



Unannounced Care Inspection Report

25 June 2019



Trevenna Lodge

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

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 which is registered with RQIA to accommodate a maximum of nine residents. The home provides residential care for older people and those with a physical disability.

3.0 Service details

Organisation/Registered Provider: Trevenna Lodge Responsible Individual: Mr Tom Corr	Registered Manager and date registered: Mr Tom Corr acting, 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 unannounced inspection took place on 26 June 2019 from 09.45 hours to 14.30 hours.

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 sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and risk management, record keeping, audits and reviews, communication between residents, staff and other key stakeholders. Further areas good practice were found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of residents.

No areas requiring improvement were identified during this inspection.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	0	0

4.2 Action/enforcement taken following the most recent inspection dated 25 September 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 25 September 2018. No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates, pharmacy or finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept
- undertake an inspection of the home

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

No questionnaires were returned within the timescale.

During the inspection a sample of records was examined which included:

- staff duty rotas from 17 June 2019 to 30 June 2019
- induction programme for new staff
- two staff recruitment and induction records
- staff supervision and annual appraisal schedules
- staff training records
- four residents' care files
- service User Agreement
- Statement of Purpose
- minutes of staff meetings
- complaints and compliments
- accident, incident, notifiable event records since the previous care inspection

- Annual Quality Review Report
- minutes of recent residents' meetings/ representatives' meetings/ other
- evaluation report from annual quality assurance survey
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors,
- sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mr Corr, registered provider, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 21 June 2018

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement all were met.

6.2 Inspection findings

6.3 Is care safe?

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

On arrival at the home we observed staff in various areas assisting residents with their personal care and serving breakfast. Some of the residents choose to have their breakfast within their bedrooms while others preferred the dining room. Call bells were being answered promptly by staff. The atmosphere with the home was considered to be warm and calm with staff assisting and conversing with residents in a friendly, respectful manner.

Staff told us they came on duty at 7.45 hours each day to allow for the night shift to provide their hand over which included how residents slept and any changes or issues arising. Staff also received their allocated duties for the provision of care which included assisting and supervising residents with their personal care in accordance with their individualised care plan, medicine administrations and scheduled activities planned for the day.

Review of the staff duty roster evidenced the named staff on duty, shifts worked, capacity in which staff worked and who was in charge. Duty rotas accurately reflected the staffing levels explained by the manager and staff.

Discussions with Mr Corr, staff and residents provided assurance that there were safe staffing levels to meet the assessed needs of residents and that this was kept under review. Should additional staff be required this would be provided by way of staff agreeing to work additional hours. One resident said that staff were always around to help them and another said they felt that staff were very caring and always answered their call bell to help them.

The systems and processes in place for the recruitment and selection of new staff was discussed with Mr Corr who advised that staff were recruited and employed in accordance with relevant statutory employment legislation, as reflected within the home's employment policy and procedures. Review of two staff recruitment and selection files retained included all required employment documentation; completion of pre-employment checks including Enhanced Access NI check which is the vetting of applicants to ensure they were suitable to work in the home. Mr Corr advised that Access NI disclosures were always received prior to staff commencing employment.

Staff said they felt they had a good induction and competent to work in the home with good training provided alongside support and encouragement provided by management and senior staff. A review of two induction programmes and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Mr Corr explained the arrangements in place to monitor the registration status of staff with the Northern Ireland Social Care Council (NISCC). This was undertaken by way of pulling individual files each month to review and check renewal dates. The establishment of an electronic NISCC matrix provided ease of access to this information for monitoring purposes.

A review of staff mandatory training records was undertaken and discussed with Mr Corr. This training was evidenced from training certificates held on file. Staff said they were provided with a wide range of training which enabled them to keep up to date and ensure residents receive good care in accordance with their person centred care plan.

The home had a policy/procedure in place for adult safeguarding which was reviewed annually. Mr Corr, as safeguarding champion, explained that there were no current safeguarding issues. Staff demonstrated good knowledge and understanding of the principles of adult safeguarding and knew what action to take if an allegation or actual abuse occurred. Review of a random selection of staff training certificates evidenced training had been provided.

A review of accidents/incidents records provided assurance that these were being notified to RQIA as required and to the commissioning trust for monitoring purposes. Mr Corr explained that the management of falls included the use of an adapted "falls tools kit" to enable proactive management including identification of trends and patterns to ensure measures were in place to minimise the identified risk. Referrals were being made to the trust falls clinic so that a comprehensive assessment can be undertaken.

There was an infection prevention and control (IPC) policy in place which was considered to be in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in accordance with their roles and responsibilities. Staff were observed washing their hands following care practice. IPC compliance audits were undertaken with action plans developed to address areas of non-compliance.

Inspection of the premises confirmed that all areas were clean including wash hand basins. An adequate supply of resources such as; disposable aprons, gloves and liquid hand soap. Seven step wash hand written and pictorial guidance notices were positioned within toilets/bathrooms throughout the home.

All areas within the home were considered to be attractively furnished/decorated, adequately heated and odour free. Residents' bedrooms were personalised, adequately furnished and decorated with personal memorabilia displayed.

