

# Inspection Report

## 17 November 2022



## Trevenna Lodge

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

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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

<b>Organisation/Registered Provider:</b> Trevenna Lodge  <b>Registered Person:</b> Mr. Tom Corr	<b>Registered Manager:</b> Mr. Tom Corr  <b>Date registered:</b> Acting
<b>Person in charge at the time of inspection:</b> Ms. Kathryn Ellis, Assistant Manager	<b>Number of registered places:</b> 9
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 7
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to nine residents.	

## 2.0 Inspection summary

An unannounced inspection took place on 17 November 2022, from 9.50am to 2.30pm by a care inspector.

The inspection assessed progress with the one area 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.

This previous area of improvement was met.

Staff promoted the dignity and well-being of residents and care was delivered in a kind, person centred manner.

Residents praised the home, the staff and the provision of meals. Residents also were seen to be comfortable and at ease in their interactions with staff and the environment.

Areas requiring improvement were identified in respect to staff training, storage of chemicals, notification of accidents and incidents, competency and capability assessments and availability of regulatory documentation.

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 online 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 Ms. Kathryn Ellis 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, their relationship with staff, the provision of meals and the homely atmosphere.

Staff spoke in positive terms about the provision of care, their roles and duties, staffing levels, teamwork, training and managerial support.

## 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 15 March 2022		
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 (2) (t)  <b>Stated:</b> First time	The registered person shall risk assessed all free standing wardrobes in accordance with current safety guidance with subsequent appropriate action.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These wardrobes had been risk assessed with subsequent appropriate action.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a staff member's recruitment records confirmed that there was a robust system of staff recruitment in place other than there was only one reference in place as opposed to two. The Manager emailed us confirmation of this second reference following this inspection.

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

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 management.

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. Review of a sample of a staff member's competency and capability assessment found that this assessment was not signed as completed by the staff member. This is identified as an area of improvement.

Staff said that there was enough staff on duty to meet the needs of the residents over the 24 hour period. 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.

It was also observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One resident said; “All is very good. I am very happy. They (the staff) are very good.”

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis. An area of improvement was identified for all staff to receive up-to-date training in moving and handling and dysphasia. Assurances were received from the Manager, following this inspection, confirming that this training in dysphasia is being put in place. Staff spoke positively about their training.

### **5.2.2 Care Delivery and Record Keeping**

Staff interactions with residents were observed to be polite, friendly and warm. One resident said; “I definitely couldn’t complain about anything here. The staff are all very good and very attentive. The meals are lovely. I feel safe here and don’t feel lonely anymore.”

Care records were cumbersome to review in lieu of the excess old information contained in them but they were maintained which accurately and reflected the needs of the residents. 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 statements such as “Are you okay with...” or “Would you like to ...” when dealing with care delivery.

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.

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. There were no residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT). An area of improvement was identified for all staff to receive training in dysphasia.

Care records were held confidentially.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were also 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. One bathroom was cluttered but was dealt with appropriately when this was pointed out to staff.

Cleaning chemicals were not stored safely and securely. This was brought to the attention of the Assistant Manager who rectified same immediately.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were cumbersome to review due to excess old / out of date information. Fire safety checks of the environment and fire safety drills were found to be completed on an up-to-date basis.

Following this inspection, the Manager emailed confirmation the most recent fire safety risk assessment as dated 6 May 2022, and confirmation that the two recommendations made from this assessment had been addressed.

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.

### 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, and social activities.

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

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Two residents said; "It really is very good here. I have all my comforts." and "I am very happy here and no worries about here."

### 5.2.5 Management and Governance Arrangements

Mr. Tom Corr is the acting Manager of the home. At the time of this inspection, Ms. Kathryn Ellis, Assistant Manager was in charge of the home.

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

Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. This policy and procedure was detailed and in keeping with current guidance.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. A number of accidents, in relation to medical intervention being sought or unexplained bruising, were not notified to RQIA. This has been identified as an area of improvement. These events were reported to residents' next of kin and their aligned care manager.

The registered person carries out a monthly monitoring visit of the home with a corresponding report of the visit. These reports were not readily available for review by residents, their representatives, the Trust and RQIA, but after this inspection the most recent report for October 2022 was emailed to RQIA. An area of improvement was made for these reports to be made readily available.

## 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 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms. Kathryn Ellis, Assistant 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (c) (I)  <b>Stated:</b> First time  <b>To be completed by:</b> 17 December 2022	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"> <li>• Moving and handling</li> <li>• Dysphasia</li> </ul> Ref: 5.2.1 and 5.2.2  <b>Response by registered person detailing the actions taken:</b> Dysphasia training has been completed by all staff (except one staff off on maternity leave). Moving and Handling training has been completed in February 2022 but not updated on Training Matrix.



<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time <b>To be completed by:</b> 17 November 2022	The registered person must ensure all cleaning chemicals are stored safely and securely, when not in use.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> Staff have been advised not to leave the cleaning buckets / materials in the main bathroom when not in use and to return to the laundry area for safe keeping.
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 30 (1) (c) and (f) <b>Stated:</b> First time <b>To be completed by:</b> 17 November 2022	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.  Ref: 5.2.5  <b>Response by registered person detailing the actions taken:</b> All accidents or events where medical attention is sought, including unexplained bruising (currently recorded on body map) will be reported to RQIA without delay.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.3 <b>Stated:</b> First time <b>To be completed by:</b> 17 December 2022	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.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> All staff will now sign the competency and capability assessments.
<b>Area for improvement 2</b> <b>Ref:</b> Standard 20.11 <b>Stated:</b> First time <b>To be completed by:</b> 24 November 2022	The registered person shall ensure regulatory documentation is accessible for inspection, with particular reference with monthly monitoring reports.  Ref: 5.2.5  <b>Response by registered person detailing the actions taken:</b> Regulatory Documentation was stored in the metal cupboards along with the Monthly Monitoring visits. The Assistant Manager and staff have been made aware of where they are kept.

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





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