

Inspection Report

13 October 2023



Trench Park Centre

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast Health and Social Care Trust	Registered Manager: Mrs Victoria Alexandra McQuoid
Responsible Individual: Dr Catherine Jack	Date registered: 22 July 2022
Person in charge at the time of inspection: Mrs Victoria Alexandra McQuoid	
Brief description of the accommodation/how the service operates: Trench Park Centre is a domiciliary care agency, supported living type which provides care and support to service users with a learning disability. Service users live in individual flats or shared accommodation in Trench Park and Shaw's Avenue, Belfast.	

2.0 Inspection summary

An unannounced inspection took place on 13 October 2023 between 10.45 a.m. and 2.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

An area for improvement was identified relating to the care planning process.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires indicated that the respondents felt that the care and support provided was excellent. No written comments were received.

During the inspection we did not get the opportunity to meet with service users.

Feedback noted within the monthly quality monitoring reports noted positive comments which had been consistently received from service users, relatives and Health and Social Care (HSC) Trust' representatives.

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led. No written comments were received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 20 October 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns.

The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

There had been no concerns relating to poor practice raised to the manager under the whistleblowing procedures.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager was advised to record the completion of level three training completed, for both herself and the deputy manager, on the training matrix.

The manager advised that none of the service users were subject to DoLS. Advice was given in relation to developing a resource folder for staff to reference if required.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. Care plans were presented in easy read format. The service users' support plans contained details about their likes and dislikes and the level of support they may require. However, review of care records identified that the information within the care plans was not consistently accurate or sufficiently detailed; and there was no evidence that the care plans had been subject to monthly review, in keeping with the agency's policy and procedures. An area for improvement has been identified.

It was also good to note that the agency had facilitated service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care and support. Service users were asked for suggestions on what activities they would like to engage in. Plans were in place for the service users to attend a range of activities, including a visit to Crumlin Road Gaol for Halloween. Service users were supported to learn about online receipts and printing boarding passes and concert tickets. It was evident that the agency placed a strong focus on social outings. A number of service users had been supported to visit Graceland and Butlins. Service users were also encouraged to attend the Action Ability Summer scheme.

It was good to note the service users' consent was sought and that they had a choice in relation to whether or not they wanted:

- Staff to access their flats in emergency situations
- To self-administer their own medicine.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. Staff also implemented the specific recommendations of the SALT care plan to ensure the care received was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements.

5.2.4 What systems are in place for staff recruitment and are they robust?

There was a system in place to ensure that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was a system in place to ensure that newly appointed staff completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; safeguarding matters; staff recruitment and training, and staffing arrangements.

Advice was given in relation to the need for accidents/incidents to be reviewed consistently as part of the monthly quality monitoring process.

There were processes in place to review the quality of the service on an annual basis.

A Serious Adverse Incident (SAI) investigation had been undertaken since the last care inspection. The agency is awaiting the final report of the investigation; this will be reviewed by RQIA when the report is received and followed up at future inspection.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

There was a system in place for staff to gain access to the service users' accommodation in the event of an emergency.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Mrs Victoria McQuoid, Registered 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 15 (2) (a)(b) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that the care plans are accurate and sufficiently detailed; and these should be subject to monthly review, in keeping with the agency's policy and procedures.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Registered Manager has ensured the care plans have been updated with all necessary detail. Currently, monthly reviews monitor and maintain these care plans.</p>

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