

Inspection Report

15 March 2022



Trevenna Lodge

Type of service: Residential
Address: 1 Tully Road, Killadeas, Enniskillen, BT94 1RL
Telephone number: 028 6862 1500

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 Date registered: Acting capacity
Person in charge at the time of inspection: Heather Woods, senior care assistant then joined by Tom Corr at 11am	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 accommodated in the residential care home on the day of this 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 nine residents. The home is over two floors and residents have access to communal sitting areas, a dining room and a nicely appointed garden.	

2.0 Inspection summary

An unannounced inspection took place on 15 March 2022, from 9.55am to 2.10pm by a care inspector.

The inspection assessed progress with the two areas of 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.

These areas of improvement were reviewed and found to be met.

There was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

It was evident that staff promoted the dignity and well-being of residents, through kind, supportive interactions and attentive care practices.

One area requiring improvement was identified. This was in relation to the need to risk assessed all free standing wardrobes in accordance with current safety guidance with subsequent appropriate action.

Residents said that living in the home was a good experience and that staff were kind, caring and responsive to their needs.

RQIA were assured that the delivery of care and service provided in Trevenna Lodge was safe, effective, compassionate and that the home was well led.

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 patients, 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.

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 this inspection were discussed with Mr. Tom Corr, Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection nine residents and two staff were met with. All residents confirmed that they were very happy with their life in the home, their relationship with staff, the provision of meals and the overall homely atmosphere. One resident said; "The staff are all very nice and friendly. Honestly it is grand here. I have no complaints."

Staff spoke in positive terms about their roles and duties, staffing levels, training, teamwork and managerial support. Staff also said they felt a good standard of care was provided for and that person centred care was paramount in the home.

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 29 June 2021		
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)(a) Stated: First time	The registered person shall undertake a comprehensive review of the night duty sleep in arrangements by the sole member of staff on duty. This review needs to take account of residents' dependencies, fire safety requirement and the size and layout of the home. This review must be in consultation with the resident, their representative and aligned named worker, where appropriate.	Met
	Action taken as confirmed during the inspection: Staffing levels have been reviewed accordingly and the night time arrangements now has a wakened member of staff on duty..	
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 23.3 Stated: First time	The registered person shall ensure that all staff are in receipt of Deprivation of Liberty training – Level 2.	Met
	Action taken as confirmed during the inspection: Review of relevant training records evidenced that this area for improvement had been put in place.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and the manager. Staff told us that there was enough staff on duty to meet the needs of the residents. Staff also said that they felt residents were treated with kindness and respect.

Staff said that they would feel comfortable about reporting any issues of concerns to the manager and felt that either would act positively with any such disclosure. A review of staff training records confirmed that all staff were in receipt of up-to-date training in adult safeguarding. One resident made the following comment; "I cannot fault a single thing here. Tom (the manager) and all the staff are super. I feel very safe here."

It was noted that there was enough staff 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 review of the records of staff registrations found that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were audited on a monthly basis by the manager.

5.2.2 Care Delivery and Record Keeping

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to patients' needs. One resident said; "I like it here very much. I can't find anything wrong. The staff are brilliant."

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. Expressions of consent were evident with staff seen to ask patients' approval before assisting with care.

The dinner time meal was appetising, wholesome and nicely presented. One resident made the following comment; "It's lovely here. Good staff, good atmosphere and good food. What more can one ask for."

Residents' needs were 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. Residents' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy with no patient areas of clutter. Communal areas were comfortable and nicely appointed.

Residents' bedrooms were personalised with items important to the resident.

The grounds of the home were well maintained and had good accessibility for residents to avail of.

An area of improvement was identified with a number of free standing wardrobes. These posed as a risk if a resident were to pull on same in the event of a fall. All wardrobes need to be risk assessed in accordance with current safety guidance with subsequent appropriate action. The manager stated he would act on this without delay.

Fire safety measures were in place with regular and up-to-date fire safety checks in the environment. All staff had received up-to-date training in fire safety and fire safety drills. The home's most recent fire safety risk assessment was on 15 April 2021. There were no recommendations made from this assessment.

There was evidence that Trevenna Lodge had systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with the Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Residents

Residents were seen to be comfortable, content and at ease in their environment and interactions with staff. There was a nice homely atmosphere with many residents enjoying the company of one another and staff. Two residents were resting in their rooms and stated they felt very comfortable and that staff attended to their needs well.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Staff said that they were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

A review of accident and incident reports for these events to be managed well and reported as applicable to the relevant stakeholders.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has 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	1	0

The one area of 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 27 (2) (t) Stated: First time	<p>The registered person shall risk assessed all free standing wardrobes in accordance with current safety guidance with subsequent appropriate action.</p> <p>Ref; 5.2.3</p>
To be completed by: 22 March 2022	Response by registered person detailing the actions taken: Completed 19 th March for rooms 1.4.8 & 9 the other rooms had already had wardrobes secured to the walls.

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



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