

Unannounced Care Inspection Report

30 July 2020



Towell House

Type of Service: Residential Care Home (RCH)

Address: 57 Kings Road, Belfast BT5 7BS

Tel No: 028 9040 1642

Inspectors: Bronagh Duggan and Laura O'Hanlon

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 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: Gillian Millar – 19 January 2015</p>
<p>Person in charge at the time of inspection: Bronagh Berry, assistant manager</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: 81</p>

4.0 Inspection summary

An unannounced inspection took place on 30 July 2020 from 09.15 to 18.15. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. RQIA received intelligence which raised concerns in relation to the delivery of care within the home. In response to this information, RQIA decided to undertake an inspection to this home.

It is not the remit of RQIA to investigate 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.

As a result of the inspection concerns were identified with regard to: governance and oversight of the home; oversight of residents' dependency levels in the home; staffing levels in the home; care records not accurately reflecting the needs of residents; and the lack of oversight regarding the identification and effective management of hazards in the environment

As a consequence, a meeting was held on 7 August 2020 in RQIA with the intention of issuing two failure to comply notices under The Residential Care Homes Regulations (Northern Ireland) 2005 in relation to:

- Regulation 10. - (1) relating to the governance and oversight of the home
- Regulation 20. - (1) (a) relating to staffing levels

The meeting was attended, via videoconference, by Mrs Gillian Brooker, responsible individual and Mrs Gillian Millar, registered manager.

At the meeting RQIA was provided with a detailed account of the actions taken to address these matters since the inspection. RQIA received assurance that actions had been taken regarding some of the deficits highlighted. It was decided that one failure to comply notice would not be served under Regulations 20 (1) (a).

However, during the meeting RQIA did not receive the necessary assurance required in relation to the other areas requiring improvement. It was therefore decided that one failure to comply notice would be issued under Regulation 10 (1) with the date of compliance to be achieved by 23 September 2020.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Care delivery
- Care records
- Environment
- Governance and management arrangements

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.

The term 'residents' is used to describe those living in Towell House.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*1

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Bronagh Berry, assistant manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Gillian Brooker, responsible individual was informed of the findings from the inspection on 31 July 2020 via telephone.

Enforcement action resulted from the findings of this care inspection. One failure to comply notice was issued under The Residential Care Homes Regulations (Northern Ireland) 2005 as follows:

FTC Ref: FTC000106 with respect to Regulation 10 (1)

The enforcement policies and procedures are available on the RQIA website:

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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
- Audits of accidents and incidents in the home for April 2020 to June 2020

Questionnaires and "Tell us" 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. Ten completed questionnaires were returned within the identified time scale. Responses indicated that residents were generally very satisfied with the care provided. This feedback was shared with the management of the home for consideration and action, as appropriate.

The following records were examined as part of the inspection:

- Staff duty rota from 20 July 2020 to 2 August 2020
- Four residents' care records
- Monthly monitoring reports for the period May 2020 to July 2020
- Audits in relation to accidents and incidents
- The home's certificate of registration

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 20 January 2020.

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: 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.	Met
	Action taken as confirmed during the inspection: Feedback from residents and staff, in addition to observations of care delivery highlighted concerns in regard to staffing levels within the home. It was noted that staffing levels were not being effectively maintained so as to ensure the delivery of safe and effective care for residents. However, information provided to RQIA by the responsible individual during the enforcement meeting held on 7 August 2020 provided assurances that this area for improvement was subsequently met. This is discussed further in section 6.2.1.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
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.	Not met
	Action taken as confirmed during the inspection: Discussion with the assistant manager during the inspection and review of information in the home evidenced that details of the staffing review had not been forwarded to RQIA, as requested.	

	This area for improvement was subsequently subsumed into one failure to comply notice under Regulation 10 (1).	
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.	Not met
	Action taken as confirmed during the inspection: Inspection of the identified bedroom was undertaken; a malodour was present. We discussed with the assistant manager possible challenges with the type of flooring in the identified bedroom. This area for improvement was not met and has been stated for a second time.	

