



The Regulation and
Quality Improvement
Authority

Secondary Announced Care Inspection

Name of Establishment: Trevenna Lodge
Establishment ID No: 1161
Date of Inspection: 25 April 2014
Inspector's Name: Priscilla Clayton
Inspection No: 18205

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Trevenna Lodge Residential Home
Address:	1 Tully Road Killadeas Enniskillen BT94 1RE
Telephone Number:	028 6862 1500
E mail Address:	manager@trevennalodge.org.uk
Registered Organisation/ Registered Provider:	Mr Tom Corr
Registered Manager:	Heather Knox
Person in Charge of the home at the time of Inspection:	Heather Knox
Categories of Care:	RC-I
Number of Registered Places:	9
Number of Residents Accommodated on Day of Inspection:	7
Scale of Charges (per week):	£450pw
Date and type of previous inspection:	20 March 2014 Unannounced Inspection
Date and time of inspection:	25 April 2014 (10.45 – 13.30)
Name of Inspector:	Priscilla Clayton

1.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

2.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

3.0 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered provider, manager and staff.
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

4.0 INSPECTION FOCUS

The inspection sought to follow up on issues which had been brought to RQIA's attention by the Western Health and Social Care Trust from a complainant.

5.0 PROFILE OF SERVICE

Trevenna Lodge Residential Home is a detached two storey home which can accommodate up to nine residents. The home is an adapted private dwelling which meets the residential homes' requirements.

The home is situated in its own landscaped grounds, off the main Killadeas / Kesh Road. There are attractive garden areas for residents to enjoy and several car parking spaces are available to the rear of the home.

6.0 SUMMARY

This inspection was conducted on 25 April 2014 by Priscilla Clayton, inspector. Only one member of staff was available to meet with the inspector. Subsequently a follow up visit to meet with additional staff was undertaken on 06 May 2014.

On arrival at the home the inspector was welcomed by the registered manager, Heather Knox and the registered provider, Tom Corr.

The purpose of this inspection was to follow up on a notification which had been made to RQIA by the Western Health and Social Care Trust regarding issues received from a complainant. The issues related to equipment, staffing, staff training, care practice at night, management arrangements, fire safety and security.

During the inspection process several documents were examined and discussed with both Tom Corr and Heather Knox. Time was afforded to speak with all residents accommodated. An accompanied inspection of the internal environment of the home was undertaken with Tom Corr.

The action taken by the registered persons to address the requirements and recommendations made during the previous inspection conducted on 20 March 2014 were not examined during this inspection. These will be examined at the next inspection to the home.

Feedback from residents who spoke with the inspector verified that they were happy living in Trevenna Lodge and commended the staff on the excellent job they do.

Areas identified for improvement from this inspection have been recorded within the report and appended Quality Improvement Plan. These included issues in regard to recording and reporting accidents/incidents, staff training, fire safety, Resident Guide, policy development and care records.

On conclusion of the inspection feedback was given to the registered provider.

The inspector wishes to thank the registered provider, registered manager, staff and residents for their assistance and co-operation throughout this inspection.

7.0 INSPECTION FINDINGS

7.1 Review of condition of resident A's bed.

Information had been shared with RQIA that resident A's bed was not fit for purpose and despite relatives requesting a new bed it had not been replaced for two years.

This issue was discussed with Mr Corr who confirmed that resident A was accommodated in a double room on the ground floor following admission to the home. Mr Corr also confirmed that Resident A was offered the choice of a single room when one became available. Mr Corr also confirmed that the home would provide a replacement divan bed with two drawers as preferred by the resident and the transfer was made.

Prior to the move a new divan bed with two drawers had to be ordered. Mr Corr confirmed that whilst waiting for the new bed to arrive, a new replacement mattress was purchased for resident A's bed and the move to the single bedroom took place.

Mr Corr confirmed that resident A was happy with this arrangement.

Mr Corr explained that the new bed which was ordered and delivered to the home was not the same as the one previously used by resident A. Mr Corr confirmed that resident A choose not to accept the new bed as she was satisfied with her original bed with the new replacement mattress.

Examination of the divan bed used by Resident A identified that it was in a satisfactory condition.

7.2 Management arrangements

Review of the management arrangements of the home was undertaken. The review identified that during the period of time the complainant refers to Mr Corr was "acting" manager. This arrangement had been approved through RQIA's registration process.

Mr Corr had undertaken this role following the resignation of the registered manager and during the period of the recruitment process for the new registered manager.

7.3 Staffing

A review of staffing levels and examination of the duty rosters for the period October 2013 until December 2013 was undertaken. The review also included discussions with residents and staff. The review of the roster identified that staffing levels met with RQIA's Staffing Guidance. This was further reinforced during discussions with residents and staff. Staff who spoke with the inspector verified that staffing was satisfactory and confirmed that additional staff were provided as and when required.

Residents confirmed during discussions that staff were always available to attend to their requests for assistance.

Discussion also took place with Mr Corr in regard to HTM 84 Fire Safety recommendations on staff arrangements in the home at night. This is discussed further in section 7.6.

7.3 Training

Examination of staff training evidenced that mandatory training was being provided. However fire safety refresher training which had been provided twice yearly did not evidence a six monthly time frame between training. A recommendation has been made in this regard.

7.5 Accidents / Incidents

Examination of accidents / incidents records identified that no accidents were recorded to have occurred during October and November 2013. This was discussed with Mr Corr who confirmed that two falls had occurred during this time. Mr Corr explained that these accidents had not been recorded in the accident book or reported to him, RQIA or the commissioning Trust by the staff member in charge. Mr Corr confirmed that he has address the issues of reporting with staff currently employed. However both accidents had been recorded in the care records. A review of care records confirmed this to be the case. A requirement in relation to the recording and notification of accidents and incidents had also been made during the inspection of 28 August 2013. It was disappointing to note that this issue had not been addressed.

