

Inspection Report

Name of Service: Trevenna Lodge

Provider: Trevenna Lodge

Date of Inspection: 3 October 2024

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

1.0 Service information

Organisation/Registered Provider:	Trevenna Lodge
Registered Person:	Mr Tom Corr
Registered Manager:	Mr Tom Corr – not registered
Service Profile: This home is a registered residential care home which provides health and social care for up to 9 residents with physical disability under 65 years of age and frail elderly over 65 years of age. Bedrooms are located over two floors. Residents have access to a lounge, dining room, conservatory and garden.	

2.0 Inspection summary

An unannounced inspection took place on 3 October 2024, from 9.30 am to 4.50 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 7 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; care records, recruitment, environment, daily menu, monitoring of residents' weights, medicines management, relatives' yearly questionnaire and quality governance audits.

Residents said that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection the area for improvement from the previous inspection was assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous area for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "I am very happy here", "getting well looked after", "The staff are very good", "I feel very safe here" and "I have everything I need".

Residents told us that they were able to choose how they spent their day; that they could remain in their bedroom or go to a communal room when they requested.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents.

Review of a sample of staff recruitment files and discussion with the manager evidenced that one member of staff was not recruited in accordance with current legislation. It was further identified that the dates documented on paper references were not consistent with the dates received/recorded electronically and a pre-employment health assessment had not been completed prior to commencing work for one staff member. Areas for improvement were identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Review of the system to manage the registration of care staff was discussed with the manager, as one care assistant was not on the checklist completed by the manager. Following the inspection, written confirmation was received that the care assistant was suitably registered and staff registrations would be monitored more closely going forward.

3.3.2 Quality of Life and Care Delivery

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Observation of residents' bedrooms established that the privacy arrangements for one resident required review. This was discussed in detail with the manager and an area for improvement was identified.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

At times some residents may require the use of equipment that could be considered restrictive to keep them safe. Whilst it was established that safe systems were in place to safeguard residents and to manage this aspect of care, the use of a floor alarm for one resident was not included within their care plan. The manager confirmed that this had been discussed at a recent care review and following the inspection, written confirmation was received that the care plan had been updated.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. Whilst a weekly menu was available within the lounge; a daily menu was not displayed and an area for improvement was identified.

Observation of the lunch time meal and discussion with residents, staff and the manager evidenced that there were robust systems in place to manage residents' nutrition and mealtime experience.

Residents commented positively about the food provided within the home with comments such as: "The food is excellent", "Great food", "The food is lovely and good choices" and "Happy with the food".

The importance of engaging with residents was well understood by the manager and staff. An activity schedule was on display within the home offering a range of individual and group activities such as board games, gardening, music, movies and daily newspapers.

Care assistants completed activities within the home and were observed positively engaging with residents. Some residents were engaged in their own activities such as; watching TV, resting or chatting to staff. Residents were seen to be content and settled in their surroundings and in their interactions with staff.

The manager discussed the arrangements in place to meet residents' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. However, the needs assessment within residents care files had not been reviewed on at least a yearly basis to reflect the changes in resident's needs. This was identified as an area for improvement.

Residents care records were held confidentially and care staff recorded regular evaluations about the delivery of care. It was identified that residents care files did not contain a photograph of the resident; this was discussed with the manager and following the inspection, written confirmation was received that relevant action had been taken to address this.

Review of a sample of residents care files evidenced that there was insufficient care plans in place to direct the delivery of care required. It was further identified that care plan agreements were not in place for residents. Areas for improvement were identified. This is discussed further in section 3.3.5.

Whilst a record of residents weights were being maintained on a regular basis by staff; it was identified that staff were not recording the action taken where weight loss was evident and/or escalating this to the manager. An area for improvement was identified.

On further review of one resident's weight there was a significant difference from their weight obtained during the inspection and their weight two days prior to the inspection. The manager agreed to have the weighing scales reviewed. Following the inspection, written confirmation was received that a new set of weighing scales had been purchased.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy and residents' bedrooms were personalised with items important to the resident.

A small number of light pull cords were not covered to aid in effective cleaning; linen was observed on the floor of a linen cupboard and surface damage was evident to a number of armchairs, a portable table and some bedroom furniture. The manager advised that refurbishment was ongoing including the painting of walls. Following the inspection, written confirmation received that relevant action taken to address these issues. This is discussed further in section 3.3.5.

A number of maintenance/estates related issues were identified during the inspection; including several windows that were not fitted with an appropriate restrictor; exposed pipes carrying hot water in a resident's en-suite and fumes from the oil burner were evident within an area of the home. These findings were discussed with the manager who agreed to have these reviewed as a matter of urgency. Following the inspection, written confirmation was received that relevant action had been taken to address these issues. This information was shared with the aligned estates inspector.

A tablet was observed on a bedside table within a resident's bedroom. On discussion with the manager and the resident it was established that staff did not comply with the correct procedure for the administration of medication. An area for improvement was identified.

