

# Announced Premises Inspection Report 16 June 2016



## Twisel Lodge

**Type of Service: Residential Care Home**

**Address: 19a Church Avenue, Hollywood,  
BT18 9BJ**

**Tel No: 02890 428458**

**Inspector: C Muldoon**

[www.rgia.org.uk](http://www.rgia.org.uk)

## 1.0 Summary

An announced premises inspection of Twisel Lodge took place on 16 June 2016 from 10:30 to 15:15hrs.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However one issue was identified for attention by the registered provider. Refer to section 4.3.

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care.

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care.

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Louise Campbell (Registered Manager) and Sharon Butler (Head of Service), as part of the inspection process. The timescales for completion commence from the date of inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> The Cedar Foundation	<b>Registered manager:</b> Ms Andrea Louise Campbell
<b>Person in charge of the home at the time of inspection:</b> Ms Andrea Louise Campbell	<b>Date manager registered:</b> 08 June 2015.
<b>Categories of care:</b> RC-LD, RC-LD(E)	<b>Number of registered places:</b> 8

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, duty call log.

During the inspection the inspector met with Louise Campbell (Registered Manager) and Sharon Butler (Head of Service).

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

## 4.0 The Inspection

The most recent inspection of the home was an unannounced care inspection on 20 January 2016. The completed QIP was returned and approved by the specialist inspector on 09 March 2016. This QIP will be validated by the specialist inspector at their next inspection

#### 4.2 Review of requirements and recommendations from the last premises inspection dated 25 July 2013

Last premises inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27.-(2)(q)</p> <p><b>Stated:</b> Second time</p>	<p>The thermostatic mixing valves should be maintained in accordance with the manufacturer's instructions.</p> <p><b>Action taken as confirmed during the inspection:</b> There was a certificate from a specialist water safety contractor confirming that, in March 2016, the thermostatic mixing valves were maintained in accordance with the manufacturer's guidelines. Refer also to section 4.3 item 1 and recommendation 1 in Quality Improvement Plan.</p>	Met
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 27.-(2)(c)</p> <p><b>Stated:</b> First time</p>	<p>A LOLER thorough examination report must be obtained to verify that the bath hoist is without defects.</p> <p><b>Action taken as confirmed during the inspection:</b> There was a report on a thorough examination of the hoisting equipment carried out in June 2016. The report shows that the bath hoist was without defects. Refer also to section 4.3 item 2.</p>	
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 27.-(4)(a) and (d)(iii) and (f)</p> <p><b>Stated:</b> First time</p>	<p>The practice fire drills should be reviewed. It must be ensured that all staff participate and that an effective evacuation can be carried out when the minimum number of staff are on duty during sleeping hours. The report on each drill should include the time taken which should be approved by the fire safety advisor.</p> <p><b>Action taken as confirmed during the inspection:</b> There is a system in place for fire drills to be carried out monthly. The last one was on 14 June 2016 for night staff. In the fire risk assessment carried out in May 2016 the accredited risk assessor indicates that the arrangements for fire training and drills are satisfactory. Refer also to section 4.3 item 3.</p>	Met

### 4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. The certificate relating to the servicing of the thermostatic mixing valves indicates that the fail safe and filter checks at some shower and bath outlets either failed or were not carried out. This should be followed up to ensure that the water at outlets accessible to residents is safe.  
Refer to recommendation 1 in Quality Improvement Plan.
2. LOLER (Lifting Operations and Lifting Equipment Regulations (NI) 1999) thorough examination of the hoisting equipment was carried out in June 2016. No defects were found but the report indicates that some items of equipment were not examined. This was discussed and the manager confirmed that 2 slings are now off site and that a platform hoist shower trolley is temporarily out of use. The hoist should have a valid thorough examination report before being brought back into use.
3. The procedure for carrying out fire drills was discussed and the inspector suggested that a matrix record system be maintained to assist with the management of staff participation.
4. The legionella risk assessment was discussed and the inspector suggested that the risk assessment action plan should be reviewed and marked up. Subsequent to the inspection the manager marked up and forwarded a copy of the action plan to RQIA.
5. The fire risk assessment was reviewed by an accredited risk assessor in May 2016. The risk assessor considered the overall risk to be moderate. This rating was discussed and the inspector advised that the action plan issues should be addressed in order to reduce the risk to tolerable or better. The manager informed the inspector that several issues on

the action plan had been addressed and, subsequent to the inspection, provided the inspector with a marked up copy of the action plan. This shows that all issues except one have been addressed and that progress on the outstanding issue is to be reviewed weekly.

6. The fire risk assessor noted that there was a fixed naked flame gas fire in the lounge. The manager informed the inspector that the fire was no longer used and subsequently forwarded a gas safety record which confirms that the fire has been isolated from the gas supply.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises. This supports the delivery of effective care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit.

Service users are consulted about decisions around décor and the private accommodation where appropriate. This supports the delivery of compassionate care.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate. This supports a well led service.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Louise Campbell (Registered Manager) and Sharon Butler (Head of Service) as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/manager meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) and assessed by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 July 2016</p>	<p>The contractor’s certificate relating to the service of the thermostatic mixing valves should be revisited and entries marked fail or no check should be followed up and actioned as necessary.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Thermostatic mixing valve certificate revisited and actions followed up where entries are marked fail or no check, available for inspection at service.</p>

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**





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