

Unannounced Care Inspection Report 19-20 April 2021



Towell House

Type of Service: Residential Care Home (RCH)

Address: 57 Kings Road, Belfast, BT5 7BS

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Inspector: Bronagh Duggan

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 residential care home registered to provide residential care for up to 90 residents.

3.0 Service details

<p>Organisation/Registered Provider: The Towell Building Trust</p> <p>Responsible Individual(s): Gillian Sarita Brooker</p>	<p>Registered Manager and date registered: Bronagh Gertrude Berry (acting)</p>
<p>Person in charge at the time of inspection: Michelle Twist on 19 April 2021 Bronagh Berry on 20 April 2021</p>	<p>Number of registered places: 90</p> <p>A maximum of 10 residents who have been formally diagnosed with dementia in RC-DE category of care.</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.</p>	<p>Number of residents accommodated in the residential home on the day of this inspection: 82</p>

4.0 Inspection summary

An unannounced care inspection was undertaken on 19 April 2021 from 09:50 until 16:50 and on 20 April 2021 from 10:10 until 19:50.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress since the compliance inspection in September 2020 and to ensure previous improvements were being maintained. It is not the remit of RQIA to investigate complaints 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
- infection prevention and control (IPC) and personal protective equipment (PPE)
- environment
- care delivery
- care records
- governance and management.

Residents shared their views with regards to living in the home.

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	2	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Bronagh Berry, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

In addition following the inspection a meeting was held with RQIA on 29 April 2021 attended by the responsible individual and manager to discuss the position of the home moving forward in relation to the homes registration. Following the meeting Towell House representatives forwarded a plan to alter the registration status of the home.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 20 residents individually and others in groups, two residents' relatives and ten staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. Ten residents' and residents' representatives' questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the person in charge with 'Tell us' cards to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. Ten completed questionnaires were returned within the identified timescale, overall respondents indicated they were either satisfied or very satisfied with the care provided.

The following records were examined during the inspection:

- duty rotas
- four residents care records
- staff training records
- staff supervision information
- staff competency and capability assessments.

- service user guide
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- staff professional registration information with the Northern Ireland Social Care Council (NISCC)
- weekly activities planner
- RQIA certificate of registration.

Areas for improvement 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 previous inspection

The most recent inspection of the home was an announced compliance inspection undertaken on 17 September 2020.

No new actions were required to be taken following the most recent inspection on 17 September 2020. One area for improvement was carried forward from the care inspection on 30 July 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27 Stated: First time	The registered person shall ensure that action is taken to eliminate the malodour in the identified bedroom.	Met
	Action taken as confirmed during the inspection: Inspection of the identified bedroom confirmed it was clean and fresh smelling, new flooring had been put in place.	

6.2 Inspection findings

6.2.1 Staffing

We discussed the planned daily staffing levels in the home on 19 April 2021 with the person in charge and again on 20 April 2021 with the manager. The manager confirmed that planned staffing levels were subject to regular review to ensure the assessed needs of residents were met. Records available in the home showed the dependencies of residents were reviewed on a regular basis.

Review of the duty rotas for the period of 12 April 2021 to 25 April 2021 showed that the planned levels were not always maintained if for example staff reported sick at the last minute. On the morning of the 19 April 2021 there had been short notice absence and the position was not covered. This issue was discussed with the person in charge who advised every effort would be made to try to cover any short term sickness but on occasion they may not get cover at short notice. During the inspection on 20 April 2021 the manager confirmed that staffing for night duty had been increased for the coming week following review of the rota as records showed that numbers recorded were falling below the originally planned levels.

During discussions with staff feedback was mixed in relation to staffing levels, some staff felt staffing was adequate whilst others expressed the view that they were often stretched and found it difficult to meet the resident's needs. Some staff shared that regular short staffing was having a negative effect on staff morale.

Comments from residents were overall positive regarding their life in the home and relationships with staff, two residents spoken with stated that they thought there should be more staff on duty explaining that at times they had to wait longer than expected or on occasion they felt their care was rushed. Feedback from the residents was shared with the manager.

The need to ensure staffing levels were reviewed regularly to ensure appropriate levels were being maintained and to ensure robust arrangements were in place to facilitate cover of short notice absence was discussed with the manager, an area for improvement was identified.

