in the home at the time of this inspection. All confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Their comments included:-

'I'm very well looked after and I couldn't be better looked after. The food is very good and if I don't like what's on offer then I can always ask for something else'.

'It's very nice here'.

'It's very satisfactory here- everything is. The food is excellent with a very good choice and they are very keen to offer an alternative'.

'It's very good care and its very comfortable. It couldn't be any better. The staff are very nice and helpful and I have nothing to complain about'.

'I have no trouble with staff. I enjoyed the music and dancing today'.

Visiting professionals' views

There were no visiting professionals present in the home at the time of the inspection.

Visitors/ Relatives views

The inspector spoke to one relative during the inspection who made positive comments regarding the care provided. Their comments included:

'Staff are very nice. We have noticed such a difference since our relative came in here. We couldn't be any happier'.

Staff views

During the inspection the inspector met with four staff of different grades that were on duty. They all made complimentary comments regarding the care and the training and support they received. Staff comments included:-

'The care is very good. There's good communication for staff and we all get along very well together. My training is all up to date and the management are very approachable. If you have a problem they sort it out. I'm very happy here'.

'Recent feedback from residents has been very good and we get great reports about the home from outside. The managers have all been very good in supporting me'.

'People are well looked after and the staff work well together. Residents' needs are responded to quickly. Staff care about people and often just a kind word is all that's needed'.

Environment

The inspector viewed the home accompanied by care staff and alone and inspected a number of residents' bedrooms and communal areas and found it to be nicely furnished; spacious, clean and tidy, with no mal-odours identified. The atmosphere in the home was homely and welcoming.

Observation of Care practices

The inspector also observed staff interacting appropriately with residents during the course of the inspection. Staff interactions with residents were observed to be unhurried, respectful, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

Fire Safety

There were no visible health and safety hazards. All fire exits were unobstructed and fire doors were closed. Fire safety training had been provided for some staff and plans are in place to ensure all receive the mandatory training. See follow up section of this report for further information.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Jill Brooker, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Lorna Conn
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

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Towell House

15 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Jill Brooker during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27 (4) (e)	<p>The registered person is required to ensure that all staff receive fire safety training from a competent person on a six monthly basis.</p> <p>(standards 28.3 7 29.4)</p>	Two	<p>All staff have attended fire training. The full complement of staff have completed this by 21st May 2014. Further training to meet mandatory requirements for this training are scheduled from June - Novemeber 2014 for all staff.</p>	By 30 June 2014.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	16.1	The registered person is recommended to update the vulnerable adults' policy regarding the relevant persons and agencies to be contacted, including the Disclosure and Barring Service.	Two	The Vulnerable Adults` Policy has been amended to include the Disclosure and Barring Service.	By 30 June 2014.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs Gillian Millar
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mrs Jill Brooker

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lorna Conn	27/5/14
Further information requested from provider			