



Unannounced Care Inspection Report 29-30 April 2019



Towell House

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

Inspector: Bronagh Duggan and Joseph McRandle

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 86 residents. The home is split across two floors. The home is registered to provide care within the categories as outlined in Section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: The Towell Building Trust Responsible Individual(s): Gillian Sarita Brooker	Registered Manager and date registered: Gillian Millar 19 January 2015
Person in charge at the time of inspection: Gillian Millar	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) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Total number of residents in the residential care home on the day of this inspection: 78

4.0 Inspection summary

An unannounced care inspection took place on 29 April 2019 from 09.15 to 17.00 and 30 April 2019 from 10.00 to 18.00.

This inspection was undertaken by the care inspector supported by the finance inspector.

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. Areas for improvement in respect of previous finance and pharmacy inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to staff recruitment, staff induction, adult safeguarding, regular audits, the culture and ethos of the home, gathering residents' views, and quality improvement initiatives.

Areas requiring improvement were identified in relation to reviewing of staff levels, staff supervision and appraisal, heating in the home, care records and frequency of staff meetings.

Residents described living in the home in positive terms.

Comments received from residents, people who visit them 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 resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Gillian Millar, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 19 March 2019

The most recent inspection of the home was an unannounced premises inspection undertaken on 19 March 2019. No further actions were required to be taken following this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including pharmacy and finance issues, 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. Eight completed questionnaires were returned within the identified timescale responses provided showed residents were either satisfied or very satisfied with the care provided. Comments received from completed questionnaires were shared following the inspection.

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

- Staff duty rotas from 15 April 2019 to 5 May 2019
- Staff training schedule and training records
- Two staff recruitment records
- Two staff induction records
- Four competency and capability assessments
- Annual appraisal and supervision schedules 2018-2019

- Four residents' records of care
- Complaint records
- Minutes of staff meetings
- Minutes of residents meetings
- A sample of governance audits/records
- Accident/incident records from 1 January 2019 to 26 April 2019
- A sample of reports of visits by the registered provider January 2019- March 2019
- Fire safety risk assessment
- RQIA registration certificate
- Finance records including two residents' finance files; two residents' forms authorising staff to hold and manage residents' monies; cash held on behalf of residents; a sample of records of reconciliations between residents monies held and records of monies held; a sample of records of monies deposited on behalf of two residents
- Governance systems in place at the home, including controls surrounding the management of residents' monies and valuables.
- Pharmacy audit records for inhaled and liquid medications

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 outstanding areas for improvement from previous inspection(s)

Areas for improvement identified at previous care inspection have been reviewed. The area for improvement was met.

Areas for improvement identified at previous finance inspection have been reviewed. Of the total number of areas for improvement all were met.

Areas for improvement identified at previous medicines management inspection have been reviewed. The area for improvement was met.

6.2 Inspection findings

6.3 Is care safe?

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

We spoke with residents and staff regarding staffing levels in the home. Residents spoken with were complimentary about the staff and the care provided in the home. Some residents shared that they felt staffing levels were low as they felt staff were busy and sometimes it could be hard to get them. During discussions with staff issues were raised regarding staffing levels in the home in particular at night time and also during the evening periods especially if staff were to call in sick at short notice. This issue was discussed with the registered manager who advised staffing levels for the home were subject to regular review to ensure the needs of residents were met. The registered manager advised the number of places in the home had recently increased by two and there were plans in place for additional places. Considering the views of residents and staff, and plans to further increase the number of places in the home the need to review staffing levels was discussed with the registered manager and identified as an area for improvement under the regulations. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

We reviewed two completed induction records, 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. In addition we reviewed two recruitment records these showed that relevant pre-employment checks including for example AccessNI had been completed prior to staff commencing work in the home.

During discussions with staff it was raised that supervision did not occur on a regular basis. Review of information relating to supervision provided following the inspection showed formal supervision was not being maintained on a regular basis for staff. Review of records available in the home showed omissions with regard to the completion of appraisal for staff members. The completion of formal supervision and appraisals for staff relevant to their roles was identified as an area for improvement to comply with the standards.

We reviewed a sample of four competency and capability assessments which were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. The registered manager confirmed competency and capability assessments were completed for all relevant staff members. The samples viewed were found to be satisfactory. The registered manager advised there was a system in place to monitor the registration status of staff with their professional body (where applicable). Records were made available during the inspection to confirm this.

An annual safeguarding position report was in place for the period 1 April 2018 to 31 March 2019. The registered manager outlined the safeguarding champion arrangements in the home.

During discussions 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.

