

# Announced Care Inspection Report 20 March 2018



## Trench Park Centre

**Type of Service: Domiciliary Care Agency**  
**Address: 28 Trench Park, Belfast BT11 9FG**  
**Tel No: 02895043990**  
**Inspector: Aveen Donnelly**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 nine service users who live in individual flats or shared accommodation in the Trench Park and Shaw’s Avenue areas. Care and support provided includes assisting service users with personal care needs, housing support and social inclusion.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Belfast HSC Trust/Martin Joseph Dillon	<b>Registered manager:</b> Jane McGowan
<b>Person in charge of the service at the time of inspection:</b> Jane McGowan	<b>Date manager registered:</b> 18 June 2009

### 4.0 Inspection summary

An announced inspection took place on 20 March 2018 from 09.30 to 15.30 hours.

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

The inspection sought 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 throughout the inspection in relation to recruitment practices, staff development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

No areas for improvement were identified during this inspection.

Service users said that they were very happy with the support provided.

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.

### 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 registered 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 21 March 2017

No further actions were required to be taken following the most recent inspection on 21 March 2017.

## 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events
- all correspondence received by RQIA since the previous inspection.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. One response was received and the details included within the body.

During the inspection process the inspector spoke with the manager, three staff, one service user and two relatives. Questionnaires were also provided for distribution to the service users and/or their representatives; five were returned and are included within the body of the report.

The following records were examined during the inspection:

- recruitment checklist
- statement of staff' physical and mental health fitness
- staff induction and training records
- supervision and appraisal planner
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- two service user' care records
- incident records
- records relating to potential adult safeguarding incidents
- staff' meeting' minutes
- complaints and compliments records
- monthly quality monitoring reports
- the Statement of Purpose
- the Service User Guide.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 21 March 2017

The most recent inspection of the agency was an unannounced care inspection. There were no areas for improvement made as a result of the inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 21 March 2017

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.**

The agency's registered premises are located at 28 Trench Park, Belfast and were suitable for the purposes of the agency.

At the time of the inspection, the agency had a registered manager in post, who managed the agency with the support of a deputy manager, senior carers and a team of carers. All those consulted with stated that the required staffing levels were consistently adhered to. The agency's staffing arrangements were discussed and the inspector was advised that there were currently no staff vacancies. Where staff had been used from another domiciliary care agency, the staff were block-booked, to maximise the provision of familiar staff to service users.

The organisation has a dedicated human resources department which oversees the recruitment processes, 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. The records sampled also contained a statement from the manager confirming that new employees were mentally and physically fit for work.

There was a system in place to monitor the registration status of staff in accordance with NISCC. The manager discussed the system in place to identify when staff are due to renew their registration.

A review of records confirmed that all staff, including staff from other domiciliary care agencies, had received a structured induction programme in line with the timescales outlined within the regulations. The review evidenced that the staff received the NISCC Induction, in addition to the Trust induction. Discussion with the manager and review of the records confirmed that staff had completed a Learning Disability induction after starting work with the agency.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. Staff consulted with confirmed that this included mentoring through formal supervision meetings, competency and capability assessments and completion of annual appraisals. These areas were monitored by the management team as part of their quality monitoring processes.

Discussion with staff and a review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. Additional training in areas such as epilepsy awareness, person-centred care and dementia awareness.

The inspector also noted that the manager validated the effectiveness of the training with each staff member. This was evidenced by worksheets, completed by the staff, where they were required to identify how the learning could be applied to their work practices. This is good practice.

Staff spoken with were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. Discussion with the manager and a review of records evidenced that any safeguarding incidents had been managed appropriately. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the Director of Adult, Social and Primary Care within the organisation holds this responsibility and ensures that the organisation’s safeguarding activity is in accordance with the regional policy and procedures.

A review of the accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols. Discussion with the manager identified that there was good management oversight of incidents which occurred within the agency.

During the inspection 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.

