

# Unannounced Care Inspection Report 14 March 2017



## Twisel Lodge

Type of service: Residential care home  
Address: 19a Church Avenue, Holywood, BT18 9BJ  
Tel no: 028 9042 8458  
Inspector: Alice McTavish

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Twisel Lodge Residential Home took place on 14 March 2017 from 09.50 to 14.10.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

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.

No requirements or recommendations were made in relation to this domain.

### **Is care effective?**

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.

No requirements or recommendations were made in relation to this domain.

### **Is care compassionate?**

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.

No requirements or recommendations were made in relation to this domain.

### **Is the service well led?**

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.

No requirements or recommendations were made in relation to this domain.

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

## 1.1 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 were discussed with Ms Keira Murray, acting 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 29 September 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> The Cedar Foundation/Eileen Marian Thompson	<b>Registered manager:</b> Ms Keira Murray (acting manager, registration pending)
<b>Person in charge of the home at the time of inspection:</b> Ms Keira Murray	<b>Date manager registered:</b> Pending
<b>Categories of care:</b> LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 8

## 3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with four residents, two care staff, the acting manager and one visiting professional. No residents' visitors/representatives were present. The registered manager, who was providing cover for a colleague in another home, was present during part of the inspection and was also available for feedback at the end of inspection.

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 three residents
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), complaints and the environment
- Equipment maintenance records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual.

A total of 24 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 28 September 2016

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

#### 4.2 Review of requirements and recommendations from the last care inspection dated 28 September 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time <b>To be completed by:</b> 30 December 2016	The registered provider should ensure that the home's policy and procedure for Infection Prevention and Control is reviewed to reflect the most up to date regional guidance.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the acting manager and inspection of the home's policy and procedure for Infection Prevention and Control confirmed that this was reviewed to reflect the most up to date regional guidance.</p>	
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### 4.3 Is care safe?

The acting manager (registration pending) 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 and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the acting 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. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The acting manager and staff confirmed 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. The acting manager advised that competency and capability assessments were completed annually. This represented good practice.

Review of the recruitment and selection policy and procedure during the last care inspection confirmed that it complied with current legislation and best practice. Discussion with the acting manager 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.

The acting manager advised that enhanced AccessNI disclosures were viewed by her for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice. There were also arrangements 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 new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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.

Discussion with the acting manager and review of care records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. 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 the last care inspection 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 acting manager confirmed there were restrictive practices employed within the home, notably wheelchair lap belts, bed rails, covert medication and a sound monitor for some residents to alert staff of seizure activity. In one instance, a sound and vision monitor was used. Discussion with the acting manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the Statement of Purpose and 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 acting manager confirmed there were risk management policy and procedures in place relating to the safety of the home. Discussion with the acting manager 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. Chemicals or Substances Hazardous to Health (COSHH), fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment and inspection of maintenance records confirmed this.

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 acting manager 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. Inspection of the internal and external environment identified that 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.

The home had an up to date fire risk assessment in place dated May 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems and means of escape were checked weekly and emergency lighting was checked fortnightly. All equipment was regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Five completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

A comment received from a staff member was as follows:

- "The quality of care and safety demonstrated and staff knowledge of adults at risk is current to the job role."

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

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

A review of the care records of three 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, bedrails, 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 and/or their representative. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The acting manager confirmed 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), complaints, environment and kitchen hygiene 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 acting manager confirmed 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 registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

It was established during the last care inspection that formal residents' meetings were not held as the majority of residents had limited verbal communication and were not able to participate in such meetings. The acting manager had advised that residents were approached individually to ensure that their views and opinions were sought about the standard of care. The acting manager confirmed that this arrangement continued. In order to keep residents' representatives informed and to encourage feedback to the home, the acting manager wrote to representatives twice annually to provide updates on matters such as menus, staffing, social outreach opportunities and any other areas of interest.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The acting manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Five completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

A comment received from a staff member was as follows:

- "Each resident's care is individual and ongoing and is reflective of their changing needs."



## Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

The acting 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 confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the management of pain.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. The acting manager confirmed that consent was sought in relation to care and treatment. Discussion with residents 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 and were able to demonstrate how residents' confidentiality was protected.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner and 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. Residents 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 and residents and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

A staff member spoken with during the inspection made the following comments:

- "I came to work here only recently but I have found the manager and all the staff team to be very approachable, helpful and supportive in every respect. The whole ethos here is about putting the residents first. There is plenty of time given to spending time with the residents and there is no expense spared when it comes to meeting residents' needs."

A visiting professional spoken with during the inspection made the following comments:

- “I have no concerns about the standard and quality of care provided in Twisel Lodge. The staff keep very good communication with our service. If they believe there are any changes in residents’ needs, they contact us and actively seek guidance. Staff follow any recommendations for care that we might make. Staff are well trained and are familiar with food and fluid textures. The residents appear to be happy and well cared for.”

Five completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

A comment received from a staff member was as follows:

- “Residents’ human rights are upheld, confidentiality is of high importance and this is evidenced daily in staff practice.”

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.6 Is the service well led?**

The acting 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 and posters displayed in the home. Discussion with staff confirmed that 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.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the acting manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, swallow awareness, epilepsy and the administration of emergency medication (Buccal Midazolam), 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 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 acting manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the established line management structures and through managers' meetings.

The acting 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 RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the acting manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The acting manager confirmed that staff could also access line management to raise concerns they will offer 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.

The acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Five completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

A comment received from a staff member was as follows:

- “(The registered manager) has made immense improvements within the service which are always resident focussed and ensures good practice.”

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and



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