From discussions with the registered manager, review of accident and incidents notifications, care records and complaints records there was evidence to show that any suspected, alleged or actual safeguarding concerns were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation and that written records were retained.

Review of staff training records showed that all staff had received training in infection prevention and control (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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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.

Staff advised that there had been outbreaks of infection within the last year. Staff explained how best to manage an outbreak in accordance with the homes policy and procedures and confirmed any outbreak would be reported to the Public Health Agency and RQIA with appropriate records retained.

Review of information in the home showed that The Falls Prevention Toolkit was available to help guide and inform practice.

We undertook a general inspection of the home, residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling and clean. Two residents stated that they found the home to be cold on occasions; one resident reported a specific area. Visiting the identified area confirmed that it felt cooler than the rest of the building. This issue was discussed with the registered manager. During the inspection information was provided that showed the heating periods for the building, thermometers were observed throughout the home. Viewing of a random sample showed temperatures were maintained within acceptable limits. Further views regarding the heating system in the home were returned in questionnaires following the inspection. This information was also shared with the registered manager. The need to ensure a thorough review of the temperature in the building was discussed with the registered manager. This should particularly include the area identified during inspection and the preferences of individual residents. Any issues identified should be actioned accordingly. This was identified as an area for improvement to comply with the standards. This information was shared with the RQIA estates inspector for the home.

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. There were no obvious hazards to the health and safety of residents, visitors or staff. It was noted there was some building work going on in the home during the inspection. The registered manager confirmed measures were in place to minimise disruption to residents regarding the times of works and that relevant parties had been informed of the works in advance.

The home had an up to date fire risk assessment in place dated 20 July 2018 and recommendations had been actioned. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date.

Comments received from residents as part of the inspection included:

- “They need more staff, can be hard to get them, in the afternoon there is four carers on, but we do have nice times. Staff do their best but they need more.” (resident)
- “I must admit I like here very much. I am glad I came here, staff are always about to help you. I am more than happy with the food. I’m not being critical but they could maybe do with a few more staff.” (resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training and adult safeguarding.

Areas for improvement

The following areas were identified for improvement reviewing staffing levels, ensuring regular formal supervision and annual appraisal of staff and reviewing the heating in the home.

	Regulations	Standards
Total number of areas for improvement	1	3

6.4 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.

We reviewed four care records they included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the resident. However, review of one of the care records showed there had been a recent occasion when there was no evidence of evaluation records being maintained for 13 days. Review of other records available in the home showed evidence of input from health care professionals during this time period. The issue of regular completion of care evaluation records was discussed with the registered manager. An area for improvement was identified under the regulations.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. 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.

Staff spoken with confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, residents are supported to visit local cafes, there are regular musical events in the home and residents are supported with day trips including a recent trip to St Patricks centre in Downpatrick. Staff confirmed that activities and outings are planned according to the wishes and interests of residents.

Review of records in the home showed there was a system in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

During discussions with residents regarding the food provided in the home differing views were shared. Some residents were very complimentary while others advised they were not satisfied with the choices available. This issue was discussed with the registered manager who advised a food satisfaction audit had been completed in April 2019 and following on from this audit there were plans in place to liaise with the chef to examine what changes could be made to the menu and how the mealtime experience could be improved upon to address areas identified.

Discussion with the registered manager and staff confirmed that wound care would be managed by district nursing services. Staff advised that they would be able to recognise and respond to pressure ulceration. Referrals would be made to the multi-professional team regarding any concerns identified.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. There was a number of audits completed on a regular basis in the home. Discussion with the internal auditor for the home confirmed that these were ongoing to provide quality assurance and to ensure ongoing monitoring and improvement regarding the service provided. Audits of accidents and incidents, weights, care review, complaints, environment, equipment, specialist diets, menu and call bell responses were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The registered manager advised 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' committee meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection. The need to ensure staff meetings occur regularly and no less than quarterly was discussed with the registered manager. This was identified as an area for improvement under the standards. The benefit of regular staff meetings, supervisions and regularly linking in with staff to support morale was discussed with the registered manager as was the importance of reminding staff regularly of professional registration and accountability issues. The benefit of keeping such items as a standing item on the agenda for staff meetings was also discussed.

Observation of staff practice and interactions with residents evidenced that staff were able to communicate effectively with residents.

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.

