



Unannounced Care Inspection Report 20 January 2020



Towell House

Type of Service: Residential Care Home
Address: 57 Kings Road, Belfast BT5 7BS
Tel no: 028 9040 1642
Inspector: Sharon McKnight

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 registered residential care home which provides care for up to 90 residents.

3.0 Service details

Registered Provider: The Towell Building Trust Responsible Individual: Gillian Sarita Brooker	Registered Manager and date registered: Gillian Millar 19 January 2015
Person in charge at the time of inspection: Bronagh Berry, Assistant Manager	Number of registered places: 86 A maximum of 10 residents who have been formally diagnosed with dementia in RC-DE category of care.
Categories of care: Residential Care (RC) RC-I - Old age not falling within any other category RC-DE- Dementia RC-PH – Physical disability other than sensory impairment	Total number of residents in the residential care home on the day of this inspection: 87

4.0 Inspection summary

An unannounced inspection took place on 20 January 2020 from 09:40 hours to 17:15 hours.

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.

The inspection was undertaken following information received by RQIA from an anonymous source.

It is not the remit of RQIA to investigate complaints or concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Staffing
- dependency of patients
- accidents and incidents

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the atmosphere in the home, the relationship between staff and residents and the reassuring manner of staff.

Areas requiring improvement were identified with the provision of staffing and the management of odours in one identified bedroom.

Residents told us they were happy living in the home and commented in the caring attitude of staff.

Comments received from residents and staff during the inspection are included in the main body of this report.

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	*1	2

*The total number of areas for improvement include one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Bronagh Berry, Assistant Manager and Michele Twist, Training Manager, at the conclusion of the inspection and with the registered manager Gillian Millar the day after the inspection. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 17 July 2019

The most recent inspection of the home was an announced variation to registration inspection undertaken on 17 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and ‘Have We Missed You’ cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 16 December 2019 to 26 January 2020
- staff supervision and appraisal schedule
- two residents’ records of care
- accident and incident reports
- record of staff meetings
- complaint records

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 24 April 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time	The registered person shall review staffing levels in the home to ensure at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.	Partially met

	<p>Action taken as confirmed during the inspection:</p> <p>The assistant manager confirmed that following the inspection in April 2019 a review of staffing had been undertaken and staffing on night duty increased.</p> <p>However given the issues identified during this inspection a further review of staffing is required. This area for improvement has been assessed as partially met and has been stated for a second time.</p> <p>Staffing is further discussed in section 6.2 of this report.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 , 3 (k)</p> <p>Stated: First time</p>	<p>The registered person shall ensure a contemporaneous note of all care and services provided to the resident, including a record of his condition and any treatment or other intervention is kept in the home.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of care records evidenced that his area for improvement had been met.</p>	Met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure staff have recorded individual, formal supervision according to the homes procedures and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff not performing satisfactorily.</p> <p>Action taken as confirmed during the inspection:</p> <p>Records were in place to provide an overview of staff supervision – both completed and planned. A review of this record evidenced that this area for improvement had been met.</p>	Met

Area for improvement 2 Ref: Standard 24.5 Stated: First time	The registered person shall ensure staff have recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	Met
	Action taken as confirmed during the inspection: Records were in place to provide an overview of staff appraisal – both completed and planned. A review of this record evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 27.2 Stated: First time	The registered person shall ensure a review is completed to confirm the temperature in areas occupied or used by residents is between 19 and 22 degrees centigrade. Account must also be taken of individuals' needs and preferences. If the temperature is not being maintained in any identified area this should be actioned accordingly.	Met
	Action taken as confirmed during the inspection: The temperature in the identified area is checked regularly throughout the day and the temperatures recorded. A review of records evidenced that temperature was maintained within the recommended range. This area for improvement had been met.	
Area for improvement 4 Ref: Standard 25.8 Stated: First time	The registered person shall ensure staff meetings take place on a regular basis and at least quarterly.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that staff meetings had taken place regularly. This area for improvement has been met.	

