

Unannounced Care Inspection Report 28 August 2017



Towell House

Type of Service: Residential Care Home
Address: 57 Kings Road, Belfast, BT5 7BS
Tel No: 028 9040 1642
Inspector: Kylie Connor

www.rgia.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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 84 beds that provides care for residents who fall within the categories of care the home is registered for.

3.0 Service details

Organisation/Registered Provider: The Towell Building Trust Responsible Individual: Gillian Brooker	Registered Manager: Gillian Millar
Person in charge at the time of inspection: Sarah Grieve, assistant manager until 10:50 Gillian Millar, manager from 10:50	Date manager registered: 19 January 2015
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Number of registered places: 84 10 – DE - Dementia

4.0 Inspection summary

An unannounced care inspection took place on 28 August 2017 from 10:25 to 18:30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff induction, training, communication between residents, staff and other key stakeholders and activity provision.

Areas requiring improvement were identified in regard to the recruitment procedure, management of residents' weight, the kitchen fire door and the home's smoking policy.

Residents and their representatives said that the standard of care delivered in the home was high, the food and the programme of activities in the home were good.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Gillian Millar, registered manager and Sarah Grieve, assistant manager, as part of the inspection process. 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 care inspection.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 January 2017.

5.0 How we inspect

Prior to inspection the following records were reviewed: the previous inspection report, the returned QIP and notifiable events.

During the inspection the inspector met with the manager, the assistant manager, eight residents, three care staff, two ancillary staff and one resident's visitor.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Seven questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Three staff induction records
- Staff supervision and annual appraisal schedules
- Staff training schedule
- Four staff recruitment files
- Five resident's care files
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meeting
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Programme of activities
- Policies and procedures manual

The one area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as 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 most recent inspection dated 9 February 2017

The most recent inspection of the home was an announced premises inspection.

No further actions were required to be taken following the most recent inspection on 9 February 2017.

6.2 Review of areas for improvement from the last care inspection dated 5 January 2017

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 6.6 Stated: First time	The registered provider must ensure care records accurately reflect resident's care needs.	Met
	Action taken as confirmed during the inspection: Compliance was confirmed following inspection of five care records.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, a resident's visitor and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

Discussion with the registered manager and review of four staff personnel files largely confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. One personnel file did not contain the application form. The registered manager advised that this would be located and filed without delay. The reason for leaving previous posts had not been recorded on the application form held in three personnel files. The registered manager advised that this section of the form had in error not been included on the application forms available from the website. An area for improvement was identified to comply with the standards.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken with confirmed that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts and management of smoking materials. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly for example, Control of Substances Hazardous to Health (COSHH) and fire safety.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. The fire door to the kitchen was not closing fully. An area for improvement was identified and action was required to comply with the standards. There were no other obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 2 July 2017 and all recommendations were noted have been addressed or action had been taken to address.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 18 August 2017 and 14 August 2017. Records were retained of staff who participated and any learning outcomes. The registered manager advised that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. Review of completed peeps and discussion with the registered manager identified that residents who need assistance had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

- "It's enough staffing. We have 'evo' learning"
- "All training is done every year"
- "They (senior staff) are very good and do try to get cover if anyone rings in sick"
- "It (induction) was good. It was busy "

Seven completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents' described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training and the home's environment.

Areas for improvement

Two areas for improvement were identified in regard to the recruitment procedure and the correct functioning of a kitchen fire door.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of five care records confirmed that these were largely maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The recording template used to record resident's weight did not consistently evidence that analysis had taken place to ensure a timely and responsive referral was made. An area for improvement was identified and action is required to comply with the standards.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and/or their representative meetings were reviewed during the inspection.

Whilst improvements are needed in regard to the management of residents weight, a review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The

registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Staff spoken with during the inspection made the following comments:

- “That (person centred care) goes on in a daily basis here.” (staff)
- “They (staff meetings) are really good. We are asked for any suggestions for the agenda before the meeting and we discuss issues and solutions in the home. We learn from mistakes.” (staff)

Seven completed questionnaires were returned to RQIA from residents and residents’ representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified in regard to the management of residents’ weight.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment, for example the activity programme and the daily menu on display in the home.

The registered manager, residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity; staff were able to demonstrate how residents’ confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included for example, residents' meetings, annual reviews and monthly monitoring visits.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the 2016 consultation had been collated into a report and the registered manager advised that she was developing an action plan; the report would then be made available for residents and other interested parties to read.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. An activity board situated at the entrance to the home provided details of the activity programme. Arrangements were in place for residents to maintain links with their friends, families and wider community. A computer suite was used by residents to stay in contact with family and friends and engage in a range of activities.

Staff and residents spoken with during the inspection made the following comments:

- “The staff are terrific” (resident)
- “I find the staff very attentive, the food is good” (resident)
- “I enjoy bowls, there is plenty to do” (resident)
- “They take me out into the garden in a chair. I wouldn't change anything” (resident)
- “The staff are very kind” (resident)
- “The staff here are very, very good with residents and make them feel important” (staff)
- “The standard of care is very good” (staff)
- “There was a service and gospel songs last night, they sing and they love it” (staff)

Seven completed questionnaires were returned to RQIA from residents and their representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and activity provision.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures were in place to guide and inform staff. The Smoking Policy (updated November 2016) was reviewed. It did not contain a procedure that detailed the management arrangements of smoking materials in the home or the risk management process in place. An area for improvement was identified. Action is required to comply with the standards. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, oral health.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. Following discussion with the responsible person, it was agreed that improvements would be made to this process and the template used.

Learning from complaints, incidents and feedback was largely integrated into practice and fed into a cycle of continuous quality improvement. Two issues in regard to a decision in regard to a resident's commode and analysis of residents' weight were discussed with the registered manager. The latter was identified as an area for improvement as detailed in section 6.5 of the report. Following the inspection the issue regarding a resident's commode was discussed with the responsible person and the issue resolved. Compliments received were on display in the home.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Discussion with the responsible person identified that they had understanding of their role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Staff spoken with during the inspection made the following comments:

- "She (registered manager) is very helpful. She asks if there are any problems"
- "Mrs Millar is a fantastic manager. For the size of the home, it's run extremely well"
- "She will action any problem or issue right away and deal with it"

Seven completed questionnaires were returned to RQIA from residents and their representatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments from two residents' representatives were as follows:

- “Towell House is an excellent care home – an example to others. We are delighted (my relative) is there and is safe, happy and well cared for by a professional staff who are well led and motivated”
- Towell House is very well run and all the staff provide a very high standard of care”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in regard to improving the smoking policy.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gillian Millar, registered manager and Sarah Grieve, assistant 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 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2017</p>	<p>The registered person shall ensure that the reason for leaving previous jobs is recorded on application forms; the identified application form is located and filed in the personnel file.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The relevant area for completing “reasons for leaving previous jobs” has been re-added to the online application form format. The identified application form has been located and filed appropriately.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 20 September 2017</p>	<p>The registered person shall ensure that the fire door at the entrance to the kitchen closes as required.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This is part of weekly fire checks and has been addressed.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2017</p>	<p>The registered person shall ensure that the recording template used to record resident’s weight is improved to evidence analysis and ensure timely and responsive action is taken.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A new tool, M.U.S.T. has been implemented to screen all residents and using analysis identifying those at risk, timely action planning is provided. Weight recording is integral to the assessment.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2017</p>	<p>The registered person shall review the Smoking Policy (November 2016) to include a procedure that details arrangements for the management of smoking materials in the home and the risk management process.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The smoking Policy has been reviewed and includes management of smoking materials and risk assessment process.</p>

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



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