



Trevenna Lodge  
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1 Tully Road  
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BT94 1RE

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**Unannounced Care Inspection  
of  
Trevenna Lodge**

**2 June 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 2 June 2015 from 10.15 to 15.15. Overall on the day of the inspection we found the home was delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

The details of the QIP within this report were discussed with Heather Knox, registered manager and Tom Corr, registered provider. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Tom Corr	<b>Registered Manager:</b> Mrs Heather Knox
<b>Person in Charge of the Home at the Time of Inspection:</b> Mrs Heather Knox	<b>Date Manager Registered:</b> March 2014
<b>Categories of Care:</b> RC - I	<b>Number of Registered Places:</b> 9
<b>Number of Residents Accommodated on Day of Inspection:</b> 8	<b>Weekly Tariff at Time of Inspection:</b> £470.00

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14:           The death of a resident is respectfully handled as they would wish.**  
**Theme:                 Residents receive individual continence management and support.**

## 4. Methods/Process

Prior to the inspection we analysed the following records: returned QIP from the last inspection, notifications of accidents and incidents.

We met with eight residents, three care staff, the registered manager and the registered provider.

We inspected the following records: four care records, accident / incident reports, fire safety records, complaints / compliments, registered provider visits and policies available related to continence management and death and dying.

## 5. The Inspection

### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated 30 September 2014. The completed QIP was returned and was approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 10.1	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <p>Reference to this is made in that the policy should be reviewed to include the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The policy on Behaviour which challenges was reviewed and now references the above recommendation.</p>	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <p>Reference to this is made in that the Statement of Purpose should be reviewed to include detail of the home's policy regarding the locking of the front door.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The Statement of Purpose was reviewed and now includes the home's policy regarding the locking of the front door.</p>	

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 3</b> <b>Ref:</b> Standard 13.1	<p>The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <p>Reference to this is made in that a policy and procedure should be developed for the provision of activities.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  A policy is now in place on the provision of activities.</p>	
<b>Recommendation 4</b> <b>Ref:</b> Standard 13.4	<p>The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p> <p>Reference to this is made in that the registered manager should develop a written policy and procedure on consents in regard to photography and other forms of media.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  A policy has been developed and implemented in regard to consents to photography and other forms of media.</p>	

### **5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish**

#### **Is Care Safe? (Quality of Life)**

Residents can and do spend their final days in the home unless there are documented health care needs to prevent this.

The home has a spiritual ethos. Clergy and lay ministers visit the home throughout the week on an organised basis.

In our discussions with the registered manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort to a resident who is dying are enabled to do so if the resident wishes. Following a death, the body of a deceased resident is handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences.

We reviewed a sample of compliment letters and cards. These were received from families of deceased residents. There were nice messages of praise and gratitude, for the compassion and kindness received during this period of care. This included welcoming relatives to the home with provision of refreshments and kind, caring staff interactions.

We noted that within the home's policy, when the death of a resident occurs, the resident's next of kin or family deal with deceased resident's belongings. This is done at a sensitive and convenient time after the burial.

#### **Is Care Effective? (Quality of Management)**

We noted that the home had a written policy in place on the death of a resident. This policy was dated May 2015.

In our discussion with the registered manager and staff they confirmed to us that the district nursing service attached to the home would lead in the management of palliative care. Within care records we noted consistent liaison with the multi-disciplinary team in the management of one identified resident who has complex health care needs.

A recommendation was made to develop a care plan for residents to specify the recorded wishes and any other specific arrangements at the time of death.

#### **Is Care Compassionate? (Quality of Care)**

In our discussions with staff and the registered manager they shared their experience of a death in the home. The registered provider advised us that additional staff were in place to assist the dying resident and their family. The staff and residents confirmed to us that residents were informed as a small group and in a sensitive manner. The other residents were supported by staff to visit the deceased resident if they so wished.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home. The management assist the residents and staff in dealing with dying and death.