A requirement has been stated for the second time in regard to notification of accidents and incidents to RQIA within three working days and the recording of same.

Additionally a recommendation was made in regard to recording of evaluations within care records as it was noted that abbreviations were recorded within several areas and some staff signatures were unclear. Gaps between daily recordings were evident and the inspector discussed best practice in relation to this issue and record keeping. In order to address the deficits identified a recommendation was made to provide staff training in record keeping.

7.6 Fire safety / Visitors

The information shared with RQIA identified that staff in the home are not aware of times whenever residents leave the home accompanied by their relatives. The procedure for residents leaving the home was discussed. Mr Corr explained the procedure for residents leaving the home which included staff recording in the care records when a resident had gone out.

The registered manager also confirmed that all visitors are requested to sign the visitors' book when entering the home; as requested to do so on a notice displayed in the hallway, which is in keeping with fire safety recommendations.

Mr Corr stated that the front door is usually locked but can be opened by residents who wish to come and go. Staff would always be informed by the residents that they were leaving and their expected time of return .

Mr Corr further explained that the locking of the front door was necessary in order to restrict unauthorised access to the home, although on occasions residents forget to close the door properly when going out. Two security cameras are positioned outside the home for added protection. Open visiting to the home is encouraged.

A review of the HTM 84 fire risk assessment identified that it did not include the arrangements for staff at night. This was discussed with Mr Corr who readily agreed to ensure that the fire risk assessment was updated to reflect this information. A requirement has been made to address this issue.

8.0 Environment

An accompanied inspection, with Mr Corr, of the internal environment of the home was undertaken. All areas were observed to be clean, tidy and fresh smelling throughout.

9.0 Residents views

The majority of residents were relaxing in the lounge quietly conversing. Residents were observed reading the local news-paper while another resident was observed knitting. One resident stated she had just returned from a good walk which she liked to do every day and proceeded to feed the birds and ducks in the garden.

Residents verified they were very happy living in Trevenna Lodge where they described the manager and staff as “lovely” and second to none.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr Tom Corr as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Priscilla Clayton
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

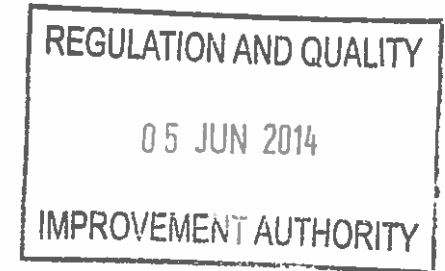


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Quality Improvement Plan
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Trevenna Lodge

25 April 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the Registered Provider during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 30 (F)	<p><u>Accidents / Incidents</u></p> <p>The registered persons must ensure "any accident" in the home is notified to RQIA within 3 days of occurrence. Records of all incidents and incidents must also be recorded and retained.</p> <p>All staff to be informed of this requirement.</p>	Twice	All staff have been made aware that any accident or incident occurring in the home must be recorded and notified to the RQIA within 3 days of occurrence.	Immediate and ongoing
2	Regulation 27 (f)	<p><u>Fire Safety Review</u></p> <p>The registered person is required to liaise with the home's fire safety consultant in regard to review of the fire risk assessment to include the staff arrangement at night and to address any recommendations arising.</p>	Once	A fire risk assessment has been undertaken by the home's fire safety consultant on 28/05/2014- awaiting recommendations in relation to the staff arrangement at night.	13 May 2014

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 3.2	<p><u>Residents Guide</u></p> <p>1) It is recommended that an addendum is made to the Residents Guide to include information for visitors to notify staff of their arrival and leaving the home.</p> <p>2) It is further recommended that the manager amends the visitors notice in the hallway to include "informing staff of their arrival".</p>	Once	Both these recommendations have been addressed.	11 May 2014
2	Standard Appendix 2	<p><u>Policy development</u></p> <p>1) It is recommended that the registered manager develop a policy on "Visitors entering and leaving the home"</p> <p>2) It is recommended that the home's policy on Accidents / Incidents is reviewed and revised to include notification to RQIA within three days</p> <p>3) Staff refresher training in recording and reporting is recommended.</p>	Once	<p>A policy has been developed on "Visitors entering and leaving the home".</p> <p>Accidents/incidents policy has been reviewed and revised to include notification to RQIA within 3 days as recommended.</p> <p>Training in recording and reporting will be added to staff training.</p>	18 May 2014

2 cont' d.	Standard 27.6	4) All staff and residents should be informed of security measures including front door closure. Measures to be reflected within the homes policy on security.		All staff and residents have been informed of security measures including front door closure. Home policy on security has been reviewed.	
3	Standard 8.5	<p><u>Care records</u></p> <p><u>Improvement in the following areas is necessary</u></p> <p>1)It is recommended that full staff signatures of staff are recorded in care records.</p> <p>2) Staff to cease using abbreviations in care records.</p> <p>3) Staff to cease leaving gaps between daily /weekly care evaluations.</p>	Once	These areas have now been addressed as recommended.	31 May 2014
4	Standard 23.3	<p><u>Training</u></p> <p>It is recommended that staff refresher training in Fire Safety awareness is provided twice yearly with no more than a six month gap between training.</p>	Once	The fire safety consultant has been informed of this recommendation and it will be implemented.	On going

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Heather Knox
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Tom Corr <i>Tom Corr</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<i>POG</i>	<i>9/6/14</i>
Further information requested from provider			