

# Inspection Report

12 & 13 October 2021



## Twisel Lodge

Type of service: Residential  
Address: 19a Church Avenue, Holywood, BT18 9BJ  
Telephone number: 028 9042 8458

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> The Cedar Foundation  <b>Responsible Individual:</b> Mrs Margaret Cameron	<b>Registered Manager:</b> Miss Kiera Murray  <b>Date registered:</b> 18 July 2018
<b>Person in charge at the time of inspection:</b> 12 October 2021 Miss Kiera Murray - am Mrs Patricia Johnston, Team Leader - pm 13 October 2021 Mrs Deborah Stevenson, Head of Service	<b>Number of registered places:</b> 8
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 7
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 8 residents. Residents are accommodated in single bedrooms and have access to a communal lounge/dining area, a sensory room and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 12 October 2021 from 9.30 am to 4.50 pm by a care inspector and continued on 13 October 2021 from 11.15 am to 4.00 pm by a 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.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff provided care in a compassionate manner and promoted the dignity and well-being of residents.

Areas requiring improvement were identified regarding the management of residents' finances and personal property.

RQIA were assured that the delivery of care and service provided in Twisel Lodge was safe, effective and compassionate. Addressing the areas identified for improvement as a result of the finance element of the inspection will further enhance the quality of care and services provided in the home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Deborah Stevenson, Head of Service, at the conclusion of the inspection.

### **4.0 What people told us about the service**

During the inspection we spoke with seven residents, six staff and two relatives.

Residents were mostly unable to give us their opinion on the care provided in the home as they have communication challenges, however, we could see that they were well looked after and at ease in the company of staff who were seen to treat them with kindness and compassion.

Staff said that they enjoyed working in the home.

Relatives said that they were very happy with the care provided.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

No completed questionnaires were returned within the indicated timeframe.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 25 November 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time	The registered person shall ensure that the necessary repair/replacements are completed in the identified bathroom.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of the bathroom evidenced that the required repairs had been completed.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents. Review of records provided assurances that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored on a monthly basis. Staff confirmed that they received an induction on the commencement of their employment.

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained and staff were reminded when training was due. Review of records showed that training comprised of a range of relevant topics, with the majority of courses provided online and courses with practical elements delivered face to face, for example, moving and handling and fire safety. Staff said that they felt adequately trained to carry out their roles and responsibilities within the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager said that recruitment is ongoing to cover vacant posts. Bank or agency staff are employed as required to cover shifts and support existing staff.

Staff said teamwork was good and that they felt well supported in their role.

Staff confirmed that vacant shifts were covered by bank or agency staff but said this could be challenging if agency staff were unfamiliar with the home and the residents. Staff were aware that recruitment was ongoing and said that communication from management was good.

It was noted that there was enough staff in the home to respond to the needs of the residents; staff were seen to assist residents promptly in a caring and compassionate manner. Relatives did not express any concerns about staffing levels in the home.

### 5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff demonstrated their knowledge of individual residents' needs, preferred daily routines, likes and dislikes.

Staff were skilled in communicating with residents; they were seen to be understanding and sensitive. Staff explained that residents who had difficulty in making their thoughts or feelings known could display non-verbal cues which might indicate, for example, being too hot, in pain or uncomfortable. Staff were knowledgeable regarding residents' needs and reporting any early signs of distress or illness. Care plans reviewed reflected the behaviours that residents might display, triggers for these and how best to manage.

Where a resident was at risk of falling measures to reduce this risk were put in place, for example, equipment such as bed rails and crash mats were in use where required. Those residents who were at risk from falls had relevant care plans in place. Review of records confirmed that in the event of a fall or an accident staff took appropriate action. A monthly falls/accident analysis is carried out to establish if there are any patterns or trends and to determine if there are other measures that can be put in place to reduce the risk of a recurrence.

Some residents may be required to use equipment that can be considered to be restrictive, for example, bed rails and/or alarm mats. It was established that safe systems were in place to manage this aspect of care. A monthly analysis of restrictive practices was undertaken.

Residents who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care records accurately reflected the residents' needs and included recommendations from the Physiotherapist and Occupational Therapist (OT) if required. Staff said that when necessary they consulted other members of the multi-disciplinary team, for example, the District Nurse, and followed the recommendations they made.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals from simple encouragement through to full assistance and staff were seen to assist residents appropriately. The dining experience was seen to be calm, relaxed and unhurried. Staff minimised disruptions to ensure that residents were not distracted and followed the individual Speech and Language Therapist (SALT) recommendations for each resident to ensure they received the right consistency of diet.

Staff told us how they were made aware of residents' nutritional needs and confirmed that care records and individual place mats would be immediately updated if any changes were made. The recommendations of the Dietician and SALT were clearly recorded in the care records reviewed.

