

Unannounced Care Inspection Report

25 November 2020



Twisel Lodge

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

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.

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 which is registered to provide care for up to eight residents.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Responsible Individual: Mrs Margaret Cameron	Registered Manager and date registered: Miss Keira Murray 18 July 2018
Person in charge at the time of inspection: Kiera Murray	Number of registered places: 8
Categories of care: Residential Care (RC): LD – learning disability LD(E) – learning disability – over 65 years	Number of residents accommodated in the residential home on the day of this inspection: 6

4.0 Inspection summary

An unannounced care inspection was carried out on 25 November 2020 from 09.00 to 14.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

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

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment
- care delivery
- care records
- governance and management arrangements.

Many of the residents in the home were unable to communicate verbally but we could see they were comfortable and content in their surroundings and in their interactions with staff.

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
Total number of areas for improvement	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Kiera Murray, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous medicines management inspection
- the previous care inspection report.

During the inspection the inspector met with six residents and five staff. Questionnaires were left in the home to obtain feedback from residents and residents' relatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell us' cards for distribution to relatives, who were not present on the day of inspection, to allow them the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota from 23 November to 6 December 2020
- staff training
- staff supervision schedule
- senior carer competency assessments
- incident/accident reports
- monthly monitoring reports
- a sample of governance audits
- complaints/compliments
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- one staff recruitment file
- four residents' care records
- samples of personal medication records
- COVID-19 information file
- current fire risk assessment
- RQIA registration certificate.

An area for improvement identified at the last medicines management inspection was reviewed and assessment of compliance recorded as met.

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 inspections

The most recent inspection of the home was a short notice announced medicines management inspection undertaken on 9 September 2020.

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: Second time To be completed by: 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.	Met
	Action taken as confirmed during the inspection: We reviewed recent examples of handwritten personal medication records; these had been appropriately verified by two members of staff.	

No areas for improvement were identified at the most recent care inspection undertaken on 17 August 2019.

6.2 Inspection findings

6.2.1 Staffing

During the inspection we observed that residents' needs were met promptly by the number and skill mix of staff on duty; staff were seen to be extremely attentive to residents. No concerns regarding staffing levels were raised by staff during the inspection. Staff told us that teamwork was good and that the management team was supportive and approachable.

Review of one staff recruitment file confirmed that the necessary pre-employment checks were made prior to staff commencing work in the home. A supervision schedule was in place and staff confirmed that they received supervision. There was a system in place to ensure that staff are appropriately registered with NISCC.

Staff were knowledgeable about the needs of the residents in their care. Staff were seen to speak to residents kindly and with warmth; there was a pleasant and friendly atmosphere in the home. Staff spoken with commented positively about teamwork and support in the home; comments included:

- “I love it here, it’s great.”
- “Great teamwork, very supportive.”
- “Twisel Lodge is just a great place.”
- “Kiera is very supportive; I can go to her with anything.”
- “It’s a good team and a lovely place to work.”
- “The residents are just lovely; there is always a lovely atmosphere.”
- “Sometimes the job can be challenging.”
- “Kiera is approachable and supportive.”
- “It is a home from home and there is a nice atmosphere.”

There was a system in place to monitor staff compliance with mandatory training. Staff told us that they feel well trained for their roles and responsibilities.

Following the inspection three staff provided feedback via the staff survey regarding the four domains of safe, effective, compassionate and well led care. One staff member indicated they were very unsatisfied in all the domains but did not provide further comment. The other staff members indicated they were very satisfied in all the domains and one commented:

- “We have a really good manager who is willing to listen and has ideas related to the residents’ needs.”

Comments and feedback received were brought to the attention of the manager for information and action as required.

6.2.2 Personal Protective Equipment (PPE)

We observed that staff used PPE according to the current regional guidance. Staff were observed to put on and take off their PPE correctly and to carry out hand hygiene at appropriate times.

PPE stations were well stocked and signage providing useful information on PPE was placed in appropriate areas throughout the home. Staff told us that they had had sufficient supplies of PPE at all times.

Staff and residents had a twice daily temperature check; a record of this was maintained. Any visitors to the home also had a temperature check recorded.

The manager confirmed that sufficient supplies of PPE were maintained, staff had received PPE awareness training and audits were completed regularly to monitor staff use of PPE.

6.2.3 The environment

We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents’ bedrooms were attractively personalised and the home was tastefully decorated. Corridors and fire exits were clear of obstruction. The sensory room was well equipped and staff told us that residents really enjoy spending time in there. Equipment was found to be maintained in a clean condition.

In an identified bathroom we observed that the bath panel and a padded cushion on the toilet frame required repair or replacement. An area for improvement was made.

