



The Regulation and  
Quality Improvement  
Authority

Twisel Lodge  
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**Unannounced Care Inspection  
of  
Twisel Lodge**

**17 September 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of inspection

An unannounced care inspection took place on 17 September 2015 from 11.05 to 16.20. On the day of the inspection we found the home to be delivering safe, effective and compassionate care in the standard and theme inspected.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> The Cedar Foundation/Ms Eileen Thomson	<b>Registered Manager:</b> Ms Andrea Campbell
<b>Person in charge of the home at the time of inspection:</b> Ms Andrea Campbell	<b>Date manager registered:</b> 8 June 2015
<b>Categories of care:</b> RC-LD, RC-LD(E)	<b>Number of registered places:</b> 8
<b>Number of residents accommodated on day of inspection:</b> 8	<b>Weekly tariff at time of inspection:</b> £1400

### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/process

Prior to inspection we analysed the following records: the returned QIP from the last inspection, notifications of accidents and incidents.

We met with one resident and observed others. We met with three care staff and one visiting professional. No resident's visitors/representatives were present. We distributed resident and staff views questionnaires.

We examined the care records of four residents, staff training records, the accident and incident register, complaints and compliments records and fire safety records. We also examined policy and procedure documents relating to the standard and theme inspected.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 24 November 2014. The completed QIP was returned and approved by the specialist inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  Ref: Standard 10.1	Review relevant policies to ensure they reflect notification to the trust and RQIA of any occasion restraint is used, including the circumstances and nature and making a record on residents care plans.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of the policy document confirmed that relevant policies now reflect that the trust and RQIA is notified of any occasion on which restraint is used; the policy also includes the need to note the circumstances and nature of the behaviour and to make a record on the resident's care plan.	
<b>Recommendation 2</b>	Review relevant policies and procedures to ensure	Met

<p><b>Ref:</b> Standard 10.2</p>	<p>that responding to uncharacteristic behaviours is included, as detailed in the report.</p>	
<p><b>Recommendation 3</b> <b>Ref:</b> Standard 10.3</p>	<p>The registered manager should sign and date care plans.</p>	Met
<p><b>Recommendation 4</b> <b>Ref:</b> Standard 10.3</p>	<p>Develop person centred communication records for residents. These should specify the behaviours/non-verbal communication made by residents and an explanation of what is understood of what this can mean and how staff should respond.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of care records confirmed that care plans were signed and dated by the registered manager.</p>	Met

<p><b>Recommendation 5</b></p> <p>Ref: Standard 10.7 13.1</p>	<p>Review and improve the statement of purpose and residents guide regarding the detail of activity provision.</p> <p>The statement of purpose should detail all types of restrictive practices which may be in use to meet the needs of residents with consideration of the human rights act (1998).</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of the home's Statement of Purpose and Residents Guide confirmed that these were reviewed to include details of activity provision.</p> <p>The home's Statement of Purpose was reviewed and detailed all types of restrictive practices which may be in use to meet the needs of residents with consideration of the Human Rights Act (1998).</p>	<p>Met</p>
<p><b>Recommendation 6</b></p> <p>Ref: Standard 12.1</p>	<p>The home should review the menu in place to ensure quality and that residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents or guidance provided by dieticians and other professionals and disciplines.</p> <p>Reference should be made to the nutritional guidelines and menu checklist for residential and nursing homes (2014).</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the registered manager and examination of the menu plans confirmed that menus were now reviewed on a quarterly basis. The menus were devised in line with nutritional guidelines and menu checklist for residential and nursing homes (2014).</p> <p>Consultation had taken place with the trust Speech and Language Therapist to devise menus to meet the need of those residents with particular dietary needs.</p>	<p>Met</p>

<p><b>Recommendation 7</b></p> <p>Ref: Standard 29.1</p>	<p>There is a current Risk Assessment and Fire Management Plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>The home should complete action taken to respond to recommendations made and forward the information to the estates inspector.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that information regarding the actions taken to respond to fire safety recommendations was sent to the estates inspector.</p>	<p>Met</p>
<p><b>Recommendation 8</b></p> <p>Ref: Standard 20.12</p>	<p>The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>This pertains to improvements identified in regard to the next annual quality review report.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of the annual quality report confirmed that the quality of services provided was evaluated and follow-up action taken. Key stakeholders were involved in this process.</p>	<p>Met</p>
<p><b>Recommendation 9</b></p> <p>Ref: Standard 19.2</p>	<p>The staff checklist completed by the human resources department should be improved to reflect this criterion and held in the staff file in the home.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of staff records confirmed that the organisation's Human Resources Department now provided to the registered manager a staff checklist for employment.</p>	<p>Met</p>

### **5.3 Standard 14: The death of a resident is respectfully handled as they would wish**

The registered manager confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this. The registered manager stated that there had been no deaths within Twisel Lodge but one resident had died in hospital.

We inspected four residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments were appropriately signed.

We noted that care plans contained details of the residents' or families wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records.