Residents told us that they felt safe living within Trevenna Lodge as the care provided was good. One resident said they felt "it was home from home", another stated "sure we are eating six times a day you couldn't get better and everybody is so friendly."

No questionnaires were returned to RQIA from residents/ relatives or staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and risk management.

Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The journey of residents admitted from pre admission through to the development of their person centred care plans was discussed with residents and staff. Information gained included pre-admission assessments to ascertain that placement within the residential setting was suitable and that residents needs could be met. Four care records reviewed reflected each resident's needs assessment which were complemented with a variety of risk assessments, person centred care plans detailing actual and potential needs including residents' preferences, choice, likes and dislikes. For example; what time they liked to get up each day and go to bed each evening, food enjoyed/disliked and participation in chosen activities. Daily evaluations were being recorded to reflect progress, any changes and outcomes of visiting professional staff. Records of multi-professional collaboration in planned care and annual review were reflected in records reviewed.

Mr Corr explained that when a resident requires nursing intervention/s, for example wound care, or if a resident was awaiting an alternative nursing placement, then the district nurse would be contacted and undertake a comprehensive nursing assessment and develop a nursing care plan. Resources such as a hospital bed and airwave mattress would be provided if required. The district nurse subsequently becomes accountable and responsible for the care prescribed with regular monitoring visits carried out. Records of visits would be retained.

Mr Corr informed us that residents' annual care reviews were undertaken by the trust social worker with the resident and relative in attendance. Monitoring of review dates was undertaken to ensure these take place.

Residents said they "felt involved in the planning of their care as staff frequently checked and asked how they were keeping and if they needed anything this would be provided." Another resident said that they "were aware of their care plan, had signed this and staff would always ask their permission to carry out care or treatment."

The home had a wide range of policies and procedures which were accessible to staff by way of hard copies retained and electronic access. The manager explained that staff are notified when policies/procedures are reviewed and revised.

The care records reviewed showed that nutritional needs of residents are assessed and where required special diets provided following dietician assessment. Residents' weights were recorded or more frequently if required, and monitored on a monthly basis. Supplementary nutritional foods were prescribed by the general practitioner when deemed necessary and food and fluid intake was recorded.

Mr Corr explained the modes of communication with staff; information is shared at shift handover to ensure that staff are aware of any changes to a residents care plan is made known, staff meetings held to discuss agenda items such as sharing of governance issues, reviewed/revised policies/procedures, supervision and annual appraisals. Staff said that Mr Corr operated "an open door policy to everyone."

When we spoke with staff they explained that the team was particularly good at relaying and sharing information with residents about their care and life in the home; and where applicable their relatives/representatives. Residents and their relatives are provided with the resident guide on admission. This guide reflects information about the home including for example; the organisational structure, core values/ethos of the home, how to complain and range of activities provided. Small informal resident group meetings take place in the lounge on a regular basis when the planning of activities, social events or meals was frequently discussed. Mr Corr explained that residents and their relatives, where applicable, are kept informed of their relatives care when they visit and at reviews held. Outside of these times relatives would be contacted if any changes had occurred to their relative's health and wellbeing.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

Mr Corr 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.

Mr Corr, staff and residents advised that consent was always sought in relation to the provision of care and treatment. Discussion and observation of care practice and staff interpersonal communication indicated residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights; independence, dignity and confidentiality were protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home. 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, for example, care plans were in place for the identification and management of pain, fall risk and nutrition, where appropriate. Residents who spoke with the inspector confirmed that staff were very good in this regard and would respond immediately if they had any pain or had any discomfort.

Discussion with residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, annual reviews and informal daily discussions.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example; outings, social outings, arts/crafts and reminiscence. One resident takes an active role in gardening and is currently advising and supervising Mr Corr in renovation of the garden pond and surrounding area. Another resident with a love of country music is visited by a local radio personality and the home regularly gets a mention in his daily broadcasts. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example church attendances, visits to town and visits out of the home with relatives.

Residents spoken with during the inspection made the following comments:

- “It’s a great wee home. I am very happy here.”
- “I go out for my walk every day, and staff couldn’t be better. They are all very kind to me.”
- “I like getting out and about, and enjoy the garden.”

Staff spoken with during the inspection made the following comments:

- “All our residents are always treated with dignity and respect.”
- “I love my work in Trevenna Lodge.”

Areas of good practice

There were examples of good practice found 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
Total number of areas for improvement	0	0

6.6 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.

Mr Corr explained that he is supported in his role by a mixed skill care team. He outlined the management arrangements and governance systems in place to ensure smooth running of the home and that the needs of residents were being met in accordance with the home’s statement of purpose. Residents accommodated were within the categories of care in which the home is registered with RQIA; as cited within the registration certificate. There was no change in the management structure since the previous inspection.

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. Mr Corr stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and information on display in the home complaints. RQIA’s complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. No complaints had been received since the previous inspection. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

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.

Mr Corr advised that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the home confirmed that the current RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The care staff advised that staff could also access line management to raise concerns at any time and that staff would be offered support.

Discussion with Mr Corr and staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Residents and staff spoken with during the inspection all gave positive responses in regard to the provision of residents' care and life in the home. No issues or concerns were raised or indicated.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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