



The **Regulation** and  
**Quality Improvement**  
Authority

**Twisel Lodge**  
**RQIA ID: 1662**  
**19a Church Avenue**  
**Holywood**  
**BT18 9BJ**

**Inspector: Alice McTavish**  
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**Unannounced Care Inspection  
of  
Twisel Lodge**

**20 January 2016**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of inspection

An unannounced care inspection took place on 20 January 2016 from 09.30 to 13.10. On the day of the inspection we found the home to be delivering safe, effective and compassionate care. An area for improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report. This related to ensuring that annual review assessment reports are appropriately signed and dated.

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

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

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	1

The details of the QIP within this report were discussed with the registered manager, Mrs Louise Campbell, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/ Registered Person:</b> The Cedar Foundation / Ms Eileen Marian Thompson	<b>Registered Manager:</b> Mrs Andrea Louise Campbell
<b>Person in charge of the home at the time of inspection:</b> Mrs Andrea Louise Campbell	<b>Date 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 determine if the following standard had been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

### 4. Methods/Process

Prior to inspection we analysed the following records: the previous care inspection report and notifications of accidents and incidents.

We met with one resident, two members of care staff and the registered manager. No resident's visitors/representatives or visiting professionals were present.

We examined the following records during the inspection: care records of three residents, accident and incident records, complaints and compliment records, policies and procedures relating to the standard inspected, monthly monitoring visit reports, resident satisfaction questionnaires and the summary report of resident satisfaction questionnaires.

### 5. The inspection

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

The previous inspection of the home was an unannounced care inspection dated 17 September 2015. No requirements or recommendations resulted from the inspection.

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

No requirements or recommendations resulted from the last inspection.

#### 5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

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

The registered manager confirmed that staff actively seek residents' and their representatives' views and incorporate these into practice to ensure that choices, issues of concern or risks are recorded and acted upon.

We inspected care records and identified that the choices and preferences of each resident were clearly detailed. Care plans we inspected were signed by the resident or their representative.

In our discussions with the registered manager she advised that formal residents' meetings were not held; this was because the majority of residents had limited verbal communication and were unable to participate in such meetings. Meetings with residents' representatives were held but were not always well attended. In order to keep residents' representatives informed and to encourage feedback to the home, the registered manager wrote to the representatives twice annually to provide updates on matters such as menus, staffing, social outreach opportunities, activities and any other areas of interest. The registered manager

advised us that residents' representatives tended to approach staff directly to discuss any areas of concern. Twisel Lodge also held a number of events (parties, BBQs) to which representatives were invited; this gave further opportunities for feedback to be obtained about the quality of services and facilities provided in the home.

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

We noted a range of methods and processes where residents' and their representatives' views were sought about the standard of care. Staff maintained a record of actions taken to improve the care experience.

In our discussions with the registered manager we identified that annual satisfaction questionnaires were used to obtain residents' and representatives' views on the quality of care. Where residents were able to indicate their views, The Cedar Foundation ensured that an independent advocate was available to assist residents to do so. This practice was to be commended.

The registered manager confirmed that the information obtained from residents and their representatives was used to inform changes which would improve services in the home. The information was collated and presented within a report. We examined the summary report and noted that feedback from residents and their representatives indicated a high degree of satisfaction with the services provided.

We inspected the reports prepared by staff in advance of annual care reviews and noted that these contained details regarding the views and preferences of the residents regarding the quality of services and facilities provided in the home. We noted, however, that the annual review assessments of two residents were not signed and dated by the staff member who completed the assessment. We made a recommendation in this regard.

We inspected the minutes of annual care reviews and confirmed that the views of residents and representatives were sought and recorded with any actions arising specified. We inspected monthly monitoring visit reports which confirmed that residents' views on the services provided were sought and acted upon.

In our discussions with the registered manager we confirmed that the management of complaints was included during staff induction. We noted that the home had a policy on complaints, compliments and feedback. A copy of the policy was available in the entrance area to the home. We were advised that residents' representatives were made aware of the process for making complaints in the Resident's Guide and that information was also available on The Cedar Foundation's website. We inspected the complaints register and were satisfied that complaints were recorded and managed appropriately. We were advised that Twisel Lodge had received a number of verbal compliments.

The residents of Twisel lodge were encouraged to attend The Cedar Foundation User Forum which provides an additional opportunity for residents to shape the quality of services and facilities provided in the home.

## Is care compassionate? (Quality of care)

In our discussions with staff and with one resident we identified that residents were listened and responded to by staff. Staff members were knowledgeable about the needs, preferences and abilities of the residents.

### Areas for improvement

There was one area of improvement identified within the standard inspected. This related to the need to ensure that annual review assessments were appropriately signed and dated by the staff member who completed the assessment.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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## 5.3 Additional areas examined

### 5.4.1 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. Other residents who were present in the home were observed to be comfortable and content in their surroundings and in their interactions with staff.

Some comments included:

- "It's nice here. I got my room decorated. I was able to choose the colour and the bedding and the curtains. I am excited about my new room. The food here is nice. My favourite meal is fish and chips but if I want something else, the cook would make it for me. The staff know what I like to eat."

### 5.4.2 Staff views

We met with two 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.

Some comments included:

- "I feel that our priority is always the residents, their needs and wants. This is their home; we don't come in here just as our jobs, but to ensure that the residents are given a good quality of life. The staff work well as a team and are focussed on meeting the needs of the residents at all times. There is a good staff induction and good training to do our jobs. As a staff team we are very protective towards and supportive of our residents. I feel the staff team has a good relationship with residents' families, that families are included in providing care to the residents and they are encouraged to give staff their views on how their family member is cared for. This all contributes towards the welfare of the residents. Ensuring that families are happy with the care provided helps the residents."
- "I have had a good induction and training to work here, it has been very thorough. I find all staff members very supportive and the manager very approachable. I have been very impressed with the quality of care given to the residents who are included in every

aspect of the home and how it is run. The residents are supported to have a very active social life. They are always out and about, which is great. I have found The Cedar Foundation to be very accommodating to my changing circumstances. I think Twisel Lodge is a great place to work and I am very happy here.”

### **5.4.3 Staffing**

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

- 1 x registered manager
- 1 x practice leader
- 3 x support workers
- 1 x administrator
- 1 x cook
- 1 x domestic assistant
- 1 x handyman / driver

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.

### **5.5.4 Environment**

The home was found to be clean and tidy. Décor and furnishings were of a high standard. We noted that bedrooms had been redecorated and that a new kitchen had been installed. The registered manager advised us that residents were involved in choosing colour schemes and soft furnishing for their bedrooms. Where residents were unable to indicate their preferences, their representatives were consulted.

The registered manager advised us also that The Prince's Trust was to be involved in landscaping work in the garden of Twisel Lodge in the early part of 2016; this will further enhance the environment of the home.

### **5.5.5 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.

### **5.5.6 Accidents/incidents**

In our review of notifications of accidents and incidents we noted that these were managed and recorded appropriately.

### **5.5.7 Fire safety**

The home provided confirmation after the inspection that a fire safety risk assessment was completed on 26 May 2015, also that all of the recommendations arising had been addressed. The registered manager confirmed that the emergency lighting system, fire alarms and

emergency doors were checked weekly and that fire drills were completed monthly. Fire training was provided twice annually.

### Areas for improvement

There were no areas for improvement identified within the additional areas examined.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## 6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with the registered manager, Mrs Louise Campbell, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 11.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2016</p>	<p>The registered manager should ensure that annual review assessment reports are appropriately signed and dated by the staff member who completed the assessment.</p>		
	<p><b>Response by Registered Person(s) detailing the actions taken:</b> Annual review assessments are now appropriately signed by the Registered Manager and person(s) completing the report. Evidence available in service.</p>		
<b>Registered Manager completing QIP</b>	Andrea Louise Campbell	<b>Date completed</b>	24/02/16
<b>Registered Person approving QIP</b>	Eileen Thomson	<b>Date approved</b>	24/02/16
<b>RQIA Inspector assessing response</b>	Alice McTavish	<b>Date approved</b>	09/03/16

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