

Inspection Report

13 April 2023



Trevenna Lodge

Type of service: Residential

Address: 1 Tully Road, Killadeas, Enniskillen, BT94 1RL

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Trevenna Lodge Responsible Individual: Mr Tom Corr	Registered Manager: Mr Tom Corr, acting
Person in charge at the time of inspection: Ms Katherine Ellis, Deputy Manager then Mr Tom Corr, from 10.15am	Number of registered places: 9
Categories of care: Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of residents at time of inspection: 9
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 9 residents.	

2.0 Inspection summary

This unannounced inspection was conducted on 13 April 2023, from 9.20am to 1.30pm 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 but one of these previous areas of improvement were found to be met. The one area of improvement not fully met was the safe storage of cleaning chemicals. This has been stated for a second time.

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

Two new areas of improvement were made during this inspection. These were in relation to updating and reviewing care plans and the recording of issues of assessed in residents' progress records.

Residents said that living in the home was a good experience.

RQIA will be assured that the delivery of care and service provided in Trevenna Lodge will be safe, effective, compassionate and well led in addressing these areas for improvement.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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 very happy with their life in the home and had a good relationship with staff. Residents also said that they liked the meals and enjoyed the homely atmosphere in the home. One resident said; "It's a lovely home. Everyone (the staff) is very good here. I have no problems or complaints."

Staff spoke in positive terms about their roles and duties, staffing levels, workload, training and support. Staff also said that they felt the standard of care provided for was good.

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 17 November 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 20 (1) (c) (i) Stated: First time	The registered person shall ensure all staff working in the home are in receipt of up-to-date training in; <ul style="list-style-type: none"> Moving and handling Dysphasia 	Met
	Action taken as confirmed during the inspection: Up-to-date training for staff has been put in place in these two areas.	
Area for Improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person must ensure all cleaning chemicals are stored safely and securely, when not in use.	Partially met
	Action taken as confirmed during the inspection: Cleaning chemicals were found to be not stored safely and securely in an office area and patio area of the home, where residents could have access to.	
Area for Improvement 3 Ref: Regulation 30 (1) (c) (f) Stated: First time	The registered person must ensure all accidents or events where medical attention is sought, as well as unexplained bruising are reported, without delay, to RQIA.	Met
	Action taken as confirmed during the inspection: A review of the accident and incident reports confirmed that all appropriate notifications had been made to RQIA.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 25.3 Stated: First time	The registered person needs to ensure all staff members sign their competency and capability assessments, as to be in charge of the home in the absence of the Manager	Met
	Action taken as confirmed during the inspection: A review of a sample of two competency and capability assessments confirmed that these were signed by the staff member(s).	
Area for improvement 2 Ref: Standard 20.11 Stated: First time	The registered person shall ensure regulatory documentation is accessible for inspection, with particular reference with monthly monitoring reports.	Met
	Action taken as confirmed during the inspection: Regulatory documentation was accessible for inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of a staff member's recruitment records, confirmed evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

A matrix of mandatory training provided to staff was in place. This gave good managerial oversight into staff training needs. There were systems in place to ensure staff were trained and supported to do their job. The Manager and staff confirmed that a range of mandatory and additional training was completed by staff on a regular basis.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly and warm. 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. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

Care records were maintained which reflected the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine wishes and preferences.

The Manager reported that he carries out a pre-admission assessment on any perspective resident to the home so as to determine whether the home can meet their assessed needs. Residents' needs were then 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.

An area of improvement was identified with care plans not having up-to-date reviews or evaluations of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was choice of meals offered, the food was attractively presented and portions were generous. There was a variety of drinks available. One resident said; "I felt poorly before I came here but I have improved well, with good food and good care."

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. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had a care plan in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

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.

Care records were held confidentially. The records were cumbersome to access and review due to excess storage of old information. The Manager agreed to review this.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff. An area of improvement was identified to ensure that any issues of assessed need have a recorded statement of care / treatment given with effect of same recorded, which were not always being done.

The outcomes of visits from any healthcare professional were recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a reasonable 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.

The grounds of the home were nicely 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 most recent fire safety risk assessment was completed on 6 May 2022. There was corresponding evidence recorded of the actions taken in response to the two recommendations made from this assessment.

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.

5.2.4 Quality of Life for Residents

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

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

The genre of music and television channels played was appropriate to residents' age group and tastes.

The atmosphere in the home was relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Two residents made the following comments; "It's all good here. I am very happy here. The staff are all very good. I like the food, very much." and "You couldn't fault this place. Everything is very good."

5.2.5 Management and Governance Arrangements

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding

of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported to the relevant stakeholders.

There was evidence that the Manager ensured that complaints were managed correctly and that records of complaint were suitably maintained.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	3*	0

* The total number of areas for improvement includes one that has been stated for a second time.

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 14(2) (a) Stated: Second time To be completed by: 13 April 2023	The registered person must ensure all cleaning chemicals are stored safely and securely, when not in use. Ref: 5.1
	Response by registered person detailing the actions taken: The sprays which were intended for infection prevention as a result of Covid, have now been removed, other cleaning chemicals are put away after use by staff.
Area for improvement 2 Ref: Regulation 16(2) (b) Stated: First time To be completed by: 13 May 2023	The registered person must ensure there are up-to-date reviews or evaluations of care plans. Ref: 5.2.2
	Response by registered person detailing the actions taken: All careplans have been checked and up to date.
Area for improvement 3 Ref: Regulation 19(1) (a) Schedule 3(3)(k) Stated: First time To be completed by: 14 March 2023	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: Staff have been advised to update resident progress reports with all appropriate details relating to the care of and action taken with regard to a residents care / treatment.

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



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