We could see from review of records in the home and discussion with the manager that resident dependency levels were reviewed regularly. During the inspection the manager shared that reassessments were planned for a number of residents in the home. The need to ensure ongoing assessment and regular communication between management and staff regarding any changes in resident dependencies was discussed.

Staff spoken with confirmed they were aware of the reporting arrangements and who to speak to if they had any concerns and showed good knowledge of the homes safeguarding and whistleblowing procedures.

6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid-19, signage was also displayed throughout the home regarding handwashing technique. Upon arrival the inspector's temperature was recorded and a relevant health declaration was completed. Staff confirmed all visitors to the home had checks completed prior to entering and residents and staff temperatures were recorded twice daily.

PPE supplies and hand sanitizer were available throughout the home. Staff were observed using PPE appropriately and in accordance with current guidance.

Staff showed good knowledge on how to reduce or minimise the risk of infection. The manager confirmed domestic staff cover had been increased to help manage infection risk, staff confirmed there was an enhanced cleaning schedule in place which included regular cleaning of frequent touch points throughout the home.

Observations made during the inspection showed staff carrying out hand hygiene and changing PPE as required.

6.2.3 Environment

We undertook an inspection of the home environment which was found to be warm, clean and tidy. We viewed the communal living area, dining rooms, the main dining area, a sample of residents' bedrooms as well as bathroom and toilet areas.

Residents' bedrooms were found to be nicely personalised and reflected individual interests. Daily menus were clearly displayed; activities for the day were also outlined on notice boards and a weekly activities planner was made available in residents' bedrooms. All areas inspected were maintained to a good standard.

6.2.4 Care delivery

We observed staff practice in the home, interactions with residents were warm and friendly. Staff showed good knowledge of the individual needs of residents and residents were well presented with obvious time given to their personal care. Staff explained how they were aware of the individual preferences of residents. Residents looked comfortable and relaxed within their surroundings.

Staff were observed maintaining supervision in the main communal area of the home during the inspection, however it was observed during lunch time that there was only one care staff member and one dining assistant in the main dining room to supervise and support 29 residents. A number of staff were observed outside the dining area at this time. The need to maintain adequate supervision levels at all times including during meal times was discussed with the manager. An area for improvement was identified.

Arrangements were in place to ensure residents participated in regular activities. A weekly activities planner was distributed to each resident's bedroom so residents were aware of what was on offer and could decide if they wanted to participate. During the inspection residents were encouraged to engage in a music session whilst others were observed reading; and chatting in small groups.

During a walk around the home it was noted some call bells in bedrooms were not always within easy reach for residents, for example although they may have reached as far as the bed they did not always reach to the residents sitting position. The need to ensure call bells were easily accessible to residents as needed was discussed as was the benefit of exploring other safety technologies which could be individually risk assessed and implemented for residents as needed. An area for improvement was identified.

The manager outlined the visiting arrangements in place which included an identified “visiting pod” and confirmed that visiting was arranged on a pre-booked basis. In addition the manager confirmed the “Care Partners” initiative had been implemented within the home with a number relatives and / or representatives participating in the initiative.

Comments received from residents and representatives included:

- “I just love it here, I wouldn’t want to be anywhere else, everyone is so nice. The food is good, if there is something you don’t like you can get something else”.
- “I like it alright”.
- “No complaints, they (staff) help you a lot”.
- They are very good, the girls are all lovely, couldn’t do enough for you. I am very happy here”.
- The staff are brilliant, no complaints about that, the only thing is the food is not great.”
- “I am here six years, it’s a good place”.
- “The girls are very good, Im very happy so far... Staff are fabulous, any time you phone they are so informative, there is good communication. Lots of interaction with zoom calls, care partners and visiting. Overall I am very impressed with Towell House”.
- “I love it here, it’s really good”.

6.2.5 Care records

A sample of four care records were reviewed, these included admission information, an assessment of needs, care plans, risk assessments, dependency information and evaluation records. We could see the care plans had been recently reviewed and updated to reflect information that was person centred. We could see the care records were reviewed and updated on a regular basis or as changes occurred and that resident dependencies were reviewed regularly. However, it was noted from three of the records reviewed that when weekly weights were required records showed that they were not being completed as necessary. The need to ensure that when weekly weights are required records are maintained was discussed with the manager. An area for improvement was identified.

