

Inspection Report

Name of Service: Twisel Lodge

Provider: The Cedar Foundation

Date of Inspection: 30 September 2025

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/Responsible Person:	Mrs Kelly Louise Devlin
Registered Manager:	Mrs Keira McCracken
Service Profile –	
<p>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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2025, between 9.35am and 5.10 pm 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 on 16 December 2024, 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 established 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 four 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

Some 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.

One completed questionnaire from a relative indicated a high degree of satisfaction with the care and services in the home. A comment included, "Excellent care."

One staff questionnaire returned indicated high levels of satisfaction with the care provided and management support in the home. A comment included, "Management are very approachable."

It was discussed with the manager additional ways that resident's feedback on the service could be collected, and what their experience was of living in the home. Progress will be reviewed at a subsequent inspection.

No completed questionnaires from residents 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. There was evidence of robust systems in place to manage staffing.

Staff said there was good teamwork, 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.

Discussion with the manager highlighted that the home did not have a policy for the management of falls. An area for improvement was identified.

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, 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. Residents were watching a film and playing board games with staff in the lounge on the morning of the inspection.

Residents' needs were met through a range of individual and group activities such as outings, hand massage, reflexology, and games.

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.

Review of summary respite reports that are forwarded to the resident's carer following a period of respite, highlighted these reports lacked sufficient detail, and were not being completed consistently. An area for improvement was identified.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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 Control

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.

A staff room that was upstairs had been moved downstairs, whilst the manager's office that had been downstairs had been moved upstairs. This switching of rooms had been completed without submission of a variation application to RQIA. An area for improvement was identified.

Review of records and discussion with the manager 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.

A storage area in a bedroom had items on the floor, which required to be tidied, to allow for effective cleaning. The manager agreed to address this.

An electrical cupboard in the hall was unlocked. This was locked on the day by staff.

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. Mrs Keira McCracken 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	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Kiera McCracken, 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 32 (1)(h) Stated: First time To be completed by: 01 November 2025	<p>The registered person shall give notice in writing to the Regulation and Improvement Authority as soon as practicable to do so when the premises of the home are significantly altered or extended. This is stated in relation to the manager's office and the staff room.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The registered person will ensure going forward that any significant alterations or extension to the premises are provided in writing to the Regulation and Improvement Authority. An application for variation has since been submitted on 20/10/2025 in relation to the Manager's office and the staff room.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 21 Stated: First time To be completed by: 1 November 2025	<p>The Registered Person shall ensure that there is a falls policy in place in the home.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: A policy and procedure in relation to falls and post falls is now in place within the home.</p>
Area for improvement 2 Ref: Standard 8.3 Stated: First time To be completed by: 1 November 2025	<p>The Registered Person shall ensure that summary respite reports are completed, following a period of respite.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The Registered Person has implemented procedures in relation to the respite summary reports whereby all summary reports are checked and approved by the Registered Person or Deputy Manager prior to respite discharge, to ensure completion.</p>

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



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