

# Announced Care Inspection Report 24 January 2019



## Trench Park Centre

**Type of Service: Domiciliary Care Agency**  
**Address: 28 Trench Park, Belfast, BT11 9FG**  
**Tel No: 02895043990**  
**Inspectors: Caroline Rix and Cairn Magill**

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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.

## 1.0 What we look for



## 2.0 Profile of service

Trench Park Centre is a supported living facility for service users with a learning disability, operated under the auspices of the Belfast Health and Social Care Trust. The agency provides care and support to eight service users who live in individual flats or shared accommodation in the Trench Park and Shaw's Avenue, Belfast. Care and support provided includes; assisting service users with personal care needs, housing support, maintaining their tenancy and social inclusion. The agency's aim is to promote and encourage independent living for adults with learning disabilities.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust	<b>Registered Manager:</b> Jane McGowan
<b>Responsible Individual:</b> Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Jane McGowan	<b>Date manager registered:</b> 18/06/2009

### 4.0 Inspection summary

An announced inspection took place on 24 January 2019 from 10.00 to 16.15 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care records, reviews, communication between service users and staff and other key stakeholders. Service users said that they were very happy with the support provided.

No areas for improvement were identified during this inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience. The inspector would like to thank the service users and staff for their warm welcome and full cooperation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager Jane McGowan and the deputy manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 20 March 2018

No further actions were required to be taken following the most recent inspection on 20 March 2018.

## 5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events for 2018/2019
- All communications with the agency by RQIA.

The inspector spoke with the manager, the deputy manager, two residential workers and two community support workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Their feedback is contained within the body of this report.

A second inspector, Cairn Magill, was present for part of the inspection and reviewed the service provision records relating to one service user. This inspector discussed the service user's care and support plan and records with the manager.

As part of the inspection the inspector spoke with four service users and the inspector observed the service users' interactions with staff.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was asked to provide service uses/relatives with an RQIA survey/stamped addressed envelope asking for their views on the services they receive, five responses were returned to the inspector and their feedback is included within the body of this report.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. No staff responses were received by the inspector.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Two staff recruitment records
- One staff induction record
- Three staff supervision records

- Three staff appraisal records
- Three staff training records
- Staff training plan
- Staff meeting minutes
- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Three service users' records regarding support plans, reviews and quality monitoring
- Tenants meeting minutes
- Three monthly monitoring reports.
- Annual quality review report November 2017
- Communication records with other professionals
- Notification and incident records
- Complaints log
- Compliments log and records

The findings of the inspection were provided to the manager Jane McGowan and the deputy manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 20 March 2018**

The most recent inspection of the agency was an announced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 20 March 2018**

There were no areas for improvement made as a result of the last care inspection.

## **6.3 Inspection findings**

### **6.4 Is care safe?**

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation has a central human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. Records viewed and discussions with the manager indicated that all pre-employment information has been satisfactorily completed and verified in line with regulations and standards.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with The Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staffs are due to renew registration with NISCC.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16(5) (a). Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included a shadowing system. The manager had signed all records to confirm that staff members had been deemed competent at the end of their probationary period.

The inspector noted the staff team is currently stable and arrangements enable them to provide familiar staff to service users who require continuity. The use of employment agency staff has been required, however the same staff members are provided.

Through discussions with staff, as well as the inspector's observations, it was evident that the staff are very knowledgeable regarding each service user and the support required. The support workers also confirmed that they have completed safeguarding and whistleblowing training; and felt able to raise any concerns with management.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staff attend a range of training necessary to meet the individual needs of service users. The organisation has a system of requiring staff to complete annual update training in key subject areas. A residential worker discussed the value of their dementia training course scheduled to start soon as important in gaining additional knowledge and skills to support their service users. The organisation has a learning and development team to assist managers to ensure that learning objectives have been met, and to identify future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures. Staff described the value of the various supervision meetings with the manager and senior staff. Staff confirmed senior staffs are approachable at any time for support and guidance.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Protection' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention

and Protection in Partnership'. The agency has identified their Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's procedure. No safeguarding reports had been received in the past year.

The inspector noted that the safeguarding procedures are also available in an easy read version and provided to each service user.

The agency's whistleblowing policy and procedure was found to be satisfactory and staff demonstrated a clear understanding of their role and responsibilities in relation to raising concerns or reporting poor practice/whistleblowing.

Staff commented during inspection:

- "I feel that our service users are very vulnerable in the community, but with the team's support they are encouraged to live full lives, not kept in cotton wool."

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust.

Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users.

Service user comments during inspection:

- "I like living here, have made lots of friends and have my own room."
- "I have great help, and like living in my own flat but would like to live near to my sister."

The returned questionnaires from service users indicated that they were 'satisfied' or 'very satisfied' and that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

Staff comments during inspection:

- "The training is good; we do part of it on-line with a wide variety of subjects as well as the mandatory areas."
- "We have built up trust with each of our service users, they confide in us when they have any worries or problems."

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training, adult safeguarding and management of risks.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. Three care and support plans were reviewed by the inspectors which had a strong person centred focus, were up to date, and clearly detailed the service users' needs and how they wished these to be met. The files contained records of the care and support provided and evidenced the views and choices of the service user. Each file was presented in a neat and orderly fashion and where relevant the service user's capacity is noted in assessment documents.

