



Announced Care Inspection Report



Trevenna Lodge

Type of Service: Residential Care Home
Address: 1 Tully Road, Killadeas, Enniskillen BT94 1RL
Tel No: 028 6862 1500
Inspector: Debbie Wylie

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to nine residents.

3.0 Service details

Organisation/Registered Provider: Trevenna Lodge Responsible Individual: Mr Tom Corr	Registered Manager and date registered: Mr Tom Corr - acting manager, no application required.
Person in charge at the time of inspection: Mr Tom Corr	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	Total number of residents in the residential care home on the day of this inspection: 8

4.0 Inspection summary

An announced inspection took place on 13 October 2020 from 10:00 to 14:00 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home.

The following areas were examined during the inspection:

- Staffing
- management arrangements
- governance systems
- infection prevention and control (IPC)
- quality of life for residents
- residents records
- quality improvement
- consultation.

Residents consulted with spoke positively regarding their experience of living in Trevenna Lodge and some of their comments can be found in the main body of the report. Those who could not verbally communicate were observed to be relaxed and settled in their environment.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Tom Corr, manager, 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.

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Duty rotas from 14 to 27 September 2020
- staff training matrix for the period 2020
- a selection of quality assurance audits for July 2020 and August 2020
- regulation 29 monthly quality monitoring reports for June 2020 to August 2020
- complaints analysis for the period 2020
- a selection of compliments records for the period 2020
- incident and accident analysis for the period 2020
- minutes of the last three residents' and staff meetings
- activity planner for July 2020 and August 2020
- management/organisational structure arrangements
- on-call arrangements during out of hours
- menus for July 2020 and August 2020
- three residents' care records.

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents, residents' representatives and staff. Ten residents' questionnaires, 10 residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with Tom Corr, manager.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced premises inspection undertaken on 5 February 2020. No further actions were required to be taken following

the most recent inspection on 5 February 2020. The most recent unannounced care inspection was undertaken on 25 June 2019 during which no areas for improvement were identified.

6.2 Inspection findings

6.2.1 Staffing

The manager confirmed that staffing levels in the home were at a level which met the assessed care needs of the residents and would be adjusted if this was required. Staff were observed responding to residents' care needs and answering their requests promptly.

Review of the staff rota from 14 to 27 September 2020 provided evidence that staffing levels were consistently maintained at a safe level. Day staff names and roles were identified on the rota along with the manager's hours; however, it was difficult to identify those staff who were rostered to work on night duty. This was discussed with the manager who agreed to add a key code to the rota in order to more easily identify which staff were working at night.

Staff confirmed that they were supported by the manager and could discuss any concerns or issues they had. Staff spoken with had a good knowledge of their roles and responsibilities and the action they should take if they had concerns about residents' care or working practices in the home. Staff also told us they received regular training to support them in their roles. This was further confirmed on review of the staff training matrix forwarded by the manager. Staff told us:

"The staffing is good and there is no agency use."

"All the training is up to date using Zoom and also provided by the manager."

As part of the inspection process, we asked residents, family members and staff to provide comments on staffing levels via questionnaires. Three questionnaires were returned and indicated that there were no concerns about staffing levels in the home.

6.2.2 Management arrangements

An accurate and informative outline of existing management arrangements within the home was provided for review. It was noted that the home's responsible person also occupied the position of acting manager for the home; the responsible person told us that a new permanent manager is to be appointed for the home. It was agreed that an application would be submitted to RQIA in respect of the pending manager's registration in due course. Governance records also included required information about all staff employed in the home.

The on-call arrangements which were in place to ensure that staff were adequately supported at all times were clearly documented with contact details provided across a 24 hour period. Discussion with staff confirmed the out of hours arrangements provided were correct and they knew how to contact the person on call if required.

6.2.3 Governance systems

The manager confirmed that the home was operating within its registered categories of care. The manager was present throughout the inspection and provided us with any information we required.

The residents and staff commented on how supportive the manager was and that he was always available when needed. Staff and residents told us:

“I know the manager Tom is in charge in the home.”

“Tom and all the staff are looking after me.”

“You get support from the manager.”

“The manager is very good. You can go to him and the assistant manager with any issues.”

We reviewed the accidents and incidents analysis records in the home; we found that these did not identify trends and patterns which would help enable the manager / staff to improve resident safety. This was discussed with the manager who agreed to ensure that such analysis is regularly carried out. This will be reviewed at the next inspection. We also identified that notifiable accidents or incidents were inconsistently reported to RQIA. An area for improvement was made.

A review of complaints records recorded in the home found that no complaints had been received during 2020. We requested a sample of monthly quality audits for the home and found that audits were completed and well documented for IPC; however, there were no audits completed in respect of nutritional care, care records, restrictive practice or falls management. Carrying out such audits will help quality assure this aspect of care delivery and drive any necessary improvements. An area for improvement was made.

6.2.4 Infection prevention and control

The manager confirmed that due to the current COVID-19 pandemic, all visitors to the home had their temperature checked prior to entering the home and were required to complete a health screening questionnaire. Hand sanitiser and Personal Protective Equipment (PPE) was available for use. An area for visiting which had been provided within the conservatory area allowed for socially distanced visiting to take place. Additional cleaning arrangements had also been put in place throughout the home to reduce the risk of infection. Staff were appropriately using gloves, masks and aprons when delivering care to residents.

Residents' seating was appropriately spaced to allow for social distancing in the lounge area. The lounge was clean, well decorated and inviting in appearance; corridors were observed to be free from clutter.

Inspection of the residents' en-suites evidenced that cleaning was required to raised toilet seats; commodes and toiletries were also noted to be inappropriately stored within shared bathrooms. This was discussed with the manager. An area for improvement was made.