There was evidence that systems and processes were in place to manage infection prevention and control (IPC) which included policies and procedures and regular monitoring of staff practice to ensure compliance. One staff member was observed not to be bare below the elbow; this was immediately addressed by the manager during the inspection.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mr Tom Corr has been the Acting Manager in this home since 11 September 2017. Mr Tom Corr is also the Registered Provider and discussed plans for an application to have a manager registered.

Residents and staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

There was evidence that a number of audits were being completed on a regular basis to review the quality of care and other services within the home or were being reviewed as part of the monthly monitoring visit. However, audits in relation to care records and the environment were not being completed and as mentioned above in sections 3.3.3 and 3.3.4 a number of issues have been noted in these areas. An area for improvement was identified.

It was further identified that relative's meetings and or questionnaires for feedback regarding the service was not being completed. An area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4	7

Areas for improvement and details of the Quality Improvement Plan were 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 Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (a) Stated: First time To be completed by: 3 October 2024	<p>The Registered Person shall ensure that anyone employed to work in the home is recruited in accordance with current legislation.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Actioned. Review of Access NI process carried out and completed.</p> <p>A checklist has been implemented for personnel files for new employees, to ensure AccessNI enhanced disclosure process is fully completed prior to employment.</p>
Area for improvement 2 Ref: Regulation 21 (1) (a) Stated: First time To be completed by: 3 October 2024	<p>The Registered Person shall ensure that staff recruitment records are accurate and up to date prior to commencing employment.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Review and revision of Recruitment Policy has been carried out to include that all the relevant documents have been received by RP prior to offer of employment, and other recruitment records are retained in staff personnel file.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2024</p>	<p>The Registered Person shall ensure that the assessment of residents needs is revised at any time and in any case not less than annually, to reflect the needs of the resident.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Actioned. The current Needs Assessments in place was attached to the activities assessment. This has been reviewed and Needs Assessment is now a separate document within the care plan. The new Assessment will be implemented as part of the care file audit schedule, and reviewed annually.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 17 October 2024</p>	<p>The Registered Person shall ensure that care plans are completed to reflect the residents' current needs, including any relevant medical conditions, social, religious and spiritual needs.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Actioned. An audit schedule has been implemented to audit all care plans, which will include relevant medical conditions, social, spiritual, and religious needs.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1.2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2024</p>	<p>The Registered Person shall ensure that the privacy arrangements for the identified resident are reviewed.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Actioned. A privacy curtain was fitted on 13/11/2024.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 3 October 2024</p>	<p>The Registered Person shall ensure that a daily menu is displayed in a suitable format and in an appropriate location.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: Actioned. A daily menu is available in the dining room and an additional pictorial resource file is also available for residents who may have difficulty in reading the menu. This is shown to residents, where applicable, when making their choice for the following day.</p>

Area for improvement 3 Ref: Standard 6.3 Stated: First time To be completed by: 31 October 2024	The Registered Person shall ensure that the resident or their representative, where appropriate, sign the care plan along with the person responsible for completing it and the manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded. Ref: 3.3.3
	Response by registered person detailing the actions taken: Actioned. A care plan agreement form has been implemented, containing the rationale should the resident/representative decline to sign the form.

<p>Area for improvement 4</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2024</p>	<p>The Registered Person shall ensure that a system is implemented to oversee the effective management of residents' weights.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: Actioned. A revised document to record residents weights has been implemented using the MUST validated screening assessment tool. The guidelines are referred to where concerns arise in relation to weight loss and reported to GP for referral to Dietitian.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 33</p> <p>Stated: First time</p> <p>To be completed by: 3 October 2024</p>	<p>The Registered Person shall ensure that medicines are safely administered in accordance with legislative requirements.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Actioned. A comprehensive review of Medicines Management and Policy has been undertaken. Training and Supervision has commenced to underpin the importance of effective Medicines Management.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 3 November 2024</p>	<p>The registered person shall ensure that effective quality assurance audits are completed to assess the delivery of care in the home. With specific reference to:</p> <ul style="list-style-type: none"> • care records • environment. <p>Ref: 3.3.5</p> <p>Response by registered person detailing the actions taken: Actioned. The RP has engaged the services of a Governance Lead, who will assist the RP/RM with the governance agenda.</p> <p>A Quality and Governance Audit calendar has been implemented, which includes review of care records and environmental/IPC audits. IPC audits are carried out monthly and in addition, the RP carries out 'random' unannounced checks.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 1.6</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure that the views and opinions of relatives regarding the running of the home are sought formally at least once a year.</p> <p>Ref: 3.3.5</p>

To be completed by: 31 October 2024	Response by registered person detailing the actions taken: Actioned. Quality Assurance survey has been distributed to relatives. Awaiting further responses at time of returning QIP. The RI/Acting RM also has an 'open door' policy to address any issues/concerns which may arise.
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