Comments from residents included:

- “The red button (call system) is very helpful. Food, if you don’t like something they (staff) will get you something different.”
- “You wouldn’t find a better place, everyone here knows about you, what you like, I can’t complain about anything.”
- “The staff are all very kind, they are very nice. It’s great that I don’t have to make the food, it is all set down in front of you.”
- “I love it here, I gave up my own home to come here. It is pretty quick if you use the buzzer. The food is excellent, if you don’t like what is on the plate you can get something else. They are good at getting the doctor if you need them. There is a church service most Sundays at three pm. I am very content.”
- “I am happy here. I could question the food sometimes; sometimes the quality is not nice. The staff couldn’t be kinder.”

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement; regular completion of care records and frequency of staff meetings.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 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.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Residents were observed to be relaxed and comfortable in the home environment. Interactions were warm and friendly. Staff described their awareness of promoting residents’ rights, independence, dignity and how confidentiality was protected.

We reviewed the arrangements in place regarding supporting residents’ cultural and spiritual needs. Staff and residents gave examples of how these needs were met within the home; for example, ministers visit the home regularly and there were also regular in house services.

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 daily menu was displayed which included the daily choices and alternatives were also included. Residents were provided with an individual weekly activities planner giving them the opportunity to decide what activities they would like to participate in.

We observed how residents’ needs were recognised and responded to in a prompt and courteous manner by staff. Resident’s views were also gathered on a regular basis; for example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents’ meetings, suggestion box and visits by the registered provider. The home arranges monthly residents’ committee meetings, where residents are encouraged to share their views about living in the home, and look at what is working well and if there are areas that can be improved upon. The registered manager advised that residents are encouraged to share their views at any time regarding the service delivered.

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 for example arts and crafts, musical events, armchair exercises, visiting local facilities; entertainers would also visit the home.

Residents, one resident’s representative and staff spoken with during the inspection made the following comments:

- “It is home for me now, I can’t complain everyone is very nice.” (resident)
- “Fabulous home, activities good, staff go over and above. You are kept well informed if there are any changes. You wouldn’t get better, I like the cleanliness, outside is lovely too.” (resident’s representative)
- “Oh yes, it is very good, they (staff) are all very kind, I know my wife is also very satisfied, the food and everything, we can’t complain.” (resident)
- “Residents are treated like royalty in here, that is what I focus on.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

We discussed with the registered manager arrangements and governance systems in place within the home. An internal auditor carries out a range of checks on a monthly basis to provide an additional level of quality assurance in addition to the visits by the registered provider. There was a range of policies and procedures in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Arrangements were in place to share information about complaints and compliments with staff.

A review of accidents, incidents and notifiable events from January 2019 to April 2019 showed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

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, falls awareness, complex behaviours, and health and safety.

We reviewed a sample of reports undertaken by the registered provider from January to March 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

The registered manager outlined the organisational structure within the home including a deputy manager, two trainee managers, and senior carer arrangements. Staff spoken with were aware of their roles, responsibility and accountability. The registered manager stated that senior management were kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

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

Staff shared their views with regards to working in the home; this information was shared with the registered manager. There was evidence of open and transparent methods of working and effective working relationships with external stakeholders including other health care professionals.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to regular audits, management of complaints and incidents and quality improvement.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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, 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.

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: 10 May 2019</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staffing levels and skill mix are continuously reviewed and adapted in response to the changing needs and numbers of residents in house.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 , 3 (k)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2019</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>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: All records of treatments and interventions provided to the residents are recorded in care plans and residents notes are now numbered for ease of reference.</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 24.2</p> <p>Stated: First time</p> <p>To be completed by: 29 June 2019</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>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Revised template now in place to ensure a record is maintained to monitor 6 monthly supervision and to identify if a requirement for additional sessions is deemed necessary.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 24.5</p> <p>Stated: First time</p> <p>To be completed by: 29 June 2019</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Template implemented to ensure compliance with staffs annual appraisals</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27.2</p> <p>Stated: First time</p> <p>To be completed by: 9 May 2019</p>	<p>The registered person shall ensure a review is completed to confirm the temperature in areas occupied or used by residents is between 19and 22degrees 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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: As part of our regular heating controls there is a record maintained of random temperatures of residents rooms and communal areas. These readings continue to be taken 6 times daily to monitor if they have fallen below the upper range of 22 degrees centigrade. The timings of the heating are dictated by the climate and adjusted accordingly any concerns raised or reported continue to be investigated immediately and actioned as appropriate. The random temperature records and actions are recorded and kept in the home,</p>
<p>Area for improvement 4</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 29 June 2019</p>	<p>The registered person shall ensure staff meetings take place on a regular basis and at least quarterly.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Yearly meeting planner now in place to ensure formal meetings with all staff are held every 3 months</p>

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



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