

# Inspection Report

7 February 2024



## Trevenna Lodge

Type of service: Residential

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Trevenna Lodge  <b>Responsible Individual:</b> Mr Tom Corr	<b>Registered Manager:</b> Mr Tom Corr, acting
<b>Person in charge at the time of inspection:</b> Mr Tom Corr	<b>Number of registered places:</b> 9
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 9
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 9 residents.  Accommodation is over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 7 February 2024, from 9.30am to 12.10pm by a care inspector.

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

All previous areas of improvement were met.

There was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

It was evident that staff promoted the dignity and well-being of patients.

One area requiring improvement was identified during this inspection. This was in relation to the robustness of free standing furnishings.

Residents said that living in the home was a good experience and that staff were kind, caring and attentive to their needs.

RQIA were assured that the delivery of care and service provided in Trevenna Lodge was safe, effective, compassionate and that the home was well led.

### **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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mr Tom Corr at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents said that they were well cared for and they enjoyed the meals and the homely atmosphere in the home. Two residents made the following comments; "Everything is the best. They (the staff) are all good to you here." and "All is well here, no problems. It's the next best place to be, from being in your own home."

Staff spoke positively about their roles and duties, the provision of care, staffing levels, training and managerial support.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 13 April 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 14(2) (a) <b>Stated:</b> Second time	The registered person must ensure all cleaning chemicals are stored safely and securely, when not in use.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Cleaning chemicals were found to be stored safely and securely.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 16(2) (b) <b>Stated:</b> First time	The registered person must ensure there are up-to-date reviews or evaluations of care plans.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These reviews and evaluations of care plans were up-to-date.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 19(1) (a) Schedule 3(3)(k) <b>Stated:</b> First time	The registered person must ensure that any issues of assessed need have a recorded statement of care / treatment given with effect of same recorded, in residents' progress reports.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Progress reports were maintained appropriately.	

## 5.2 Inspection findings

### 5.2.1 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what residents had to eat and drink daily.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to the resident's next of kin and their aligned named worker, and as appropriate to RQIA.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded. The outcomes of visits from any healthcare professional were also recorded.

Care records were held confidentially.

### 5.2.2 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Residents' bedrooms were personalised with items important to the resident. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

At the time of this inspection, painting was being undertaken in communal areas of the home, with no obvious disruption to residents.

An area of improvement was identified with some free standing wardrobes. Some of these wardrobes were deemed to have flimsy mechanisms in place to prevent these from falling over if these were pulled on in the event of a fall.

The grounds of the home were suitably maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's fire safety risk assessment dated 18 July 2023 had two recommendations. The Manager was able to evidence that these had been addressed.

Fire safety exits were free from obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

### 5.2.3 Quality of Life for Residents

Observations of care practices confirmed that residents were able to choose how they spent their day.

It was observed that staff offered choices to residents which included preferences for food and drink options.

The atmosphere in the home was relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Residents were dressed well and their aids and appliances were clean.

Residents reported that they well cared for and staff were kind and attentive. Residents also said that they enjoyed the meals and the general atmosphere in the home. Two comments included; "I can't see anything wrong with this place. It is a very good home in my opinion and the food is very good." and "They (the staff) all do a good job here and look after me very well."

## 6.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

The one area of improvement and details of the Quality Improvement Plan was discussed with Mr Tom Corr, 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 Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time  <b>To be completed by:</b> 7 March 2024	<p>The registered person shall risk assess all free standing furnishings in accordance with current safety guidance with subsequent appropriate action.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All wardrobes have had additional wall fastenings installed'</p>

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



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