The food on offer was well presented and smelled appetising and a menu was on display for residents' information. Throughout the day it was observed that staff offered residents regular drinks and snacks and assisted them with these as necessary. A record of food and fluid intake was maintained.

It was noted that residents had not been weighed recently. This was discussed with staff who explained that residents used to be weighed at the day centre but, as this is currently not an option, suitable scales have been ordered for the home. Staff explained that, in the interim, if there was a concern regarding a resident's weight scales are available in another facility or the resident could be taken to the local surgery in order that effective weight monitoring could be undertaken.

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records, for example, a preference for no pillows on the bed, enjoys going out for a daily walk, likes being in the company of others and enjoys reflexology. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

The manager said that annual care reviews were currently being done via Zoom and included the care manager or Trust representative, the home staff, the resident and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

Residents were nicely dressed and well presented; staff had obviously paid care and attention to all aspects of each resident's personal care needs.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the environment evidenced that the home was warm, clean, tidy and well maintained. The home was in good decorative order and furnishings were in good condition. Residents' bedrooms were attractively decorated and personalised with items that were important to them, for example, family photographs, fairy lights, scatter cushions and bunting.

Corridors and fire exits were clear of clutter and obstruction. The current fire risk assessment included a required improvement; the Head of Service confirmed this had been escalated to the relevant Housing Association team for action.

The manager said the floor in one of the communal bathrooms needs to be replaced and it was confirmed that measures had been put in place to action this. It was observed that a cupboard door in the bathroom required repair or replacement and the manager confirmed this would be undertaken along with the planned works.



Review of records evidenced that staff cleaning duties were undertaken and recorded; a weekly cleaning rota was in place.

Staff and relatives did not raise any concerns about the environment and residents looked comfortable in their surroundings.

There was evidence that effective systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE was regularly monitored by the manager and records were kept.

#### **5.2.4 Quality of Life for Residents**

Discussion with staff and observation of the daily routine confirmed that residents were given a choice of how to spend their day. Staff spoke to residents in a warm, friendly and caring manner. Staff were seen to be very attentive to the residents. It was obvious that staff knew the residents well and had a good understanding of their likes and dislikes, for example, which residents liked to spend time in the sensory room or those who preferred company and to watch TV or listen to music.

It was observed that staff asked residents where they would like to sit and what they would like to do. Staff were observed supporting residents to move about the home so they could spend time in their bedroom, the communal lounge area or the sensory room as they preferred. Residents were discreetly assisted with their personal care needs and staff were respectful of their privacy and dignity.

The manager said that residents are still unable to attend day care services but staff are able to take them out for bus runs again which they really enjoy. Activities are person centred and planned according to residents' needs and abilities. Sensory activities are offered on a one to one basis and include hand and feet massages and reflexology. Staff said the residents enjoy listening to music and playing musical instruments.

Staff were observed assisting and encouraging the residents in their preferred activities, for example, a resident was enjoying looking at a clothing catalogue and a member of staff read to another resident. Staff facilitated families to visit in the home and also to take residents out of the home for a walk.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place following the current Department of Health (DoH) guidance.

The manager said that relatives had been provided with information about the Care Partner role and this would be facilitated if any relatives expressed an interest in the initiative.

The atmosphere throughout the home was warm and welcoming. Residents looked well cared for and comfortable in their surroundings and in their interactions with staff. Relatives spoke positively about their experience of the home.

### 5.2.5 Management of Finances

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the members of staff with access to it. Records of monies held at the home on behalf of residents were up to date at the time of the inspection.

It was noticed that personal items, such as jewellery and gift cards, were held in the safe place on behalf of a number of residents. No records were in place for the items held and there was no evidence that the items were checked on a regular basis. This was discussed with staff and identified as an area for improvement.

A sample of records evidenced that reconciliations (checks) of monies held on behalf of residents were undertaken on a weekly basis. Records of the reconciliations were signed by both the administrator and the manager. We were told that additional monies for two residents were held on a bank card for which withdrawals were made when required. There was no evidence that the monies held on the card were included in the weekly reconciliations.

Discussions with staff confirmed that the card was primarily used for replenishing the home's petty cash and not for holding residents' monies. The procedure for holding these monies was not in line with the home's policies and procedures. Following the discussions the home's Head of Service agreed to make arrangements for the residents' monies to be returned to the Health and Social Care Trust. This was identified as an area for improvement.

A review of four residents' files evidenced that copies of service user guides were retained within the files. None of the files reviewed contained a copy of a written agreement between the home and the residents. We were told by the Head of Service that revised agreements had recently been implemented. Following the inspection the Head of Service forwarded a sample of copies of the revised agreements to RQIA. The home was advised to retain signed copies of the agreements within the residents' files. This will be reviewed at the next RQIA inspection.

We were told that no member of staff was the appointee for any resident, namely a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

A sample of purchases undertaken on behalf of residents was reviewed. The records were up to date at the time of the inspection. Two signatures were recorded against each entry in the residents' records and receipts were available from each of the purchases reviewed.

