



# **Unannounced Inspection Report 19 December 2019**



## **Twisel Lodge**

**Type of Service: Residential Care Home**  
**Address: 19a Church Avenue, Holywood, BT18 9BJ**  
**Tel No: 028 9042 8458**  
**Inspector: Rachel Lloyd**

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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 residential care home registered to provide 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> Mrs Margaret Cameron	<b>Registered Manager:</b> Miss Keira Murray
<b>Person in charge at the time of inspection:</b> Miss Keira Murray	<b>Date manager registered:</b> 18 July 2018
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) - Learning disability - over 65 years	<b>Number of registered places:</b> 8

### 4.0 Inspection summary

An unannounced inspection took place on 19 December 2019 from 09:50 to 13:05.

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

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

One area for improvement was identified in relation to the verification of written medicine records before use to ensure that transcribed information is accurate.

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.

Any comments received from residents' relatives/representatives 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 patients' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Miss Keira Murray, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection. Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 17 August 2019

No further actions were required to be taken following the most recent inspection on 17 August 2019.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management 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

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

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.

During the inspection we met with the manager and two senior care assistants.

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

- governance audits/records
- medicine records
- reports of visits by the registered provider/monthly monitoring reports from August 2019 onwards
- 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 most recent inspection dated 17 August 2019

The most recent inspection of the home was an unannounced care inspection dated 17 August 2019. There were no areas for improvement identified as a result of the inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

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

We arrived in the home at 09:50 and were greeted by the registered manager who was helpful and attentive. Residents were seated in the lounge, or remained in their rooms, in keeping with their personal preference/routine.

Observation of the delivery of care evidenced that staff attended to residents needs in a timely and caring manner.

The home was observed to be clean, warm and fresh. All areas inspected were appropriately decorated and clean. All areas were free from trip hazards and cleaning products were stored in areas not accessed by residents.

Five personal medication records and medicine administration records were reviewed. Recently rewritten personal medication records and handwritten entries on printed medication administration records had not been verified by two members of staff to check accuracy.

One area for improvement was identified. A range of audits on the administration of a variety of medicines were completed. There was evidence that medicines were being administered as prescribed.

#### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and the management of medicines.

#### Areas for improvement

One area for improvement was identified in relation to the verification of written medicine records before use to ensure that transcribed information is accurate.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.4 Is care effective?

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

Systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Newly prescribed medicines, including antibiotics, had been received into the home without delay and there were systems in place for any medicine changes.

Staff stated that there was effective teamwork; the staff spoken to understood their role, function and responsibilities.

We reviewed the lunchtime meal experience. Three residents were out for the day and the remaining residents dined in the kitchen lounge/dining area with the assistance of staff. Food was served directly from the kitchen. Staff were knowledgeable in relation to the residents' dietary requirements regarding residents who required their meals modified. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between residents and staff and the encouragement/assistance provided by staff during lunchtime.

### Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	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.**

Staff demonstrated a detailed knowledge of residents' preferences and assessed needs and how to provide support. Staff interactions with residents were observed to be compassionate, caring and timely. Residents were afforded choice, privacy, dignity and respect.

Residents who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Of the questionnaires that were issued, five were returned from relatives within the specified timescale. Four advised that they were satisfied/very satisfied with all aspects of the care provided. Comments received on one questionnaire were discussed with the manager, by telephone on 16 January 2020, for ongoing consideration. Any comments from residents or their representatives, in questionnaires received after the return date will be shared with the registered manager for their information and action as required.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified in this domain.



	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.**

Discussion with staff confirmed that management were supportive and responsive to any suggestions or concerns raised. Staff spoken to stated that they enjoyed working in the home.

We also sought staff opinion on staffing via online questionnaire. No responses were received.

There were robust arrangements in place for the management of incidents. Staff confirmed that they knew how to identify and report incidents. Medicines related incidents reported since the last medicines management inspection were discussed. There was evidence of the action taken and learning implemented following incidents. In relation to the regional safeguarding procedures, staff confirmed that they were aware that incidents may need to be reported to the safeguarding team.

Regarding the Deprivation of Liberty Safeguards, the manager advised that staff had received Level two training. The manager advised that she has received Level three training. Staff demonstrated general awareness and knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place to comply with the new legislation.

### Areas of good practice

There were examples of good practice found in relation to quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified in this domain.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Keira Murray, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed via the Web Portal for assessment by the inspector.



Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards, August 2011	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate effect	The registered person shall ensure that personal medication records and handwritten medication administration records are verified by two members of staff before use to ensure that transcribed information is accurate.  Ref: 6.3
	<b>Response by registered person detailing the actions taken:</b> Registered Manager met with all staff members who have responsibility for medication management and administration to revisit the procedure for managing and administering medication. This document identifies that two members of staff need to check and verify medication records before they are put into use. Wording within procedure revised to make it clear that both parties must check before verifying.

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



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