6.2 Inspection findings

6.2.1. Staffing

Upon arrival to the home, we were greeted by the assistant manager. The assistant manager outlined the staffing arrangements for the day within the home. A review of the staffing rota from 20 July 2020 to 2 August 2020 evidenced the hours worked and planned staffing levels. Rotas also reflected the catering, housekeeping and maintenance staff on duty in addition to care staff.

Observation of the care delivery to residents and discussions with staff evidenced that the home was busy, with residents requesting staff assistance regularly throughout the day. Staff spoken with expressed concern that there was insufficient staff on duty to meet the needs of residents; staff stated that meeting residents' needs was particularly challenging from 14.00 hours onwards when the number of care assistants on duty was reduced.

While residents spoken with confirmed they were happy in the home, they told us that there are times when they have to wait for long periods of time before being assisted by staff. With regard to the dependency of residents, it was noted that some required the assistance of two or three staff at the same time. This impacted the overall availability of staff to other residents at these times; the provision of timely assistance to residents is considered further in section 6.2.3.

During the enforcement meeting on 7 August 2020, the responsible individual provided assurances that necessary improvements had been implemented regarding staffing levels in the home. These improvements included a review and increase of staffing levels within the home. In addition, managerial responsibilities had been reviewed which resulted in three unit managers being identified to ensure closer monitoring of residents' needs and specific points of contact for residents, residents' representatives and staff. It was therefore decided that one failure to comply notice would not be served under Regulations 20 (1) (a). The actions arising

from the staffing review and revised managerial changes will be reviewed during a future care inspection.

While it was noted that, staffing levels were increased following the inspection to better meet residents' dependencies, the registered persons were unable to give an account of how the overall dependencies of residents in the home were being monitored. It was therefore decided that one failure to comply notice would be served under Regulation 10 (1).

6.2.2. Infection Prevention and Control and Personal Protective Equipment

The assistant manager confirmed that all residents and staff had their temperatures taken twice daily and that arrangements were in place for the isolation of residents, where necessary. PPE supplies and hand sanitizers were available throughout the home. Posters were displayed throughout the home which provided staff with guidance concerning the seven step hand washing process, and PPE donning and doffing procedures. Discussion with staff confirmed they felt there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance. PPE supplies for staff were readily and easily available during the inspection.

Staff feedback confirmed that they possessed a good understanding of IPC practices, including how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection being spread. Domestic staff confirmed they had a sufficient supply of products available to do carry out their duties and had clear procedures and cleaning schedules in place.

6.2.3. Care delivery

Staff interactions with residents were observed to be warm and friendly; staff also demonstrated an effective knowledge of residents' individual needs. Residents appeared well presented and neatly dressed with staff spending time assisting residents with their personal care. Staff referred to residents by name and showed that they were aware of residents' personal dietary preferences, for example, during the morning tea round a staff member was observed being familiar with a resident's favourite snack choice.

Some residents were observed relaxing in their bedrooms, while others rested in the main communal area of the home. However, on one occasion, the inspector had to locate a staff member to assist an identified resident to the bathroom; on another occasion, the inspector had to provide a resident with a seat as there was no staff in the communal area to provide this assistance.

We also noted that there was no staff in the communal area where 20 residents were sitting for a 15 minute period. The lack of staff supervision of residents in this area was concerning given that some residents were at risk of falling if they were to mobilise unaided. In addition, call bells were heard unanswered for long periods, frequently throughout the day.

Comments received from residents included:

- "It's lovely here, just look outside. It's great, staff are very good."
- (The staff) "Couldn't do enough for you, it is very good wouldn't want to be anywhere else."

- “I am getting on the best, they (staff) couldn’t do anymore for you. You should see outside, the garden at night, all lit up its lovely.”
- “It’s ok, could do with more staff. There is more and more confused (residents). I need fed, sometimes I come down for breakfast around 9am, maybe don’t get served until 10am. Sometimes staff come quickly, sometimes they don’t.”
- “I’m glad to be alive, this is my home, I am happy here.”
- “Is alright, there is a [resident] that comes into my room. I have a key but don’t like using it.”

In relation to the last comment noted above, the assistant manager advised that a placement review was planned for a resident that had been identified as being at risk of wandering.