It was noted that the service users had a Personal Emergency Egress Plan (PEEP) in place to ensure that the staff were aware of the level of assistance required, in the event that the service user may require to be evacuated in an emergency.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

**Areas for improvement**

No areas for improvement were identified in this domain 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 full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency’s arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

The inspector examined two service users' care records and found these to be very detailed, personalised and reflective of the individuals' preferences. A range of person centred tools had been developed by the organisation to effectively support the service users. It was noted that a number of tools had been developed, in pictorial format, to assist a service user to adjust to living in the service. This is good practice.

Care reviews with the HSC Trusts were noted to be held annually or as required. Discussion with the manager indicated that care and support plans were updated to reflect changes agreed at the review meetings.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and as appropriate HSC Trust representatives.

It was clear from discussions with service users and relatives that the staff had a good knowledge of the service users' needs and preferences; and how they worked with the service users to minimise any challenging behaviours.

During the inspection the inspector was able to observe a number of service users communicate effectively with staff and were fully involved in day to day decisions and routines. The staff were using language and behaving in a manner which encouraged each service user to make their own choices.

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. Relatives spoken with also indicated that there was appropriate communication and that they had good working relationships with the staff. Staff meeting' minutes reflected that there was effective communication between all grades of staff and this was supported by staff spoken with during inspection. Review of the staff meeting' minutes identified that discussion had taken place in relation to incidents or near misses which had occurred; policy updates and whistleblowing. It was evident that the staff meetings were used as a forum for sharing learning. This is good practice.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service users.

### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 the service users with dignity and respect; and to fully involve them/their representatives in decisions affecting their care and support. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the staff attitudes and the delivery of the service.

The staff had a good knowledge of the needs of the service users. The review of the care records identified that the service users had information within their records that outlined their life histories, family and community relationship networks. Other useful tools included a hospital passport, for use in the event of emergency hospitalisation.

The service users were involved in identifying their own hopes and dreams.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. The manager discussed various activities including shopping and home maintenance. The service users were encouraged to be involved in decision making around holidays and the manager stated that some of the service users were planning to go on an annual trip to Portstewart.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertained and included the views of the service users and their representatives.

Discussion with the manager confirmed that there were systems in place to obtain the views of service users, their representatives and staff on the quality of the service provided. An annual quality audit had been undertaken; views and comments recorded were analysed and areas for improvement had been acted upon.

Those consulted with informed the inspector that the service users were encouraged to raise any concerns they may have. A review of the compliments records identified that the service users and their representatives were very satisfied with the care and support provided; comments included 'we are blessed to have found Trench Park' and 'it is like a home from home'.

During the inspection, the inspector spoke with one service user, who appeared relaxed and happy with the staff member who accompanied them. The inspector also spoke with, three staff and two relatives. Some comments received are detailed below:

### Service Users

- "They are all very good here."

### Staff

- "I have no concerns."



- “The level of care is very good.”
- “This is a unique place compared to where I have worked before, the attention to detail given is great.”

**Representatives**

- “It is just amazing, the staff are fantastic.”
- “I am happy enough.”

At the request of the inspector, the manager was asked to issue ten questionnaires to the service users and their representatives, respectively. Four out of five responses received indicated that they were generally satisfied that the care/support provided was safe, effective and compassionate; and that the agency was well led. One respondent indicated that they were ‘unsatisfied’ in respect of four domains reviewed. Three written comments were received and were referred to the manager for review and action as appropriate.

One staff member provided electronic feedback to RQIA regarding the quality of service provision. The responses indicated that they felt either ‘unsatisfied’ that the care provided was safe, effective and compassionate and that the service was well led. No written comments were received. This information was relayed to the manager, for review and action.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the service users and their representatives.

**Areas for improvement**

No areas for improvement were identified in this domain 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 reviewed the management and governance systems in place within the agency to meet the needs of the service users; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the service user guide and was well understood by staff. The day to day operation of the agency was overseen by the registered manager, deputy manager, senior carers and a team of carers. In addition the agency’s on call system ensured that staff could avail of management support 24 hours a day.

Staff spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the management team in positive terms; comments reflected that the staff felt that the agency was well led.

The manager explained the procedures in place to ensure that any complaints received would be managed in accordance with regulation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement; discussion with the manager and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC Trust representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

On the date of inspection the registration certificate was up to date and displayed appropriately.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified in this domain 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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