

# Unannounced Care Inspection Report 15 June 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**

[www.rqia.org.uk](http://www.rqia.org.uk)

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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with nine beds that provides care for older people over the age of 65 years.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Trevenna Lodge <b>Responsible Individual(s):</b> Mr Tom Corr	<b>Registered Manager:</b> Mrs Heather Knox
<b>Person in charge at the time of inspection:</b> Madeline Power, care assistant until 14.00 Kathryn Ellis, care assistant after 14.00	<b>Date manager registered:</b> 25 March 2014
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category	<b>Number of registered places:</b> 9

### 4.0 Inspection summary

An unannounced care inspection took place on 15 June 2017 from 10.30 to 15.00.

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

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff supervision and appraisal, training and care records.

Areas requiring improvement were identified in regard to staff recruitment, fire safety.

Residents said:

- “The staff are kind, they look after me well. The food is good.”
- “I wouldn’t have stayed so long if I didn’t like it here. The staff are great. The home is warm and my bed is very comfortable. I asked for a new mattress and I got it very quickly.”
- “This place is great; its home from home. The care is fantastic and so is the staff. The food is lovely.”
- “I am getting on great. I have a lovely warm room.”

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Kathryn Ellis, 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.

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 5 January 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and returned QIP and the notifications of accidents and incidents.

During the inspection the inspector met with eight residents and three care staff.

A total of 12 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Six questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

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

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 the most recent inspection dated 5 January 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 5 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (4) (a) <b>Stated:</b> First time	The registered provider must ensure that the fire safety risk assessment is maintained on an up to date basis.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An updated fire risk assessment was completed on 15 March 2017.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 21.5 <b>Stated:</b> First time	The registered provider should that the following policies are systematically reviewed on a three yearly basis: <ul style="list-style-type: none"> <li>• Fire safety</li> <li>• COSHH</li> <li>• Whistleblowing</li> <li>• Infection Prevention and Control</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the policies on fire safety, COSHH, Whistleblowing and infection prevention and control confirmed they were reviewed in February 2017.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The person in charge 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 two completed induction records and discussion with the person in charge and 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. Records of mandatory training, annual staff appraisals and staff supervision were maintained and were reviewed during the inspection.

The 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 assessments was reviewed and found to be satisfactory.

Three staff personnel files were reviewed during the inspection and were found to be broadly compliant with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. In one of the recruitment records there was only one reference present. In two of the recruitment records reviewed there was employment gaps present

recorded on the application form. However there was no evidence that this was explored or any explanation recorded. This was identified as an area for improvement under the standards.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy 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. The staff confirmed that a safeguarding champion was established within the home.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with person in charge, 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 person in charge confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the person in charge 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 person in charge confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The person in charge confirmed there were risk management policy and procedures in place. Discussion with the person in charge and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety.

The person in charge 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.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. 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. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The person in charge 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. A programme of redecoration had taken place within the home since the last inspection.

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 person in charge confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 15 March 2017 and all recommendations were noted to be appropriately addressed. During the inspection a fire extinguisher was observed sitting on the ground in the hall. This was identified as an area for improvement under the standards to ensure that they are each kept in designated position on a wall mounted hook.

There were two residents in the home who smoke. Following a review of one resident's care records and discussion with the staff it was identified that there was no care plan or risk assessment in place to ensure this activity is undertaken in a safe manner. This was identified as an area for improvement under the regulations.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was completed on 3 May 2017. 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.

Six completed questionnaires were returned to RQIA from residents and staff. Four respondents described their level of satisfaction with this aspect of care as very satisfied and two respondents described their level of satisfaction with this aspect of care as satisfied.

### **Areas of good practice**

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



## Areas for improvement

Three areas for improvement were identified in regard to staff recruitment and fire safety issues.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 6.5 Is care effective?

#### **The right care, at the right time in the right place with the best outcome**

Discussion with the person in charge 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 and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. An example of this was contained in the care records where individual preferences were recorded in regard to each resident's bedtime routine and habits.

Records were stored safely and securely in line with data protection.

The person in charge 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 person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Minutes of resident 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.

Six completed questionnaires were returned to RQIA from residents and staff. Four respondents described their level of satisfaction with this aspect of care as very satisfied and two respondents described their level of satisfaction with this aspect of care as satisfied.

## Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The person in charge 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. Two residents are supported to attend their place of worship on a weekly basis. Care records also contained evidence of lay ministers and clergy visiting the home. The staff also shared their experience of a recent bereavement in the home and the care provided to the resident with the support of the local district nursing team.

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 where care plans were in place for management of pain.

The person in charge and the residents confirmed that consent was sought in relation to care and treatment. Care records also contained evidence of signed consent forms. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. This was evidenced when staff knocked before entering a resident's bedroom.

The person in charge and staff 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 the staff, residents' meetings, annual care reviews and the monthly monitoring reports by the registered provider.

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. On the day of the inspection the hairdresser visited the home. Arrangements were in place for residents to maintain links with their friends, families and wider community. One resident received visits from a local volunteer bureau on a weekly basis.

Comments made by the residents during the inspection were:

- "The staff are kind, they look after me well. The food is good."
- "I wouldn't have stayed so long if I didn't like it here. The staff are great. The home is warm and my bed is very comfortable. I asked for a new mattress and I got it very quickly."
- "This place is great; its home from home. The care is fantastic and so is the staff. The food is lovely."
- "I am getting on great. I have a lovely warm room."

Comments made by the staff during the inspection were:

- "As a staff member I am well supported, there is good team work and we all work well together. The residents are well looked after. There is good trust among the staff in the home."
- "Heather is a great manager and there is good support from the registered provider. The manager is very kind to the residents and staff."

Six completed questionnaires were returned to RQIA from residents and staff. Four respondents described their level of satisfaction with this aspect of care as very satisfied and two respondents described their level of satisfaction with this aspect of care as satisfied.

### Areas of good practice

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.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The person in charge outlined the management arrangements and governance systems in place within the home. 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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of a copy of the complaints procedure was in each bedroom. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

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.

The person in charge 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 person in charge confirmed that the registered provider was kept informed regarding the day to day running of the home as he visits the home on a daily basis. The staff also confirmed that anything the residents would require, the registered provider would see this is undertaken.

The person in charge confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

The person in charge confirmed that there were effective working relationships with internal and external stakeholders.

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

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.

Six completed questionnaires were returned to RQIA from residents and staff. Four respondents described their level of satisfaction with this aspect of care as very satisfied and two respondents described their level of satisfaction with this aspect of care as satisfied.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathryn Ellis, care assistant, 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 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.

## 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 to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## 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)(c)  
**Stated:** First time

The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to the risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.

**To be completed by:**  
 15 July 2017

Ref: section 6.4

**Response by registered person detailing the actions taken:**

*Detailed risk assessment has been completed + care plans updated.*

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

**Area for improvement 1**  
**Ref:** Standard 19.2  
**Stated:** First time

The registered person shall ensure that before making an offer of employment:

- Two written references are obtained
- Any gaps in an employment record are explored and explanations are recorded.

**To be completed by:**  
 16 June 2017

Ref: section 6.4

**Response by registered person detailing the actions taken:**

*Second reference has been placed in staff employment file. Gaps in employment have been updated.*

**Area for improvement 2**  
**Ref:** Standard 29.2

The registered person shall ensure that fire extinguishers are each kept in designated position on a wall mounted hook.

**Stated:** First time

Ref: section 6.4

**To be completed by:**  
 22 June 2017

**Response by registered person detailing the actions taken:**

*Fire extinguisher is on a wall mounted hook.*



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews