

Unannounced Care Inspection Report 12 September 2017



Twisel Lodge

Type of Service: Residential Care Home
Address: 19a Church Avenue, Hollywood, BT18 9BJ
Tel No: 028 9042 8458
Inspector: Alice McTavish

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with eight beds that provides care for adults who have a learning disability.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Responsible Individual: Eileen Marian Thomson	Registered Manager: Keira Murray, registration pending
Person in charge at the time of inspection: Nick Fowler, team leader, until 10.00. Jonathon Lee, team leader, after 10.00.	Date manager registered: Application received 25 January 2017
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 8

4.0 Inspection summary

An unannounced care inspection took place on 12 September 2017 from 09:30 to 14:30.

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

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, the home's environment, care records, the culture and ethos of the home and to governance arrangements.

Residents were unable to verbally communicate their opinions on how they were cared for in the home. Residents' representatives said that their relatives were well cared for and that the staff provided a very good service.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jonathon Lee, person in charge and Gavin Hughes, senior manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 14 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and notifiable events received since the previous care inspection.

During the inspection the inspector met with two residents, three staff and three residents' representatives.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Seven questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file
- Care files of two residents
- The home's Residents' Guide
- Copy of biannual newsletter to residents' families
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints
- Equipment maintenance records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 June 2017

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 14 March 2017

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The person in charge confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents' representatives and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. New staff received supervision monthly during their probationary period. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The person in charge and staff advised that competency and capability assessments 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; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. Discussion with the person in charge and review of one staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

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

The person in charge advised that no issues of adult safeguarding had arisen since the last care inspection; any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

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

A review of policy and procedure on restrictive practice/behaviours which challenge during previous care inspections confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The person in charge advised there were restrictive practices employed within the home, notably wheelchair lap belts, chest straps for use on specialist seating, bed rails, sound and vision monitors and the covert administration of medication. Discussion with the person in charge regarding such restrictions and inspection of care records confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the residents guide identified that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour

management teams from the trust and noted to be regularly updated and reviewed as necessary.

The person in charge advised there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the person in charge and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

Inspection of documentation confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

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

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

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

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. 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. Staff advised that a programme of redecoration and improvements was in progress. The flooring in the corridors had been replaced and corridors were due to be repainted. Some bedrooms had been redecorated, a general office had been moved to another room and the office was being equipped for use as a sensory room for the use of residents.

The home had an up to date fire risk assessment in place dated 25 May 2017. One recommendation was made. The manager later advised via email that action was taken to address this appropriately.

A review of staff training records confirmed that staff completed fire safety training twice annually. The senior manager and administrator advised that fire drills were completed at least monthly. Fire safety records identified that fire alarm systems were tested weekly and emergency lighting was tested fortnightly. All equipment and systems were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place; as respite residents were accommodated and these residents constantly changed, there was a system in place to ensure that the correct PEEPs were placed daily into the emergency grab box.

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

Comments received from residents' representatives were as follows:

- "There seems to be a lot of agency staff but most appear good enough. Would be nicer to have regular staff. Usually clean."
- "Although I am not sure that there are enough staff, generally I am satisfied with the care provided."

Comments received from staff were as follows:

- "Within the organisation we attend training to gain knowledge on safeguarding and this is a focus I would include in staff supervisions also."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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

Records were stored safely and securely in line with data protection. A review of the care records of two residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

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

Staff were able to describe in detail the individual care needs, preferences and choices of individual residents.

The senior 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. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks) and complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The person in charge 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, staff meetings and staff shift handovers. The person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents' representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Staff advised that they had received training in communication.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Seven completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. One response, however, indicated dissatisfaction with some aspects of care, equipment and transport. The comments were discussed with the manager after the inspection.

A comment received from a resident's representative was as follows:

- "Service user care reviews have been postponed on occasions which can be frustrating."

A comment received from staff was as follows:

- "I ensure that residents are involved in decision making and liaise with (the trust) in an ongoing basis with the resident at the focus of the discussion."

Areas of good practice

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

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 care compassionate?

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

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

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents' representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, could be met within the home if residents wished this. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. A review of care records identified that unusual or uncharacteristic behaviours were detailed in care plans. Indicators of pain or distress were described along with guidance on how this could be best managed.

The person in charge, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents' representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity.

The person in charge and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents' representatives advised that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them. The senior manager and staff advised that formal residents meetings were not held as the majority of residents had limited verbal communication and were not able to actively participate in such meetings. Residents were approached individually to ensure that their views and opinions were sought about the standard of care. In order to keep residents' representatives informed and to encourage feedback to the home, the manager wrote to representatives twice annually to provide updates on matters such as menus, staffing, activities and any other areas of interest. Staff advised that residents' families were regular visitors to Twisel Lodge and they often approached staff or the manager to discuss any issues or concerns.

Residents, their representatives, staff and trust professionals were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, a resident and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The resident was able to indicate enjoyment of a recent holiday, supported by staff, and a wish to go on another holiday. Staff advised that there were plans in place to enable residents to attend upcoming concerts and other events. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff described how when residents were admitted to hospital, a comprehensive summary of residents’ needs was provided to the hospital in order to promote effective hospital care. Staff spent several hours daily on the ward in order to provide reassurance and practical assistance to the resident. This also aimed to ensure that ward staff, who may not be familiar with the individual care and communication needs of the residents, could provide effective care. In instances where hospital care was not provided as set out in the information provided to ward staff, staff and residents’ representatives actively advocated on the behalf of residents. This represented good practice and was to be commended.

Residents’ representatives spoken with during the inspection made the following comments:

- “The staff are brilliant. When arrangements were being made for our (relative) to come here for respite care, the staff made sure that they had plenty of information about his needs and how they should provide the correct care for him. When he became ill on one occasion, staff recognised this immediately and made sure he got the right care at the right time. We feel that (our relative) is safe here.”
- “I feel the care is good here. I had an issue with my (relative’s) care a while ago, but we talked it through and it is resolved now.”

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

A comment received from a resident’s representative was as follows:

- “Staff are very kind and generally patient and really nice with (my relative).”

A comment received from staff was as follows:

- “The residents at Twisel are treated with respect, dignity and their needs, whether they are physical or mental health related, are always looked at on an ongoing basis through the review process.”

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 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

6.7 Is the service well led?

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

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

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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

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

A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, emergency management of epilepsy, stoma care, continence promotion, catheter care, management of enteral feeding.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was evidence of managerial staff being provided with additional training in governance and leadership. A practice leader was in the process of completing the Qualifications and Credit Framework (QCF) level 5 qualification in Leadership for Health and Social Care (Adult Management). Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the senior manager identified that they had understanding of their role and responsibilities under the legislation. The person in charge confirmed that the registered provider was kept informed regarding the day to day running of the home through the line management structure of the organisation and through monthly monitoring visit reports.

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

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

Review of records and discussion with the person in charge and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

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

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

Seven completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied. One respondent, however, indicated dissatisfaction with communication between staff and residents' representatives. This was discussed with the manager after the inspection.

A comment received from a resident's representative was as follows:

- "Any staff with whom I have regular contact are always approachable and show great understanding and compassion."

Comments received from staff were as follows:

- "Policies and procedures are always available. The management structure is approachable and transparent."

Areas of good practice

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

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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