#### **Is care effective? (Quality of management)**

The home had a policy and procedure in place relating to dealing with the death of a resident. A separate policy and procedure was in place for providing end of life care. The policy reflected current best practice guidance.

In our discussions with staff they confirmed that they had received First Aid training and would be able to respond appropriately to an accident or sudden illness. Training in bereavement care was already provided to senior staff and was in the process of being provided to all staff.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Staff also confirmed to us that they were aware of the importance of encouraging nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff confirmed to us that they would liaise closely with district nursing staff to ensure appropriate pain management. Notification of a death would be made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

#### **Is care compassionate? (Quality of care)**

Staff members we interviewed explained that, if the circumstances arose, they would be supported to deliver care in a compassionate and sensitive manner. Staff were able to articulate those values that would underpin care within the home as they related to dying and death of a resident. This was to be commended.

The registered manager described to us how a resident would be cared for in the home at the end of life; whilst the medical needs of the resident would be met by the GP and the district nursing team, the care needs of the resident would be met by the staff. The family would be

able to be with the resident at the end of life. The staff would ensure that the family was made comfortable within the home.

The registered manager explained to us that the news of the death of the resident who had died in hospital had been shared with fellow residents in a sensitive manner. Residents had been given the option to attend the funeral and had chosen to do so.

In our discussions with the registered manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying would be enabled to do so, if the resident wished. Following a death, the body of the deceased resident would be handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences.

The registered manager confirmed with us that the deceased resident's belongings would be handled with care and his or her representative consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

### **Areas for improvement**

There were no areas for improvement within the standard inspected. This standard was met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## **5.4 Theme: Residents receive individual continence management and support**

### **Is care safe? (Quality of life)**

The registered manager advised us that whilst residents are physically dependent, no residents had particularly complex continence care needs. Should any resident need specialist support in this area, the district nurse or community continence advisor would provide guidance to staff. Practice leaders had been provided with training in continence promotion. The staff members we interviewed during inspection were able to demonstrate knowledge and understanding of continence care.

We reviewed four residents' care records which confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels. We observed that gloves, aprons and hand washing dispensers were present within the home. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.



### Is care effective? (Quality of management)

The home had a written draft policy and procedure relating to continence management and promotion; the policy document reflected current best practice guidance.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

### Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

### Areas for improvement

There were no areas for improvement within the theme inspected. This theme was met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## 5.5. Additional areas examined

### 5.5.1 Residents' views

We met with one resident who indicated that they were happy with their life in the home, their relationship with staff and the provision of care. We observed other residents who appeared comfortable and content in their surroundings and in their interactions with staff. No residents' views questionnaires were completed and returned.

### 5.5.2 Staff views/questionnaires

We met with three staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated to us that they felt well supported by training and are given the necessary resources to fulfil their duties. Five staff questionnaires were completed and returned; the staff members indicated satisfaction with the care provided within the home.

Some comments included:

- "I feel Twisel Lodge provides good care to residents who have a high level of need. Since I came here I have seen continuous improvement driven by management especially in the areas of care planning and promoting good care practices. I feel the residents are very well looked after."
- "There is a great team including the manager working in Twisel now and with the result I personally find Twisel is going from strength to strength."
- "I find my place of work satisfactory and the manager brilliant to work with."
- "I feel all care given at Twisel Lodge is individual and is regularly reviewed to meet the changing needs of our residents."

### **5.5.3 Visiting professional's views**

We met with one visiting professional who stated that the care provided to residents appeared to be very good, that the staff were caring and kind in their approach and demonstrated a high level of professionalism in their dealings with the residents, with each other and with visitors to the home.

### **5.5.4 Staffing**

At the time of inspection the following staff members were on duty:

- 1 registered manager
- 1 practice leader
- 3 support workers
- 1 cook
- 1 administrative staff

One practice leader and two support workers were scheduled to be on duty later in the day. One practice leader and one support worker were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

### **5.5.5 Environment**

The home was found to be clean and tidy. Décor and furnishings were of a good standard.

### **5.5.6 Care practices**

In our discreet observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### **5.5.7 Accidents/incidents**

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

### **5.5.8 Complaints/compliments**

Complaints had been recorded and managed appropriately. Records were retained of investigations, outcomes and lessons learned. The home had received several written compliments. Staff advised us that compliments are usually provided verbally.

### **5.5.9 Fire safety**

The home had a Fire Safety Risk Assessment dated 26 May 2015. The registered manager advised us that all recommendations arising had been actioned.

## Areas for improvement

There were no areas for improvement within the additional areas inspected.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Andrea Campbell	<b>Date completed</b>	26/10/15
<b>Registered Person</b>	Eileen Thomson	<b>Date approved</b>	26/10/15
<b>RQIA inspector assessing response</b>	Alice McTavish	<b>Date approved</b>	29/10/15

Please provide any additional comments or observations you may wish to make below:

***\*Please complete in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\****

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.