6.2 Inspection findings

Staffing

RQIA received information from an anonymous source regarding the staffing levels in the home. We discussed staffing with the assistant manager who confirmed the current staffing levels and that these were determined by occupancy and resident dependency. A review of the staffing rota evidenced that the planned staffing was generally adhered to. As previously discussed a

review of staffing was completed following the inspection in April 2019; the assistant manager explained that following this review an additional member of staff was allocated for night duty. An additional four beds were registered in July 2019; there was no evidence of a review of staff following the addition of these beds.

We spoke with a number of residents, all of whom spoke highly of the staff and their caring attitude but also commented that there were not enough staff. They provided examples of having to wait a long time for staff to respond to their needs; many explained that whilst staff responded quickly to the nurse call alarm they had to wait considerably longer for the staff to return to assist them with their needs. The following comments were provided:

“I’m very settled here.”

“The staff on the whole are very good but there are insufficient numbers.”

“Five star care.”

“When you call I would like them to come quicker but you don’t know what they are involved in.”

“They keep the place very clean.”

“Moving here was the best thing I ever did.”

“They don’t always come as quickly as I would like.”

“Staff can be busy, especially after meals.”

We discussed staffing with senior care assistants and care assistants on duty during the inspection. Staff were of the opinion that there was good team work between the grades of staff and good support from the management team. However due to the increasing demands and complexity of the residents needs the time available for senior care assistants to assist residents with their daily needs, for example personal care, was limited and varied from day to day.

We discussed the layout of the building and the potential impact this can have on care delivery. Each area of the home had two staff in the afternoon – one of these is a senior care assistant. The senior care assistants have a range of responsibilities in addition to assisting residents and therefore are not always available to assist with direct resident care. One member of staff was rostered to work across the three units throughout the afternoon however staff reported that the effectiveness of this staffing arrangement and impact on the delivery of care varied on a daily basis.

We discussed the dependency of the residents and the processes for reassessment if their needs change. RQIA acknowledge that the dependency of residents has the potential to fluctuate and that reassessments of their needs can take time. However where residents needs had changed and they increasingly require the assistance of two staff there had been no increase in the staffing to mitigate against this increase in dependency whilst the home were waiting for assessments to be completed.

Staff spoke passionately about the care in the home and explained how they worked diligently to ensure that residents had their needs met in a timely manner. Staff demonstrated an understanding of the residential category of care and the associated needs of the residents. The issue of staffing was raised by management and staff during a number of staff meetings but the discussions did not result in any changes to the staffing arrangements.

As a result of the inspection on 24 April 2019 an area for improvement was made to review the staffing to ensure there was sufficient staff to meet the needs of the residents. This area for improvement has now been stated for a second time. Following this inspection the registered manager must complete a staffing review and submit the outcome to RQIA; this was identified as an area for improvement. The review must take into account the layout of the building and the dependency of the residents.

Management of accidents and incidents

We reviewed accidents/incidents records completed in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted as required. Records also evidenced that healthcare professionals in the relevant health and social care trust were informed of accidents at the time they occurred.

The registered manager completes a monthly analysis of accidents to identify any trends such as the residents involved, time of the accident, the location and possible causation. This analysis is completed separately for each unit.

Environment

The environment in Towell House was clean, warm, homely and comfortable. Some bedrooms had been individualised with pictures, family photographs and items brought in from home. A malodour was identified in one bedroom; this was identified as an area for improvement.

Areas for improvement

Areas for improvement were identified in relation to a review of staffing and the management of odours in one identified bedroom.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Bronagh Berry, assistant manager and Michele Twist, training manager, at the conclusion of the inspection and with the registered manager Gillian Millar the day after the inspection. The timescales commence from the date of inspection.

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 QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: Second time To be completed by: 17 February 2020	The registered person shall review staffing levels in the home to ensure at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents. Ref: 6.1 & 6. 2
	Response by registered person detailing the actions taken:
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25 Stated: First time To be completed by: 17 February 2020	The registered person shall ensure that following completion of the staffing review they submit details of the outcome to RQIA. Ref: 6.2
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: Immediate from the day of the inspection	The registered person shall ensure that action is taken to eliminate the malodours in the identified bedroom. Ref: 6.2
	Response by registered person detailing the actions taken:

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



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