

Unannounced Care Inspection Report

24 April 2018



Twisel Lodge

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

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with eight beds that provides care for adults who have a learning disability.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Responsible Individual: Eileen Thomson	Registered Manager: Keira Murray
Person in charge at the time of inspection: Keira Murray	Date manager registered: Keira Murray – “registration pending”.
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 8

4.0 Inspection summary

An unannounced care inspection took place on 24 April 2018 from 10.10 to 16.25.

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

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, the home's environment, care records, audits and reviews, the culture and ethos of the home, governance arrangements and quality improvement.

A resident's representative said that the care provided in the home was excellent and that the staff went above and beyond their duties to ensure that care was delivered to the residents in the very best way possible.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

Details of the Quality Improvement Plan (QIP) were discussed with Keira Murray, manager, and Deborah Stevenson, Head of Service, 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 care inspection

No further actions were required to be taken following the most recent inspection on 12 September 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and notifiable events received since the previous care inspection.

During the inspection the inspector met with three staff, one resident's representative, the manager and the Head of Service. No visiting professionals were present.

A total of eight questionnaires were provided for distribution to residents and their representatives. A poster was provided for staff detailing how they could complete an electronic questionnaire. Eleven questionnaires were returned within the agreed timescale; six were returned by residents' representatives and five were returned by staff.

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 files
- The care files of three residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, accidents and incidents, complaints and compliments, environment, kitchen hygiene
- 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 drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- A selection of policies and procedures

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 12 September 2017

The most recent inspection of the home was an unannounced care type inspection.

6.2 Review of areas for improvement from the last care inspection dated 12 September 2017

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

6.3 Inspection findings

6.4 Is care safe?

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

The manager advised that the staffing levels for the home 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 a resident's representative and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the 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 questionnaires confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the 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. Staff competency and capability assessments were reviewed and found to be satisfactory. The assessments were reviewed annually. This represented good practice.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. Discussion with the manager and review of two staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. The manager advised that written confirmation was also received from the organisation's personnel department that all pre-employment documentation was in order.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC). The manager advised that spot checks were completed on the NISCC electronic register. The Head of Service advised that The Cedar Foundation, recognising the importance of retaining staff, paid the annual registration fees of staff.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This 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.

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.

The manager advised that no adult safeguarding issues had arisen since the last care inspection; all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was reviewed during a previous care inspection. It 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 manager advised there were restrictive practices within the home, notably the use of wheelchair lap belts, chest straps for use on specialist seating, bed rails, sound and vision monitors and the covert administration of medications. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management 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 manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced 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 and disposable towels wherever care was delivered.

It was noted, however, that the alcohol hand gel dispensers located throughout the home were empty. This was discussed with the manager who advised that the supply of such gels was due on the day of the inspection and had not yet arrived. In the meantime, an alternative hand hygiene product was immediately provided and larger supplies would be ordered in future.

The 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 individualised 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 manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. The manager confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 25 May 2017. This was reviewed during the previous care inspection and the manager had confirmed that all recommendations were actioned.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that daily checks were undertaken of the means of escape, emergency exits and that all unnecessary electrical appliances were switched off.

The fire alarm system was tested weekly, and emergency lighting was checked fortnightly. Fire-fighting equipment was checked annually. All systems and equipment was regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place; as some respite residents were accommodated and these residents constantly changed, there was a system in place to ensure that the correct PEEPs were placed daily into the emergency grab box.

A resident's representative spoken with during the inspection made the following comments:

- "I honestly can't praise the staff highly enough. My (relative) literally wouldn't be here if it wasn't for two members of staff who recognised that she was not well. If they hadn't acted so quickly my (relative) would not have lived! The staff here have always been absolutely excellent. They know my (relative) extremely well, all of her ways, what she likes and how best to manage her. As a family, we are always welcomed. I have got to know the staff and the other residents very well over the years and I see how staff look after these residents. When my (relative) was in hospital the staff came to visit her in their own time. They brought her clothes and supplies so that I didn't have to worry about going to Twisel Lodge to get these. The staff know that I rely on public transport and they offer me lifts to save me walking. I know that I can go and talk to Keira (manager) at any time and I have absolutely no complaints about the care here. The staff treat (my relative) like she is part of their own family."

Eleven questionnaires were returned within the agreed timescale; six were returned by residents' representatives and five were returned by staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from residents' representatives were as follows:

- "A very caring staff, great home for my (relative), so well looked after."
- "My wife and I are very happy with all aspects of our (relative's) care at Twisel Lodge."

A comment received from a member of staff was as follows:

- "I have been in care for many years and I am truly proud to be a part of this team and the care we give."

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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

Records were stored safely and securely in line with data protection. 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, nutrition, 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 a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

The manager advised 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, accidents and incidents, complaints and compliments, 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 reports of the visits by the registered provider and the annual quality review report.

The manager advised 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. Minutes of staff meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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 manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Eleven questionnaires were returned within the agreed timescale; six were returned by residents' representatives and five were returned by staff. All respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The manager advised 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. The manager advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected

Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home and 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 identification and management of pain, anxiety or uncharacteristic behaviours, where appropriate.

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. Care plans, menus and the activity programme, for example, were written in a pictorial format.

Discussion with staff and a resident's representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; the residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

There were systems in place to ensure that the views and opinions of the residents and their representatives were sought and taken into account in all matters affecting them. Formal residents' meetings were not held as the majority of residents had limited verbal communication and were not able to actively participate in such meetings. Residents were approached individually to ensure that their views and opinions were sought about the standard of care. The manager also wrote twice annually to residents' representatives to keep them informed about

the running of the home and to encourage feedback. Representatives were advised of menus, staffing, activities, outings and any other areas of interest.

Residents, their representatives and trust professionals were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan which was made available for residents and other interested parties to read.

Discussion with staff and a representative, observation of practice 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.

Eleven questionnaires were returned within the agreed timescale; six were returned by residents' representatives and five were returned by staff. All respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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

The manager outlined the management arrangements and governance systems in place within the home and stated that 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. The manager stated that 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 Resident's

Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints.

A review of the complaints records confirmed that arrangements were in place to 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. Advice was provided to the manager and the Head of Service about how the existing records could be further developed to record the full process of complaints management in greater detail. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these 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. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, stoma care, enteral feeding.

A visit by the registered provider 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. The manager stated that the registered provider was kept informed regarding the day to day running of the home through the line management structure of the organisation.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

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 Head of Service described how the organisation supported and valued staff through the Childcare voucher scheme, the payment of annual NISCC fees and the costs of completing additional qualifications. This enhanced working relations between the organisation and staff. There were

also open and transparent methods of working and effective working relationships with internal and external stakeholders.

The manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

There was discussion around the benefits of having suitable arrangements in place for any resident who may need to move from residential care. Advice was provided about how residents and their representatives could be engaged in discussions at care reviews regarding the limitations of residential care; the home's statement of purpose and resident guide should also be revised to contain a statement regarding such arrangements.

Eleven questionnaires were returned within the agreed timescale; six were returned by residents' representatives and five were returned by staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

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
Total number of areas for improvement	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.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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