



# Unannounced Care Inspection Report 17 August 2019



## Twisel Lodge

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

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to eight residents who have a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> The Cedar Foundation  <b>Responsible Individual:</b> Eileen Marian Thomson	<b>Registered Manager and date registered:</b> Keira Murray
<b>Person in charge at the time of inspection:</b> Johnny Lee, Team Leader	<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>Total number of residents in the residential care home on the day of this inspection:</b> 7

### 4.0 Inspection summary

An unannounced inspection took place on 17 August 2019 from 11.30 hours to 16.10 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

An area for improvement in respect of a previous medicines management inspection has also been reviewed and assessed as met.

Evidence of good practice was found in relation to staffing, staff knowledge of the care needs of residents, care records, listening to and valuing residents and their relatives, governance arrangements and maintaining good working relationships.

Many of the residents in the home were unable to communicate verbally. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents' relatives and staff during and after the inspection are included in the main body of this report.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Johnny Lee, Person in Charge and Keira Murray, Manager, by telephone after the inspection.

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

#### **4.2 Action/enforcement taken following the most recent inspection dated 22 November 2018**

The most recent inspection of the home was an unannounced care inspection undertaken on 22 November 2018. No further actions were required to be taken.

#### **5.0 How we inspect**

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous pharmacy inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Three questionnaires were returned by residents' relatives and five were returned by staff. All respondents indicated that they were satisfied or very satisfied with all areas of care and leadership in the home.

During the inspection a sample of records was examined which included:

- staff duty rotas from 11 August to 24 August 2019
- staff training schedule
- three staff induction records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from January to August 2019
- reports of visits by the registered provider from April to June 2019
- RQIA registration certificate

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 last care inspection dated 22 November 2018

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

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The person in charge and staff on duty confirmed that staffing levels were safe and kept under review. There was a team leader on duty along with support workers at the weekend and there was a manager, a cook, a driver / handyman and administrative staff on duty on weekdays.

#### **Staffing and recruitment**

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties.

We could see that there was enough staff in the home to quickly respond to the needs of residents and to provide the correct level of support.

The person in charge advised that staff were properly recruited and that all pre-employment checks had been made to ensure that staff were properly vetted and suitable to work with the residents in the home.

#### **Staff induction, registration with the professional body, supervision, annual appraisal and competency**

We spoke with staff who told us that they, and any agency staff, had a thorough induction to working in the home which included several days where they shadowed experienced staff. We looked at induction records of agency staff and saw that inductions were completed and recorded.

We saw that all care staff were registered with their professional body, the Northern Ireland Social Care Council (NISCC). This is necessary to ensure that social care staff are safe practitioners and adhere to NISCC standards of conduct and practice. We also saw that senior management promoted the NISCC induction programme for newly employed and existing staff. This is good practice.

Staff also told us that they got supervision and this happened more often when they were new to the home and all staff employed by The Cedar Foundation had an annual appraisal of their performance.

The team leader advised that all senior care staff had an assessment of their competency and capability completed by the manager to ensure that they can take charge of the home in her absence.

### **Staff training**

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was about to come out of date, there was a plan in place for staff to get the training.

### **Safeguarding residents from harm**

Staff in the home were able to describe how residents were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The organisation had a safeguarding champion.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations. Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues.

The team leader was aware of how safeguarding referrals could be made to health and social care trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

### **Environment**

We walked around the home and saw that it was in good decorative state. The home was kept clean and warm and it smelled fresh. We looked in the bedrooms of some residents and found that they contained residents' personal items and belongings.

There was a lounge with a dining area and a sensory room for the use of residents on the ground floor. There was access from the lounge to the garden. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

### **Restrictive practices**

It is important that where choice and control are restricted due to people's understanding, any restrictions are carried out sensitively and comply with legislation. This is so that people feel respected, included and involved in their care, where possible. When we spoke with staff they had a good knowledge of residents' abilities and level of decision making and they were able to describe how and why restrictions were used.

We saw in the care records how the need for any restrictions was assessed by specialist trust and home staff. We saw records which evidenced that residents and their relatives were involved in regular review of such restrictions and that the decisions were recorded and appropriately signed. This is good practice.

The team leader told us that there were dates arranged make staff aware of the Mental Capacity legislation due to come into effect in October 2019 and to train staff as appropriate.

We also saw that care staff were properly trained in specialist techniques which helped to ensure a person centred approach to responding to individual needs.

