



Inspection Report

Name of Service:	Twisel Lodge
Provider:	The Cedar Foundation
Date of Inspection:	16 December 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	The Cedar Foundation
Responsible Individual:	Miss Kelly Louise Devlin
Registered Manager:	Miss Keira Murray
This home is a registered Residential Care Home which provides health and social care for up to 8 residents living with a learning disability. Residents are accommodated in single bedrooms and have access to a communal lounge/dining area and communal bathrooms, a sensory room and a garden area.	

2.0 Inspection summary

An unannounced inspection took place on 16 December 2024, between 10.15am and 5.15pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection of 4 December 2023 and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents were unable to verbally communicate their wishes however, this was evidenced through non-verbal cues such as the thumbs up, smiling and nodding when asked if they were happy in the home.

No completed questionnaires from residents, relatives or responses to the staff survey were received following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. Review of staffs' registration with the Northern Ireland Social Care Council (NISCC) identified one member of staff not appropriately registered. This was discussed with the deputy manager and an area for an improvement was identified. Following the inspection, RQIA received assurance that the member of staff has been appropriately registered with NISCC.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the person in charge confirmed that the risk of falling and falls were well managed.

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; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise, Christmas music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

The importance of engaging with residents was well understood by the manager and staff.

Staff were doing arts and crafts with the residents in the lounge area, the home was decorated for Christmas. Staffs interactions with residents were warm and engaging.

Staff understood that meaningful activity was not isolated to the planned social events or games. Residents' needs were met through a range of individual and group activities such as outings, arts and crafts, baking and musical activities. The recording of these activities in care records however was inconsistent. An area for improvement was identified.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially. Care records were person centred. Care plans reviewed did not contain sufficient detail around the management of weight loss and the actions taken, and the provision of 1-1 care by staff. This was discussed with the assistant manager and an area for improvement was identified.

Care staff recorded regular evaluations about the delivery of care. 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.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with staff confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

Not all resident's bedrooms had a lockable storage space for them to keep valuables in for example. This was discussed with the manager and an area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Miss Keira Murray has been the manager since 2 July 2018.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Stacy McCammond, deputy manager, as part of the 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	
Area for improvement 1 Ref: Regulation 21 (5) (d) (i) Stated: First time To be completed by: 16 December 2024	The registered person shall ensure that a system is in place to ensure all staff are appropriately registered with the Northern Ireland Social Care Council. Ref: 3.3.1 Response by registered person detailing the actions taken: The registered person will continue to complete regular audits of the NISCC database and monitor staff registrations. Any new staff commencing in post will be required to provide details of NISCC registration before commencing in post if they have previously been registered or worked within a social care role.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022)(Version 1:2)	
Area for improvement 1 Ref: Standard 13.9 Stated: First time To be completed by: 01 January 2025	The registered person shall ensure that a record is kept of all activities that take place in the home, the person leading the activity and the names of the residents who participate. Ref: 3.3.2 Response by registered person detailing the actions taken: The registered person will ensure regular audits of daily activities records are completed and that all activities that take place are recorded in the residents notes each day. Communication has been issued to all staff to advise daily activities need recorded each day within residents records detailing the activity that took place and the staff member leading the activity

<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 16 December 2024</p>	<p>The registered person shall ensure that each resident has an individual and up to date care plan. Specifically:</p> <ul style="list-style-type: none"> • Care plans for one to one supervision should contain sufficient detail on the specific supervision arrangements to guide staff. • The management of weight loss and the actions taken. <p>Ref: 3.3.3</p>
<p>Area for improvement 3</p> <p>Ref: Standard E25</p> <p>Stated: First time</p> <p>To be completed by: 01 February 2025</p>	<p>Response by registered person detailing the actions taken: Care plans for residents requiring one to one supervision have been updated to detail the specific supervision arrangements for each individual. Care plans for residents where weight loss is being managed have been updated to reflect how the weight loss is to be managed .</p> <p>The registered person shall ensure that each resident’s bedroom has a lockable storage space, for use by the resident.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Lockable cabinets have been purchased for all bedrooms to ensure residents have a lockable storage space within each bedroom</p>

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The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews