

# Inspection Report

**18 February 2023**



## Twisel Lodge

**Type of service: Residential Care Home**

**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>Registered Person/s OR Responsible Individual</b> Mrs Margaret Cameron	<b>Registered Manager:</b> Mr Mark Wilkinson – not registered
<b>Person in charge at the time of inspection:</b> Mark Wilkinson	<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> 8
<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 18 February 2023 from 9.30 am to 2.30 pm by a care inspector and on 20 February 2023 from 10.45am to 12.30pm 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 members promoted the dignity and well-being of residents and were knowledgeable and well trained to deliver safe and effective care. There was a good working relationship between staff and management.

Areas requiring improvement are identified in regard to the fire risk assessment and infection prevention and control (IPC).

Areas for improvement identified from the previous finance inspection were assessed as met and no new areas were identified.

RQIA were assured that the delivery of care and service provided in Twisel Lodge was safe, effective and compassionate and well led. Addressing the areas identified for improvement 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 Mark Wilkinson Acting Manager, at the conclusion of the inspection.

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

During the inspection we spoke with residents and staff. 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. One resident who visits Twisel Lodge for respite told us she liked to visit and she likes the staff.

Staff said that they enjoyed working in the home and felt well supported. All comments were passed to the manager for review and action if required.

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

## 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 12 & 13 October 2021.		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15.5  <b>Stated:</b> First time	<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>	<b>Met</b>
	<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><b>Action taken as confirmed during the inspection:</b>            A system was in place to record residents' items held in the safe place. A review of records for two residents confirmed that reconciliations of the items were undertaken on a monthly basis. The records of the reconciliations were signed by two members of staff.</p>	

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p>	<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><b>Action taken as confirmed during the inspection:</b> A review of records confirmed that the residents' monies previously held in the bank card were returned to the Health and Social Care Trust. Records also confirmed that the amount recorded as returned was agreed with the Trust.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 20.14</p> <p><b>Stated:</b> First time</p>	<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><b>Action taken as confirmed during the inspection:</b> A review of records confirmed that a new system was implemented for the hairdressing service. The new system provided adequate controls surrounding the payment to the hairdresser from residents' monies.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 8.7</p> <p><b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b> A review of two residents' files confirmed that records of personal possessions were up to date. Reconciliations of the items were undertaken quarterly. The records of the reconciliations were signed by two members of staff.</p>	<p><b>Met</b></p>

## 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. Agency staff coming to the home on their first shift would also receive an orientation and induction.

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 they had recently recruited new staff who were awaiting their pre – employment checks to be completed and that recruitment was ongoing. Bank or agency staff are employed as required to cover shifts and support existing staff.

Staff spoke positively on the teamwork in the home. One told us, “The teamwork here is very good,” and another commented, “We are well supported, the manager is very approachable.”

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.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff members were knowledgeable of residents’ needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in residents’ care throughout the day.

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. Residents had individual dining placemats in place descriptive of their dietary needs. Staff minimised disruptions to ensure that residents were not distracted and followed the individual Speech and Language Therapist (SLT) 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 SLT were clearly recorded in the care records reviewed.

Residents dined in their preferred dining area; the dining room, lounge or their own bedrooms. Food served appeared appetising and nutritious. Daily menus were displayed.

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, 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.

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, decorative lights and paintings.

Corridors and fire exits were clear of clutter and obstruction. The current fire risk assessment included one required improvement; however, it was observed that this had not been addressed within the recommended time frame. The manager confirmed following the inspection that this had since been attended to. An area for improvement was identified.

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

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.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. However, staff were observed to be wearing jewellery such as bracelets and watches that could impede handwashing. This was discussed with the manager and an area for improvement was identified. The manager confirmed following the inspection that hand hygiene audits had been reintroduced.

### 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.

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.

Activities were 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. Staff said the residents enjoy listening to music, spending time in the garden and going out on the bus to local shops and the beach.

Staff were observed assisting and encouraging the residents in their preferred activities, for example, a resident was enjoying completing a puzzle and other residents were enjoying a movie. Another resident was going out for lunch with their family.



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 and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Mark Wilkinson has been the Acting Manager in this home since 1 September 2022.

Staff were aware of their own role in the home and how to raise any concerns or worries about residents' safety, care practices or the environment. Staff members were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

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.

Staff said that the manager was approachable, communication with the staff team was good and they enjoyed working in the home.

### 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 Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mark Wilkinson, Acting Manager 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 Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure when recommendations are made within the fire risk assessment these are actioned within the recommended time frame.</p> <p>Ref: 5.2.3</p>
	<b>Response by registered person detailing the actions taken:</b> This was actioned on 19.02.23. Fire door repaired. Action completed.
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 35  <b>Stated:</b> First/ time  <b>To be completed by:</b> Immediately and ongoing	<p>The registered person shall ensure that IPC training in regard to hand hygiene is embedded into practice.</p> <p>Ref: 5.2.2</p>
	<b>Response by registered person detailing the actions taken:</b> Weekly hand hygiene audits have been implemented and are recorded.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)