

# Unannounced Care Inspection Report

## 5 January 2017



**Trevenna Lodge**

**Type of Service: Residential Care Home**

**Address: 1 Tully Road, Killadeas, Enniskillen, BT94 1RE**

**Tel No: 028 6862 1500**

**Inspector: Laura O'Hanlon**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Trevenna Lodge took place on 5 January 2017 from 10.45 to 15.15.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

A requirement was made in regard to fire safety. A recommendation was made in regard to policies.

### Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Madeline Power, care assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 15 June 2016.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Tom Corr	<b>Registered manager:</b> Heather Knox
<b>Person in charge of the home at the time of inspection:</b> Madeline Power, senior care assistant.	<b>Date manager registered:</b> 25 March 2014
<b>Categories of care:</b> I - Old age not falling within any other category	<b>Number of registered places:</b> 9

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned QIP and the accident/incident notifications.

During the inspection the inspector met with nine residents and two care assistants.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- One staff competency and capability assessment
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings

- Audits of medication, fire safety, environment and accidents and incidents.
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

Four resident views, two representative views and four staff views questionnaires were left in the home for completion and return to RQIA.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 15 June 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 15 June 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 20 (2) <b>Stated:</b> First time <b>To be completed by:</b> 31 July 2016	The registered provider must ensure supervision is completed with staff members no less than every six months.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the schedule for supervision confirmed this was completed on a six monthly basis.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 25.6 <b>Stated:</b> First time <b>To be completed by:</b> 20 June 2016	The registered provider should ensure that the capacity in which each staff member works is recorded on the duty rota.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the staff duty rota confirmed that it accurately recorded the capacity worked by each staff member	

<b>Recommendation 2</b> <b>Ref:</b> Standard 24.5 <b>Stated:</b> First time <b>To be completed by:</b> 31 July 2016	The registered provider should ensure that staff appraisals are completed annually.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the schedule for staff appraisals confirmed this was completed annually.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 19.3 <b>Stated:</b> First time <b>To be completed by:</b> 30 June 2016	The registered provider should ensure that all documentation relating to the recruitment process is stored in compliance with Access NI's Code of Practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of Access NI information confirmed this was stored in accordance with Access NI's Code of Practice.	
<b>Recommendation 4</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time <b>To be completed by:</b> 15 September 2016	The registered provider should review the adult safeguarding policy to ensure it reflects the current regional guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the policy on adult safeguarding confirmed that it reflected the current regional guidance.	

#### 4.3 Is care safe?

The senior care assistant confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of a completed induction record and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One completed staff competency and capability assessment was reviewed and found to be satisfactory.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established. There was a list of frequently asked questions about the safeguarding champion displayed in the home.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the senior care assistant, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The senior care assistant confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior care assistant identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The senior care assistant confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The senior care assistant confirmed there were risk management policy and procedures in place. Discussion with the senior care assistant and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were in place. The policy on COSHH and fire safety was both dated 2006. A recommendation was made to ensure that policies are systematically reviewed on a three yearly basis.

The senior care assistant confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

Review of the infection prevention and control (IPC) policy and procedure found this to be dated 2006. A recommendation was made in this regard. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors.

The senior care assistant reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had a fire risk assessment in place dated 8 December 2015. A requirement was made for this to be maintained on an up to date basis.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 4 October 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained.

### Areas for improvement

Two areas for improvement were identified. A requirement was made to ensure the fire risk assessment is maintained on an up to date basis. A recommendation was made in regard to the need to ensure policies and procedures are systematically reviewed every three years.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations</b>	<b>1</b>
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### 4.4 Is care effective?

Discussion with the senior care assistant established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident. Discussion with staff confirmed that a person centred approach underpinned practice. Care plans were in place for the residents' sleep pattern. These included personal preferences for example time of retiring, light switched on or off, drink at bedside, etc.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.



Audits of medication, fire safety, environment and accidents and incidents were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

The senior care assistant confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The staff on duty confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with, review of care records and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

Minutes of resident and/or their representative meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

The senior care assistant confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records for example there was a care plan in place for the management of pain, trigger factors, prescribed medication, care of chronic pain etc.

The senior care assistant and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

The staff on duty confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. Such



systems included daily discussions with staff, residents meetings and care management reviews.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The hairdresser was present in the home during the inspection. Some residents were listening to music while others were reading the daily newspapers. The residents reported that they recently completed a session of armchair aerobics which was thoroughly enjoyed by all of them.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The staff reported that visitors are welcome to the home at any time. In addition one resident explained that she is supported by the registered manager to access the local community transport to attend appointments and go shopping. This resident also attends church each week.

Comments made by residents during the inspection were:

- “The food is good. The staff are all kind, it’s a good home.”
- “The food is real good, you always get a choice. The staff are all approachable. I always get on well in here from the beginning. I ask the manager and she organises my transport.”
- “This place is good. The staff are all very kind. I get regular pain relief.”

Comments made by staff during the inspection were:

- “Staffing is stable at present. The residents are all stable. They are all well looked after.”

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The senior care assistant outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. As stated in section 4.3 a number of policies had not been reviewed in the last three years. This also included the policy on whistleblowing which was dated 2013. A recommendation was made in this regard.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

The senior care assistant confirmed that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide.

The senior care assistant confirmed that the registered provider was kept informed regarding the day to day running of the home through weekly visits and the monthly monitoring reports.

Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The senior care assistant confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### **Areas for improvement**

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Madeline Power, senior care assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager 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 provider 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP RQIA's office for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 27 (4) (a)

**Stated:** First time

**To be completed by:**  
19 January 2017

The registered provider must ensure that the fire safety risk assessment is maintained on an up to date basis.

#### **Response by registered provider detailing the actions taken:**

Frank Maguire (a qualified Fire Safety Officer) has completed a whole site safety inspection.

### Recommendations

#### Recommendation 1

**Ref:** Standard 21.5

**Stated:** First time

**To be completed by:**  
5 April 2017

The registered provider should that the following policies are systematically reviewed on a three yearly basis:

- Fire safety
- COSHH
- Whistleblowing
- Infection Prevention and Control

#### **Response by registered provider detailing the actions taken:**

The homes policies and procedures folder has been updated.



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