Information from other health professionals including for example Speech and Language Therapy (SALT) were included within the care records reviewed. There was evidence of regular communications with other health care professionals contained within the care records reviewed. Staff spoken with had good knowledge of the individual needs of residents.

6.2.6 Governance and management arrangements

During discussion the responsible individual outlined the new management plans for the home; in addition the responsible individual explained a night manager had been recently introduced to help support ongoing quality improvement. Three unit managers were in place who report back directly to the home manager who maintains oversight across the home.

We reviewed a sample of audits including care plan audits, environmental, cleaning, accident and incidents analysis and staff training information. Records showed that these were completed on an ongoing basis and when actions were identified they were addressed accordingly.

We shared feedback from some residents in relation to the food choices and meals provided. The internal auditor who was present during the inspection shared that a meal time audit had been recently commenced, records available in the home confirmed this and the audit was ongoing at the time of the inspection. The internal auditor advised feedback was being sought from residents on an individual basis and the responses received would be used to identify areas for improvements as necessary. The outcome from the audit shall be reviewed at a future inspection.

We discussed with the manager the registration status of the home including the categories of care for which the home was registered. Following the inspection a meeting was held between RQIA and Towell House representatives which resulted in Towell House representatives presenting a plan to alter the registration status of the home moving forward.

There was a system in place regarding the reporting of notifiable events. Notifiable events including accidents and incidents were monitored on a monthly basis. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary.

A review of staff professional registration information for the Northern Ireland Social Care Council (NISCC) showed there was a system in place to monitor staff registration. We discussed the frequency of the professional registration checks; during the inspection confirmation was received that these checks would be completed on a monthly basis.

There was a system in place regarding the management of complaints. Review of complaints records showed the nature of the investigations undertaken and the action or outcome from the complaints. The home had received a number of compliments and thank you cards in recent months which included words of thanks and appreciation from relatives and representatives.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Home Regulations (Northern Ireland) 2005. We reviewed the reports for January to April 2021 these included an overview of the working practices in the home. There were no actions identified to be addressed as a result of these visits.

Staff confirmed there were good working relationships with external stakeholders. The homes certificate of registration was up to date and displayed appropriately.

Areas of good practice

Areas of good practice were identified in relation to the culture and ethos of the home, staff interactions with residents, activities provision, IPC, and the introduction of a night manager.

Areas for improvement

Areas for improvement were identified in relation to the reviewing of staffing levels, ensuring greater supervision levels during mealtimes, ensuring greater availability of call bells or other assistive technologies and ensuring weekly weight records were completed and maintained on an up to date basis.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

Residents were well presented with obvious time and attention given to personal care. Interactions between residents and staff were warm and friendly, the home environment was warm, clean and tidy.

Following the inspection a meeting was held between RQIA and Towell House representatives which resulted in Towell House representatives forwarding a plan to alter the registration status of the home moving forward.

Areas for improvement were identified in relation to the reviewing of staffing levels, ensuring greater supervision levels during mealtimes, the availability of call bells or other assistive technologies and ensuring weekly weight records were completed and maintained on an up to date basis.

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, manager, as part of the inspection process. 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 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 27 April 2021</p>	<p>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.</p> <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: Ongoing procedures reflect staffing skill mix and numbers against actual occupancy and dependancy of those charged in our care ensuring all health and welfare needs are met. This includes suitably qualified, trained and experienced staff. These reviews are recorded daily and available for inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 20 April 2021</p>	<p>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.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: New protocols are now in place ensuring an increase of staffing numbers are attending to residents needs within the diningrooms. This includes senior supervision and appropriately trained staff in nutritional support. These are recorded and available for inspection.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard E7</p> <p>Stated: First time</p> <p>To be completed by: 4 May 2021</p>	<p>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.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: All call bells are within reach however any resident who wishes to sit out of reach of call bells are risk assessed and issued with either a nurse call pendant or wrist pendant to accommodate their wishes. Such devices are routinely tested for battery power by maintenance personnel monthly and as required. After exploration of assistive technologies we have identified options to purchase and await delivery.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p> <p>To be completed by: 20 April 2021</p>	<p>The registered person shall ensure care records including weight records are maintained on an up to date basis.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: A reorganisation of weight collections has been implemented ensuring all daily, weekly and monthly weights are falling on the appropriate time frame per individual resident.</p>

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



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