

Inspection Report

13 May 2021



Trench Park Centre

Type of service: Domiciliary Care Agency
Address: 28 Trench Park, Belfast, BT11 9FG
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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 Responsible Individual: Dr Catherine Jack	Registered Manager: Mrs Victoria Alexandra McQuoid – registration pending Date registered: 2 November 2020
Person in charge at the time of inspection: Mrs Victoria McQuoid	
Brief description of the accommodation/how the service operates: Trench Park Centre is a supported living facility for service users with a learning disability. Services are commissioned by the Belfast Health and Social Care Trust (BHSCT). 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.	

2.0 Inspection summary

An unannounced inspection took place on 13 May 2021, at 10.00am by the care inspector.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements, as well as recruitment, registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphasia and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before support workers were supplied to the people they supported. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable incidents and written and verbal communication received since the previous care inspection.

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality:



- 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 show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “I’m very happy, the staff always talk to me and we are friends.”
- “Happy with everything.”

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to support workers and the people they supported to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

People told us that they had no concerns in relation to the agency. The people supported by the agency completed questionnaires, which told us that they were happy with the care and support provided by the support workers.

In addition we received feedback from two HSCT representatives.

Comments received during inspection process-

Service users’ comments

- “I’m happy living here and I feel safe.”

- “We are given choices.”
- “Washing hands is so important.”
- “No hugging or hand shaking because of the virus.”
- “The staff are nice.”

Staff comments

- “I enjoy working with the service users.”
- “If the service users need me to do anything, I will help them.”
- “Management are supportive and flexible.”
- “We were kept up to date with the guidance throughout the pandemic.”
- “The service users were provided with easy read guidance to help them understand the situation and to give them reassurance.”
- “Induction was good and included shadowing.”
- “We get on well as a team and there is a relaxed atmosphere.”

HSCT representatives’ comments

- “I use this service for a number of my service users for short breaks. No noted concerns from families or service users regarding the care provided.”
- “Staff and management communicate any queries or concerns effectively with myself and are readily available should I have any questions.”
- “They attend any relevant reviews or meetings regarding service users.”

5.0 The inspection

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

The last inspection to Trench Park Centre was undertaken on 24 January 2019 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency’s provision for the welfare, care and protection of the people they support was reviewed. The organisation’s policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed.

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

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The manager confirmed that the service users have capacity and no restrictive practices are currently in place. The manager was aware that if any restrictive practices are required, the care records need to contain details of the assessments completed and agreed outcomes developed in conjunction with the HSCT representative.

Support workers were provided with training appropriate to the requirements of their role. This included DoLS training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager confirmed the agency does not manage individual monies belonging to the people they support. It was agreed that the DoLS policy would be updated to include the provision for managing monies, in accordance with the Mental Capacity Act.

5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?

The person in charge advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff. Recruitment is undertaken by the agency's Human Resources (HR) Department.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the agency does not use volunteers or voluntary workers.

5.2.4 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was noted that these monthly quality monitoring reports were not robust as they did not contain feedback from stakeholders and the actions plans were not reviewed therefore progress for improvement was not being monitored or actioned. An area for improvement was made in this regard.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's). Safeguarding incidents had been reported and managed appropriately.

The manager confirmed that the agency has received specific recommendations from the Speech and Language Therapist (SALT) for one service user's Dysphagia needs. This assessment is contained in the service user's file and all staff are aware of the requirements. The assessment and recommendations ensures that the care received in the setting is safe and effective.

There was a system in place to ensure that support workers received supervision and training in accordance with the agency's policies and procedures.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

6.0 Conclusion

As a result of this inspection one area for improvement was identified in respect of the monthly quality monitoring reports. Details can be found in the Quality Improvement Plan included.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have 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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Victoria McQuoid, 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
23(1)(2)(b)(i)(ii)(4)(5)

Stated: First time

To be completed by:
Immediately from the date
of inspection and ongoing

(1) The registered person shall establish and maintain a system for evaluating the quality of the service which the agency arranges to be provided.

(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-

(b) takes the views of service users and their representatives into account in deciding-

(i) what services to offer to them, and

(ii) the manner in which such service are to be provided; and

(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.

(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.

Ref: 5.2.4

Response by registered person detailing the actions taken:

(1) The registered person will establish and maintain the Unannounced Quality Monitoring Monthly visit system within each calendar month to evaluate the quality of the service provided.

(2) (b) (i) (ii) The monitoring officer will work with the service users and their representative's, to gain their views on the services provided and explain how their views are taken into account when deciding what services are offered to them and the manner in which services are to be provided. Details will be documented in the report which can be shared with the RQIA.

(4) The report will contain details of the measures that are required to improve the quality and delivery of the service provided within an action plan .

5. The Unannounced Quality Monitoring system will provide consultation with service users and their representatives. The monitoring officer will continue to make contact with a random sample of service users and representatives on a monthly basis.

The Unannounced monitoring reports were discussed at the Registered Managers meeting in June 2021 and it was reinforced that all Unannounced Quality Monitoring Visits must be completed within the calendar month with draft reports sent to Operations Manager for quality assurance.

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



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