



The Regulation and  
Quality Improvement  
Authority

Trevenna Lodge  
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**Unannounced Care Inspection  
of  
Trevenna Lodge**

**8 December 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 8 December 2015 from 10.00 to 14.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care in relation to the standard we inspected; which was assessed as being met.

Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. One requirement was made in regard to the registered provider visits. Two recommendations were made in relation to a resident's review and a care plan. A third recommendation was made in regard to the storage of pads in communal bathrooms.

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

### 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>	1	3

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

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Tom Corr	<b>Registered Manager:</b> Heather Knox
<b>Person in charge of the home at the time of inspection:</b> Heather Knox	<b>Date manager registered:</b> 25 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 has been met:

**Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

## 4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the notification of accidents and incidents.

We met with seven residents, one member of the care staff and the registered manager.

We inspected the following records: three care records, accident /incident reports, registered provider visits, fire safety records, complaints/compliments records and the record of residents meetings.

## 5. The inspection

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

The previous inspection of the home was an announced estates inspection dated 3 November 2015. The issues raised during this inspection will be followed up by the estates inspector.

## 5.2 Review of requirements and recommendations from the last care inspection dated 2 June 2015

Previous Inspection Statutory Requirements		Validation of Compliance
<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>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Specific care plans were devised in regard to the wishes and any other specific arrangements at the time of death. The registered manager confirmed that these care plans will be discussed at care management reviews.	
<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>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that the staffing levels were reviewed on 24 August 2015 in accordance with the changing needs of the residents'. The manager advised that the staffing levels are currently satisfactory.	

## 5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

### Is care safe? (Quality of life)

The registered manager confirmed that residents' views are taken into account in all matters affecting them in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice. The residents and staff confirmed that they had a residents' meeting on the 28 October 2015. At the residents' meetings their views and wishes were actively sought and recorded in regard to facilities and services, menu planning and activity provision. A record of this meeting was available for inspection.

An inspection of care records in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and preferences of the residents.

We noted in one care record where the care plan had not been completed. We made a recommendation to address this.

### **Is care effective? (Quality of management)**

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of residents' meetings and the registered provider monthly visits. The registered manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

Copies of review forms were present within care records. Residents and /or their representatives attended and participated in their care management review where possible.

We identified one resident who had not had a care review since his admission to the home four months ago. We made a recommendation to ensure that a care review is undertaken.

The registered manager shared with us the annual quality review report dated July 2015. This reflected the views of residents in regard to the services provided within the home.

### **Is care compassionate? (Quality of care)**

Discussion with staff demonstrated that they were knowledgeable about residents' needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

Staff shared with us examples of how they incorporate their knowledge of values in to their daily practice with residents. This included knocking on doors before entering, asking residents what they want to wear each day, seeking their preferences at meal-times and when they would like assistance to have a shower or get dressed.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### **Areas for improvement**

Two recommendations were made to ensure that a care plan is completed for one resident and that a care review is undertaken for an identified resident. This standard was assessed as being met.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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## **5.4 Additional areas examined**

### **5.4.1 Residents views**

We met with seven residents. We observed residents relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff and advised that their wishes were respected in so far as possible.

### **5.4.2 Staff views**

We spoke with one member of care staff, in addition to the registered manager. Staff advised us that they felt 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.

The staff stated that they felt supported by the management and advised that they were approachable. The staff explained how the residents were offered choices on a daily basis. Some comments made were:

- “The care is excellent, the residents are all well looked after.”

### **5.4.3 Environment**

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a satisfactory standard. Spiritual emblems were noted within residents' bedrooms.

We observed continence products in communal bathroom areas. It is recommended that these should be stored in enclosed washable cabinets.

### **5.4.4 Care practices**

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. Residents were well dressed with attention to personal detail.

### **5.4.5 Fire safety**

We confirmed that the home's most recent fire safety risk assessment was dated 7 July 2014 and was not reviewed in July 2015. This was noted at a recent estates inspection on 3 November 2015. The registered manager subsequently confirmed by email that an updated risk assessment was undertaken on 8 December 2015.

We reviewed the fire safety records and could confirm that fire safety training was completed on 1 October 2015. The records indicated that a fire drill took place on 1 October 2015.

#### 5.4.6 Accidents / Incident reports

We reviewed accident/incident records which have occurred since the previous inspection. We found these to be appropriately managed and reported. The registered manager was referred to the RQIA guidance on reporting of statutory notifications.

#### 5.4.7 Complaints /Compliments records

In our inspection of complaint records and discussion with the registered manager we confirmed that complaints had been managed appropriately.

#### 5.4.8 Visits by the Registered Provider

We reviewed the record of these visits. The last record of these visits available in the home was dated 28 August 2015. A requirement was made to ensure the registered provider visits are unannounced and undertaken on a monthly basis.

#### Areas for improvement

A requirement was made in regard to the visits by the registered provider. A recommendation was made to ensure that in communal bathrooms areas continence products are stored in enclosed washable cabinets

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 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. The timescales commence from the date of inspection.

The registered person/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 person/manager 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/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The 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 should be completed by the registered person/registered manager and 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. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) or RQIA's office (non- paperlite) 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



## Quality Improvement Plan

Statutory Requirements			
<b>Requirement 1</b>	The registered person must ensure that the registered provider visits are unannounced and undertaken on a monthly basis.		
<b>Ref:</b> Regulation 29 (3)			
<b>Stated:</b> First time	<b>Response by Registered Person(s) detailing the actions taken:</b> The recent "Report of Registered Provider's Visits" were with the other monthly reports in preparation for the Announced Estates Inspection in November. They have now been filed back in the proper file.		
<b>To be Completed by:</b> 8 December 2015			
Recommendations			
<b>Recommendation 1</b>	The registered person should ensure that a comprehensive care plan is completed for one identified resident.		
<b>Ref:</b> Standard 6.6			
<b>Stated:</b> First time	<b>Response by Registered Person(s) detailing the actions taken:</b> A comprehensive care plan has been completed for the identified resident.		
<b>To be completed by:</b> 30 December 2015			
<b>Recommendation 2</b>	The registered person should ensure that a care review is undertaken for one identified resident.		
<b>Ref:</b> Standard 11.1			
<b>Stated:</b> First time	<b>Response by Registered Person(s) detailing the actions taken:</b> A care review has been arranged with the Social worker on 7 <sup>th</sup> January 2016 for the identified resident.		
<b>To be completed by:</b> 22 January 2015			
<b>Recommendation 3</b>	The registered person should ensure that in communal bathrooms areas continence products are stored in enclosed washable cabinets.		
<b>Ref:</b> Standard 35.1 & 35.7			
<b>Stated:</b> First time	<b>Response by Registered Person(s) detailing the actions taken:</b> A washable cabinet has been put in place in the communal bathroom.		
<b>To be Completed by:</b> 8 December 2015			
<b>Registered Manager completing QIP</b>	Heather Knox	<b>Date completed</b>	6.1.2016
<b>Registered Person approving QIP</b>	Tom corr	<b>Date approved</b>	6.1.2016
<b>RQIA Inspector assessing response</b>	Laura O'Hanlon	<b>Date approved</b>	27.1.16

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