## Areas for Improvement

One recommendation was made to develop a care plan for residents to specify the recorded wishes and any other specific arrangements at the time of death.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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### 5.4 Theme: Residents Receive Individual Continence Management and Support

#### Is Care Safe? (Quality of Life)

We reviewed four care records. We found that a needs assessment was completed and that care plans were in place. These were reviewed regularly to meet the changing needs of the residents. A specific care plan was in place for those with continence needs. Care plans were appropriately signed.

We spoke with staff members who were able to describe the system of referral to community district nursing services for specialist continence assessment.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as malodours or breakdown of skin integrity.

We found adequate provision of continence products, laundered bed linen and towels. Gloves and aprons were also available.

#### Is Care Effective? (Quality of Management)

We found that the home had a policy in place on the promotion of continence which was reviewed in May 2015.

Staff were able to verify to us that any issues of assessed need are reported to the district nursing services for advice and guidance.

#### Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our discussions with residents we endorsed that staff provide assistance with continence care in a sensitive and caring manner.

## Areas for Improvement

There were no areas of improvement identified with this theme inspected. Overall this theme is assessed to be safe, effective and compassionate.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Residents Views**

We met with all residents in the home. We observed residents relaxing in the communal lounge area. Residents expressed to us that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and with their relationship with staff. Residents were praising of the staff. They advised us that there was good communication with staff and they are respectful when carrying out caring tasks.

### **5.5.2 Staff Views**

We spoke with two care staff individually, in addition to the registered manager and the registered provider. Staff advised us that they felt well supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents. Some comments made by staff were:

- “This is a homely environment where residents are well looked after.”
- “I think the care provided here is 100%, everyone gets individual care. The staff group works well as a team.”

### **5.5.3 Environment**

We found the home presented as clean, organised and adequately heated. We observed resident’s bedrooms to be homely and personalised. Décor and furnishings were found to be of a good standard.

### **5.5.4 Care Practices**

We found the atmosphere in the home to be friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. We observed that all residents were well presented. Residents were able to remain in bed for as long as they wished.

### **5.5.5 Accident / Incident Reports**

We reviewed accident / incident records from the previous inspection. We found these to be appropriately managed and reported.

### **5.5.6 Fire Safety**

We confirmed that the home’s most recent fire safety risk assessment was dated 4 July 2014.

We reviewed fire safety records and could confirm that fire safety training was carried out on 5 March attended by seven staff.

The records identified that different fire alarms have been tested weekly with written records maintained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.



### **5.5.7 Visits by Registered Provider**

We reviewed these visits and found that they are undertaken monthly and a written record was available in the home.

### **5.5.8 Staffing levels**

At the beginning of the inspection there were two staff members on duty namely the registered manager and one member of care staff. One resident in the home has complex care needs. This resident requires the assistance of two carers for aspects of their daily care.

A recommendation was made that the registered person should review the staffing levels to ensure that there is sufficient staff in place to meet the needs of all the residents.

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Heather Knox, registered manager and Tom Corr, registered provider. The timescales for completion commence from the date of inspection.

The registered person should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person to ensure that all requirements and recommendations contained within the QIP 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.

### 6.1 Statutory Requirements

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

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>			
<b>Statutory Requirements</b>			
<b>Recommendations</b>			
<b>Recommendation 1</b> <b>Ref:</b> Standard 14.5 <b>Stated:</b> First time <b>To be Completed by:</b> 2 August 2015	The registered person should develop a care plan for residents to specify the recorded wishes and any other specific arrangements at the time of death.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Care plan has been developed for Residents to specify their recorded wishes at the time of death		
<b>Recommendation 2</b> <b>Ref:</b> Standard 25.1 <b>Stated:</b> First time <b>To be Completed by:</b> 2 August 2015	The registered person should review the staffing levels to ensure that there is sufficient staff in place to meet the needs of all the residents.		
	<b>Response by Registered Manager Detailing the Actions Taken:</b> Continuous review of staffing levels is taken place to meet the needs of all the residents		
<b>Registered Manager Completing QIP</b>	Heather Knox	<b>Date Completed</b>	20/07/2015
<b>Registered Person Approving QIP</b>	Tom Corr	<b>Date Approved</b>	20/07/2015
<b>RQIA Inspector Assessing Response</b>	Laura O'Hanlon	<b>Date Approved</b>	27.7.15

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**