6.2.4. Care records

A sample of four residents’ care records was reviewed; these evidenced conflicting information concerning residents’ needs and/or conditions which had the potential to compromise the delivery of safe and effective care. For example, care records for one resident in relation to their moving and handling needs was inaccurate; care records for another resident in regard to diabetes management was also inaccurate.

Review of the care records for one resident highlighted a delay in staff requesting a nursing reassessment of their needs despite a notable deterioration in their health.

We also found that one resident’s care records did not contain a relevant care plan and risk assessment in relation to management of a pressure wound. District nursing notes within the home had to be accessed to review this information. Care records concerning one resident’s foot dressings were also found to lack a care plan while supplementary records were poorly completed. In addition, staff on duty were unable to provide an overview of the incidence of wounds in the home. As a result of these findings, a referral was forwarded by the assistant manager to the Adult Safeguarding Team regarding wound management.

With regard to the repositioning of residents, it was noted that there was no evidence of repositioning checks having been completed for one resident who required such assistance. In addition, there was no record of staff adhering to a two hourly toileting programme for the resident which should have been commenced.

In relation to the monitoring of residents’ weights, we noted that the care records for one resident were incomplete, inaccurate or had not been completed contemporaneously.

These deficits were discussed with the assistant manager and form part of the actions to be addressed within the failure to comply notice issued to the home on 11 August 2020 under Regulation 10(1) of the Residential Care Homes Regulations (Northern Ireland) 2005.

6.2.5. Environment

The general home environment was fresh smelling, clean and tidy. Residents’ bedrooms were individualised and contained their personal mementos. Residents spoken with confirmed they were content with the environment. Some residents made reference to the outdoors garden area which was reported to be regularly frequented by residents.

We identified a number of risks to residents within the home environment. These included an unsupervised cleaning trolley on the first floor of the home that contained a number of

potentially hazardous cleaning products that were easily accessible to residents. A clinical room, containing dietary supplements and denture cleaning tablets, was left open and unsupervised. In addition, toiletries and additional cleaning agents were available in an unlocked bathroom which had been identified as a staff changing area. Discussion with residents and staff during the inspection revealed that at least one resident would wander through the home unsupervised.

The findings regarding the management of substances potentially harmful to health form part of the actions to be addressed within the failure to comply notice issued to the home on 11 August 2020 under Regulation 10(1) of the Residential Care Homes Regulations (Northern Ireland) 2005.

6.2.6. Governance and management arrangements

We evidenced deficits with regard to the oversight required to ensure good governance and management arrangements in the home. This lack of effective oversight related to those deficits as outlined in the sections above.

We viewed a sample of monthly monitoring reports from May 2020 to July 2020; it was noted within these reports that there were no actions identified relating to the shortfalls highlighted as a result of this inspection. RQIA was not assured that these reports were being completed in a robust and effective manner.

During the enforcement meeting on 7 August 2020, the responsible individual and registered manager acknowledged that the deficits had not been addressed in a timely manner and provided details of how they would secure the necessary improvements needed to achieve compliance with the regulations and standards. However, RQIA did not receive the necessary assurances required in relation to ensuring that robust and effective systems are in place relating to the governance and management arrangements within the home. It was therefore decided that a failure to comply notice would be issued under Regulation 10 (1) of the Residential Care Homes Regulations (Northern Ireland) 2005.

Areas for improvement

One area for improvement was stated for a second time in relation to the environment.

	Regulations	Standards
Total number of areas for improvement	0	*1

6.3 Conclusion

As a result of the inspection one failure to comply notice was issued under Regulation 10(1) with regard to management and governance oversight in the home. Compliance with this notice is to be achieved by 23 September 2020.

One area for improvement relating to the environment was stated for a second time.

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 Gillian Brooker, responsible individual, 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 2</p> <p>Ref: Standard 27</p> <p>Stated: Second time</p> <p>To be completed by: 20 January 2020</p>	<p>The registered person shall ensure that action is taken to eliminate the malodours in the identified bedroom.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The bedroom concerned has had suitable vinyl flooring applied. The room is cleaned thoroughly three times per day. Bedding is changed daily. It is also deep cleaned once per week. Environmental checks through out the day for malorder. The resident is also on two hourly toileting program to encourage the use of appropriate illimination facilities.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)