A sample of records of payments to the hairdresser and podiatrist were reviewed. The controls surrounding the payment to the hairdresser, including the recording of the services provided by the hairdresser, were deemed to be inadequate. Following discussions with the Head of Service the home agreed to implement a new system for providing the hairdressing service. This was identified as an area for improvement.



Records for hairdressing treatments provided in October 2021 showed that one resident had paid double for the treatment provided. The administrator had highlighted this before the inspection on 13 October 2021 and was in the process of investigating the issue. Following the inspection the manager contacted RQIA to confirm that the overpayment was made in error and the resident had been refunded. The monies were owed to the hairdresser by another resident and records had been updated to reflect this. This will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that a vehicle, owned by the home, was available for residents to undertake journeys. The miles undertaken for the journeys were recorded and subsequently invoiced to the residents at an agreed rate per mile. A sample of invoices raised for two residents was reviewed; the miles invoiced to the residents reflected the information recorded within the home's records.

A sample of records of monies deposited at the home on behalf of residents was reviewed. Records were up to date at the time of the inspection. Receipts were provided to the person depositing the monies on behalf of the resident.

A sample of three residents' property records evidenced that the records were not checked at least quarterly. The records were not updated when additional items were brought into residents' rooms or when items were disposed of. This was discussed with staff and identified as an area for improvement.

Policies and procedures for the management and control of residents' finances were available for inspection. The policies were readily available for staff use. The policies were up to date and reviewed at least every three years.

### **5.2.6 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Miss Kiera Murray has been the Registered Manager in this home since 18 July 2018. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that there was a system in place to manage these. The manager said that the outcome of complaints was used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Responsible Individual was identified as the appointed safeguarding champion for the home. It was established that systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff said that they would have no hesitation in reporting a concern to the manager or person in charge.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

Areas requiring improvement were identified regarding the management of residents' finances and personal property as discussed in section 5.2.5.

Staff said that the manager was approachable, communication with the staff team was good and they enjoyed working in the home. The manager said that she felt well supported in her role and that the senior management team were approachable and accessible.

## 6.0 Conclusion

Residents looked well cared for and were seen to be comfortable, content and settled in the home.

The home was clean, tidy, warm and welcoming.

Staff spoke positively about working in the home and did not express any concerns about the service.

RQIA are satisfied that this service is providing care in a safe, effective and compassionate manner.

As a result of the finance element of the inspection four areas for improvement were identified in relation to the service being well led with regard to residents' finances and personal property. These areas for improvement will be reviewed at a future inspection to ensure they have been addressed.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (August 2011) (Version 1.1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Deborah Stevenson, Head of Service, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1.1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15.5  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2021	<p>The registered person shall ensure that a system is implemented to record residents' personal items held in the safe place. The records should be updated when items are removed and returned to the safe place.</p> <p>The items held should be reconciled (checked) against the records of items held at least quarterly. The records of the reconciliations should be signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b>  Procedure LORSP022 'Using Inventories and audit to safeguard residents belongings, money and valuables' has been developed alongside form LORSF039 'Individual safe contents record'. The form identifies when audits have been completed and the personal items held individually in the safe for each resident</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> 19 November 2021	<p>The registered person shall ensure that residents' monies held in the bank card, identified during the inspection, are returned to the Health and Social Care Trust.</p> <p>Records should confirm that the amount transferred from the bank card has been agreed with the Trust.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b>  SEHSCT has been contacted to make arrangements for the return of monies currently held on the bank card. We are currently awaiting further instruction from SEHSCT in relation to the process for returning the monies and to whom.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 20.14  <b>Stated:</b> First time  <b>To be completed by:</b>	<p>The registered person shall ensure that a new system is implemented for providing hairdressing services. The system should provide adequate controls surrounding the payment for hairdressing and safeguard residents from making payments in error.</p> <p>Ref: 5.2.5</p>

20 October 2021	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 8.7  <b>Stated:</b> First time  <b>To be completed by:</b> 19 November 2021	<p><b>Response by registered person detailing the actions taken:</b>  A separate file outlining hairdressing services organised by the home has been developed. Each resident receiving services have separate records within the file detailing service provided, cost of service, date services provided and copy of receipt for services paid.</p> <p>The registered person shall ensure that the residents' inventory of personal possessions is kept up to date with additional items brought into the residents' rooms or when items are disposed of.</p> <p>A reconciliation of the records should be undertaken at least quarterly. Two signatures should be recorded against the reconciliation.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>  Form LORSF038 'Inventory of personal belongings' has been developed along with procedure LORSP022 'Using inventories and audit to safeguard residents belongings, money and valuables'. The form identifies location and description of items, date and reason for disposal, two signatures and date when audits have been completed.</p>

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



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