### **Infection prevention and control (IPC)**

We could see that there were arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. There were gloves, aprons and hand sanitizers available for staff to keep their hands and clothing clean, thus reducing the risk of spreading infection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, training, supervision and appraisal, risk management and the home's environment.

### **Areas for improvement**

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

	<b>Regulations</b>	<b>Standards</b>
<b>Total numb of areas for improvement</b>	0	0

### **6.4 Is care effective?**

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

### **Management of risks relating to residents**

We could see from the care records that there was a system in place to assess the needs of residents before they come to stay in Twisel Lodge either for respite or long term care. When risks are identified and assessed, a detailed plan is put in place to meet the care needs of the resident and to reduce any risks. All records were reviewed regularly and updated where necessary.

The manager kept an overview, by using audits and by speaking with staff, of the care provided to residents and the management of risks. Staff in the home described how there was good working relationships between trust professionals and staff and how this ensured good outcomes for residents.

### Care records

The care records for residents were kept securely to ensure that that confidentiality was maintained. The records were written in a professional manner and used language which was respectful of residents. The records also incorporated Human Rights considerations.

We saw how staff in the home shared residents' care needs assessments, care plans and risk assessments with the resident and/or their relatives; these records were signed and dated either by residents or by their relatives.

We also saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.5 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.**

### Culture and Ethos of the home

We could see that the interactions between staff and residents were positive. There was a relaxed atmosphere throughout the home and residents appeared content and at ease with staff. We saw that staff were attentive and were able to respond to expressions of need from residents who were not able to communicate verbally.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident liked to do and residents' daily routines were recorded. Staff told us that the residents' routines were carefully planned to meet residents' specific needs although a flexible approach was adopted, where necessary.

We could see that staff could communicate well with residents who needed additional reassurance or support.



**Activities**

Staff told us about the range of activities available and how staff worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. Staff described how residents often go to a local open farm, to bowling and have picnics at the seafront. Staff were arranging transport to Windsor Park for a resident who had tickets to see Northern Ireland matches. A programme of available activities was displayed and we saw in the care records that residents had participated in activities.

**Resident involvement**

We spoke with staff about how residents were given the opportunity to indicate their preferences about how they live their lives in the home and how they spend their time. Staff told us that this was difficult as many resident were unable to communicate verbally but staff used non-verbal cues to interpret residents’ individual preferences as far as possible.

Staff also reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns. We saw that where relatives had raised any issues, these were promptly responded to by staff and the manager.

We saw that residents were encouraged to participate in The Cedar Foundation user forum which gives a voice to those people who live in Twisel Lodge, and other homes run by the organisation, or who use the home for respite.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and listening to and valuing residents and their relatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 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.**

Staff in the home said that they got good support from their manager who was supportive and approachable. The person in charge told us that the staff team was committed and reliable with a focus on delivering a high quality of care to residents.

## **Managerial oversight**

We saw records which evidenced that the manager spent time completing a range of tasks to make sure that the home runs well. The manager completes regular audits of areas such as accidents and incidents, medications, complaints and compliments and the home's environment and looks for any ways in which these areas can be improved.

The manager makes sure that staff are properly supported to do their jobs by providing them with regular supervision, appraisal and training. The manager also makes sure that systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

We saw that there was a current fire risk assessment for the premises. Two recommendations were made in this assessment and both were noted as being high priority which should be addressed immediately. The manager later submitted evidence that these recommendations were addressed.

## **Complaints and Compliments**

The manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately and documented in detail. The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning. We saw that a written summary of learning from complaints or issues raised was shared with staff and that staff signed that they had read and understood any changes to practice.

## **Accidents and incidents**

We looked at the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home and found that they were satisfactory.

## **Additional training**

The person in charge and staff told us that there was training provided for areas not included within mandatory training. We looked at the training records and saw that staff had been trained in epilepsy and the emergency administration of Buccal Midazolam, the management of PEG and enteral feeding, swallow awareness and dysphagia and mental health awareness.

## **Communication**

We saw from records that there were regular staff meetings and that detailed information was shared with the staff team about any issues or developments arising. There were comprehensive written handover records exchanged by staff between each shift to ensure that correct information was passed on. There were also daily staff allocation sheets which set out the tasks to be completed on each shift; this provided a structured approach to the delivery of care and the smooth running of the home.

There was a system in place to ensure that any changes to a resident's care plan were shared with staff.

## Visits by the registered provider

The home was visited by a representative of the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits in between April and June 2019 and found them to be comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to obtain their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

## 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
<b>Total number of areas for improvement</b>	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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