The manager told us that infection prevention and control (IPC) measures have been enhanced due to COVID-19; frequently touched points are cleaned regularly and domestic hours have been increased. We discussed cleaning schedules with the domestic assistant on duty who told us that a record of cleaning duties completed was maintained and there was a clear schedule to follow.

The manager explained the current waste disposal arrangements as we noted that clinical waste bags were not used in the home; in the event of an outbreak of COVID-19, or any infectious disease, advice on the disposal of potentially infected clinical waste would immediately be sought from the Public Health Agency and recommendations would be implemented accordingly.

We observed that not all signage on display was laminated; we discussed this with the manager who assured us that action would be taken to ensure this issue was resolved. Signage in bathrooms and at hand washing facilities was noted to be laminated.

Measures were in place to maintain social distancing for residents where possible. Seating in the lounge/dining room had been arranged in such a way as to allow adequate social distancing.

6.2.4 Care delivery

Residents in the home looked well cared for; they were observed to be well presented and settled in their surroundings. The atmosphere was relaxed, staff were seen to effectively communicate with residents and to offer them support as required.

Staff knowledgeably discussed individual resident's likes and dislikes. The majority of residents are non-verbal; staff told us how they manage individual resident's communication needs or difficulties. Masks can be a barrier to communication but visual prompts and cues are used to aid communication and staff know residents well so are attuned to their changing needs.

The manager told us that visiting was currently arranged according to the regional guidance. Relatives make an appointment and staff offer guidance with the correct use of PPE and carrying out hand hygiene. Staff have an ipad available for assisting residents to make video calls for virtual visiting.

Staff told us that residents miss getting out and about as much as they used to due to the current restrictions but activities on offer in the home were tailored to individual needs and interests and were mainly provided on a one to one basis; staff assisted with these and ensured residents were offered a choice of what they would like to do. We observed that music was playing or TV's were on in the bedrooms and lounge. Staff were seen to chat to residents and engage with them about the music or television programme in a meaningful way. The sensory room was in use during the inspection; staff told us that residents love this room and find it very calming. DVD's, books and games were available. Residents were appropriately supervised and assistance was provided as required.

Following the inspection we received one completed questionnaire which indicated that the relative was very satisfied that care was safe, effective, compassionate and well led.

6.2.5 Care records

We reviewed the care records for two residents and found that these contained relevant risk assessments and care plans to ensure that residents' daily needs were met. A daily, up to date, record of care provided was maintained. The care records were person centred and informative.

There was evidence, in the records reviewed, of referral to, or recommendations from, other healthcare professionals such as the epilepsy nurse, occupational therapist (OT), dietician or speech and language therapist (SALT) where required.

Deprivation of liberty safeguards (DoLS) had been taken into account in care planning for individual residents and best interest care pathways have been developed. The manager told us that staff have received the appropriate level of training in DoLS.

6.2.6 Governance and management arrangements

The manager told us that she felt well supported in her role and that good working relationships were maintained in the home and with the multidisciplinary team (MDT), for example, the district nursing team who provide nursing care support for residents as required.

Discussion with the manager evidenced that there was a system in place to manage complaints.

A record of compliments was maintained:

- "Thank you so much for all your kindness, it is deeply appreciated."
- "Thanks for your help organising respite, it made a difficult time easier."

Review of accidents and incident records confirmed that there was a system in place to ensure these were managed appropriately and reported to RQIA and any other relevant bodies in a timely manner.

We looked at the monthly monitoring reports completed in respect of the home. The reports were comprehensive and contained an action plan. Remote monthly monitoring reports had been completed on occasions due to the COVID-19 pandemic.

An up to date COVID-19 information file was maintained for staff who are also updated on information via memos and in person at the daily handover.

Review of audits carried out evidenced that systems were in place to monitor and evaluate the quality of care and other services provided in the home; action plans were developed as required. A weekly environmental/IPC audit was completed; any repairs or deficits noted were reported to the maintenance person in order that these could be actioned. A current fire risk assessment was available in the home.

The manager said that whilst the last few months have been challenging "staff resilience has been brilliant, they have just kept going and coming into work no matter what".

Areas of good practice

Areas of good practice were identified in relation to staffing, teamwork, use of PPE, the environment, care provided, treating residents with respect and kindness, communication, maintaining good working relationships and management arrangements.

Areas for improvement

An area for improvement was identified in relation to repair/ replacements required in an identified bathroom.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Residents in the home looked well cared for and staff were seen to treat residents with kindness and compassion. The home was clean, tidy and well decorated.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kiera Murray, 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 residential 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 QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27 Stated: First time To be completed by: 25 January 2021	The registered person shall ensure that the necessary repair/replacements are completed in the identified bathroom. Ref: 6.2.3
	Response by registered person detailing the actions taken: Repairs required to bath panel have been completed. A new padded cushion to replace current cushion on toilet frame has been ordered and will be fitted as soon as it is received.

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



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