Service users are supported to participate in regular reviews involving their HSC Trust keyworker. The manager described how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care and support plans which are reviewed at agreed intervals or as required.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

It was clear from discussions and observations that the staff have an excellent knowledge of the service users' needs. However, in one service users file there was no copy of the speech and language therapist (SALT) dysphagia assessment. The rationale provided is that domiciliary staff do not assist the service user to eat. During discussion with the manager the inspector recognised that this rationale seemed reasonable. However the inspector noted that the service user's needs have been assessed and even though staff do not support the service user to eat or drink it is advisable that all relevant assessments are included in the service users file as their needs do not change regardless of where the service user is. The manager agreed to include this in the service user's file and evidenced that the assessment was in place before the inspection concluded.

The inspectors had no concerns in relation to restrictive care practices as the documentation reviewed evidenced there was appropriate multi-disciplinary review documentation and process ongoing to reflect that the service user's best interests are upheld and considered.

The service users have been supported by staff for a period of time and it was clear from observed interactions that they have a good understanding of the service users' differing modes of communication; both in terms of their verbal and non-verbal communication needs such as hand gestures. Records viewed confirmed that staff have been supporting the service users to increase their independence; for example supported to make healthy meal choices as part of a weight loss plan, and supported with attendance at drama group.



It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including through routinely speaking with service users on a daily basis and being available for discussion. Tenant’s meetings minutes for one house were reviewed during inspection and areas for discussion included:

- events planning
- maintenance matters
- refurbishment of kitchen and bathroom plans
- staffing updates
- reminder on how to ‘be safe, stay safe’

These meetings provide ongoing opportunities to discuss key service user matters and to review matters arising regularly.

Service user comments during inspection:

- “I enjoy living here, have lots to do every day.”
- “I had a great Christmas here and with my family.”

The returned questionnaires from service users indicated that that they were ‘satisfied’ or ‘very satisfied’ and effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations

Staff comments during inspection:

- “We have built up trust and relationships with our service users and families.”
- “It is very rewarding to see service users live fulfilling lives.”
- “It is lovely when I am appreciated by service users when I’ve helped them with an activity.”

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Records reviewed evidenced that staff had sound knowledge of service user's needs/ preferences and issues, and their commitment to an individual service user was exemplary – staff were patient and worked at the service user's pace when introducing new staff.

Service users are given choice regarding activities and support with activities such as meal planning and food preparation, and the staff were knowledgeable as to the type of activities they like to do and the support required.

The inspector viewed evidence of effective communication with service users and their representatives, including a complaints process, quality monitoring reports, and regular support plan reviews between keyworker, service users and relatives.

Service user commented during inspection:

- "I miss my friend who died before Christmas, after living here for a while. We all went to the funeral and we keep their photograph in the living room."
- "I like my own flat, sometimes I like peace and quiet on my own, but come to the house for company and to chat with my friends - every day if I want."

Compliments from a service user's/ representatives and other professionals reviewed during inspection provided the following example in support of compassionate care:

- 'Compliments to the staff who look after and support xxx. The care and support is of a very high standard, and family feel that there is a relaxed atmosphere.' (Verbal feedback from family during a visit to a service user)
- 'I feel the service gets 'full marks' and my relative is very happy. The staff are very caring.' (Verbal feedback from service user's relative)
- 'I believe the support is 'second to none' as the staff do their utmost to support service users, are tuned in to their needs and go above and beyond to help them. Communication between staff and the community team is very good.' (Verbal feedback from community nursing team)
- 'A big thank you for all your kindness and thoughtfulness. It meant so much to us being welcomed into xxx's home to chat, cry and laugh with xxx's new family whom xxx loved and was loved so much in return.' (Thank you card from a late service user's family).

The returned questionnaires from service users indicated that that they were 'satisfied' or 'very satisfied' and compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

Staff commented during inspection:

- "I love my job, rewarding to see service users enjoyment doing something new or going to anew place."
- "Can be sad when a service user moves or dies, as recently happened, but it is good to be able to support other service users as part of grieving process."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency.

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The day to day operation of the agency is overseen by a manager, a deputy manager, a team of residential workers and a team of community support workers.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily.

The agency maintains variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the feedback received by the agency following their annual satisfaction survey in November 2017 was very positive. A summary report had been shared with service users, representatives, staff and the HSC Trusts in January 2018.

Monthly monitoring reports were viewed for October to December 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by an area manager or operations manager who have a good working knowledge of the service.

Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

The agency maintains and implements a policy relating to complaints. The inspector noted no complaints had been received since the last inspection.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There had been no incidents that needed to be notified to RQIA since the last inspection.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. This was acknowledged during the observations of service user and staff interactions during the inspection.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. Staff were able to discuss the ways in which their development and training enables them to engage with a diverse range of service users.

Discussions with the staff highlighted evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- safeguarding
- advocacy
- human rights
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The returned questionnaires from service users indicated that that they were 'satisfied' or 'very satisfied' and a well led service and meant:

- You know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service.

The inspector discussed the staff feedback received during the inspection with the manager and deputy manager. Staff had expressed areas of dissatisfaction regarding changes to their roles and responsibilities as part of the organisations restructuring review. Staff also described challenges regarding their work rotas and shift patterns that resulted in 'poor work/ rest balance'. The manager confirmed these areas had been discussed at a recent staff meeting but agreed that these issues would be addressed again at staff meetings and during supervisions.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements, management of incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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