We found that analysis of IPC audits had not been carried out; this was discussed with the manager and it was agreed that IPC practices would be robustly audited to help identify any trends or patterns and that identified deficits would be addressed. This will be reviewed at a future care inspection.

6.2.5 Quality of life for residents

We undertook a virtual walk around the home on the day of inspection with the use of technology. Residents appeared relaxed and comfortable while chatting about daily life with staff and other residents.

Residents' bedrooms were attractively decorated and personalised with many items of memorabilia in place. Staff were observed knocking doors before entering and respecting residents' privacy. We noted that wardrobes in resident's bedrooms were not appropriately secured. This was discussed with the manager who agreed to secure all wardrobes within four weeks. This will be reviewed at the next inspection.

We observed the serving of the lunchtime meal in the dining room. Tables were set for lunch and residents sat at their table of choice. Food was served by staff directly from the kitchen and residents were given a choice of drink. Residents chatted about life in the home while eating lunch. There was no menu displayed in the home and residents were unsure about what meal was planned for lunch. An area for improvement was made. Residents described the dining experience as follows:

"It's lovely and very tasty."

"It's lovely and I'm really enjoying it."

"The food comes out hot."

"We have plenty of company here."

"We have a good laugh here."

"It's homely, a home from home."

We reviewed the activities planned in the home and saw that residents had a choice of bingo, armchair exercises, movies, gardening, sing along and board games. Activities were displayed on the activities board to inform residents of what was planned each day.

Residents' meetings were held every three months in the home and were documented and well attended. At the meetings, residents' views were sought about all aspects of life in the home including activities, meals, laundry, heating, staffing and health and safety.

6.2.6 Residents records

We reviewed three residents' personal care records prior to the inspection. The records showed that individual plans were in place to meet the personal care needs of each resident and an oral assessment had been completed. Each resident's level of dependence for personal and oral care was documented and recorded on a daily basis. All updates and reviews of personal and oral care plans were recorded regularly, and were dated and signed by the staff member carrying this out.

A daily update was recorded for each aspect of care, and records were reviewed monthly or sooner if this was required. There was evidence of involvement by other professionals such as the dentist who had been contacted for dental review.

Residents presented well on the day of inspection with clean clothing and personal care having been attended to. Residents told us:

"I get everything done for me here."

"Tom and all the staff are looking after me."

6.2.7 Quality improvement

We requested documents for any current or planned quality improvements prior to the inspection. No documents were submitted. The need to develop further quality assurance audits is discussed in section 6.2.3.

During the inspection, the manager discussed the new provision and use of assistive technology such as a tablet computer and mobile phone; the manager stated that these devices were provided for residents to stay in contact with their families during the COVID-19 pandemic and had proved to be a very valuable source of contact with residents' loved ones.

6.2.8 Consultation.

The home had been notified of the planned inspection 28 days prior to the date of inspection and an inspection pack was sent to the home at this time. The pack included an inspection poster which was displayed in the home and informed residents and their representatives of contact telephone numbers and/or an email address by which they could contact RQIA / provide feedback on the care provision in the home. We did not receive any feedback via telephone or email.

We also provided the home with questionnaires to be distributed to residents, residents' representatives and staff. Staff also had the opportunity to complete an online survey.

No resident questionnaires were received; however, consultation with two residents confirmed that living in Trevenna Lodge was a positive experience. We received three completed staff questionnaires which confirmed that they were very satisfied that care was safe, effective, compassionate and well led. Comments from two staff members who were consulted during the inspection included:

"We are 100 per cent supported here."
 "There are good working relationships."
 "Residents are safe and well here."
 "Residents are well cared for."

A record of compliments received was retained in the home and shared with staff. Some comments included:

"Thank you for all the care and attention given to ... during her stay."
 "Thank you for your care and kindness shown towards my father when he was a resident in Trevenna Lodge."
 "I wish to thank you very much for the hard work that you put in looking after our older generation."

Areas for improvement

Areas for improvement were identified including; reporting of notifiable events to RQIA, completion of quality assurance audits, IPC practices and residents' dining experience.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

Residents were observed to be happy and content in Trevenna Lodge. Staff were supported by management and worked well as a team. Areas for improvement were identified in regard to: reporting of notifiable events to RQIA, completion of quality assurance audits, IPC practices and residents' dining experience.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Tom Corr, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 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.

7.1 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 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall minimise the risk of spread of infection. This is in relation to ensuring that toilet seats are effectively cleaned, and that commodes and residents' toiletries are not stored within shared bathrooms.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: Residents and Staff have been advised that personal toiletries should be stored in the Residents own rooms. Toilet seats and commodes are cleaned on a daily basis. The commode seats inspected had rust stains on them which were impossible to remove, so were removed and disposed of on the day of inspection. A commode cleaning chart is in operation.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that all notifiable accidents, incidents or events occurring in the home which adversely affect the wellbeing or safety of any resident are reported to RQIA.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: All notifiable accidents will be reported by the home to the RQIA. The home had mistakenly thought that where a resident was advised to goto A&E for precautionary observation, without an overnight stay/admission, that this did not need reported.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 31 November 2020</p>	<p>The registered person shall ensure working practices are systematically audited to ensure they are consistent with the homes documented policies and procedures and action is taken when necessary. This is in relation to the implementation of quality assurance audits examining nutritional care, care records, restrictive practice and falls management.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: The home currently performs audits on many aspects of a residents care, but will extend this as advised by the inspector.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 31 November 2020</p>	<p>The registered person shall ensure a daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each meal time</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The daily menu has always been displayed on A4 sheets but will extend this to include a menu board.</p>
---	---

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews