

Inspection Report

29 June 2021



Trevenna Lodge

Type of service: Residential

Address: 1 Tully Road, Killadeas, Enniskillen, BT94 1RL

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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: 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.	Number of residents accommodated in the residential care home on the day of this inspection: 8
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

This unannounced inspection was conducted on 29 June 2021 from 9.40am to 2pm by a care inspector.

The inspection assessed progress with all areas for 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.

We found that there was effective and compassionate care delivered in Trevenna Lodge and the home was well led by the manager.

It was evident that staff promoted the dignity and well-being of residents. Staff provided care in a compassionate and person centred manner.

Two areas requiring improvement were identified in respect of undertaking a comprehensive review of the night duty staffing arrangements and an aspect of staff training.

Residents said that living in the home was a good experience.

RQIA were assured that the delivery of care and service provided in Trevenna Lodge was effective, compassionate and that the home was well led. Addressing the areas for improvement will further ensure the home is safe in delivering care to residents.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

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 residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care and their experience of living and 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.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home.

At the end of the inspection the manager was provided with details of the findings.

4.0 What people told us about the service

During the inspection we spoke with all residents and three staff. No questionnaires were returned and we received no feedback from the staff online survey. Residents spoke in positive terms about the care they received and on their interactions with staff. Residents confirmed that staff treated them with respect and that they would have no issues in raising any concerns with staff. One resident made the following comment; "It's very good here. They (the staff) are very kind to me and I'd recommend this place."

Staff acknowledged the challenges of working throughout the COVID-19 pandemic. Staff stated that Trevenna Lodge provided good care to residents.

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 13 October 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: These areas of improvement have been addressed.	
Area for Improvement 2 Ref: Regulation 30 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Inspection of the home's accident and incident reports, together with discussions with the manager confirmed that appropriate notifications to RQIA are in place.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 20.10 Stated: First time	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.	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met with inspection of these quality assurance audits.	
Area for improvement 2 Ref: Standard 12.4 Stated: First time	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 Action taken as confirmed during the inspection: A menu was on display and discussions with residents confirmed their knowledge of same.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a robust system in place to ensure staff were recruited correctly to protect residents. Discussions with the manager confirmed he had a good knowledge and understanding of the legislation and standards pertaining to the safe recruitment and selection of staff.

There were systems in place to ensure staff were trained and supported to do their job. Staff received regular mandatory and additional training in a range of topics. One area of improvement was identified for staff to receive training in Level 2 Deprivation of Liberty (DoLs).

Staff said there was good team work and that the provision of care was very good.

The staff duty rota accurately reflected all of 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 person in charge of the home in the manager's absence had undertaken a competency and capability assessment for this role.

An area of improvement was identified to ensure that a comprehensive review is completed 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 requirements and the size and layout of the home. This review must be in consultation with the resident, their representative and aligned trust named worker, where appropriate.

One resident said "It's the best here. You couldn't get better and I couldn't think of better."

There were safe systems in place to ensure staff were recruited and trained properly. In order to ensure residents' needs are safely met by the number and skill of the staff on duty, a comprehensive review needs to be undertaken and reviewed thereafter.

5.2.2 Care Delivery and Record Keeping

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 accurately reflected the residents' needs and the care being provided. Where possible, residents were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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

In summary, 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.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff were seen to seek residents' consent when delivering personal care with statements such as: "Would you like to..." or "Can I help you with..."

There were systems in place to ensure that residents felt safe within the home and that staff were trained with regard to adult safeguarding.

Staff met at the beginning of each shift to discuss any changes to the needs of the residents. In addition, care records were accurately maintained and reflected the needs of the residents. Staff on duty had good knowledge of individual resident's needs, their daily routines, wishes and preferences.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the environment was clean and tidy. The manager stated that he has plans for a programme of redecoration but these were delayed due to the COVID-19 pandemic.

Residents' bedrooms were personalised with items important to the resident. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The home's most recent fire safety risk assessment was dated 15 April 2021 had no recommendations.

Fire safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

Feedback from staff and observation of the environment confirmed that there were systems and processes in place for the management of risks associated with COVID-19 and other infectious diseases.

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

There was a plentiful supply of PPE. Hand sanitising gels were at the entrance of the home and other accessible areas throughout. Signage was also displayed relaying information on IPC and COVID-19.

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 Department of Health and IPC guidance.

Systems were in place with regard to IPC management and visiting arrangements were in keeping with current regional guidance.

5.2.4 Quality of Life for Residents

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. During the dining experience, it was observed that staff worked hard to ensure residents were enjoying their meals and the overall dining experience.

There was a choice of meals offered; the food was attractively presented and smelled appetising, and portions were generous. There was also a variety of drinks available. This resulted in the lunchtime meal being a pleasant and unhurried experience for the residents.

Two residents made the following statements; "It's been absolutely brilliant in every way. They (the staff) couldn't do enough for you. The food is too good. I get a choice of what I want, when I want." and "It's absolutely fantastic here. I am very very happy. Everybody is very kind. I can do what I wish to do. The staff are outstanding."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or reside in areas of choice or help in the garden and greenhouse. Residents were observed to be comfortable and at ease in their environment and in interactions with staff. Activities were facilitated mostly on a one to one basis or in small groups. Residents commented positively on the activity provision in the home.

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 to their loved ones. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

In summary the home supports residents to have meaning and purpose to their day.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mr. Tom Corr remains the acting manager of the home until a permanent manager is recruited.

Staff 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 stated that they would have no hesitation in reporting a concern with the manager. One member of staff made the following comment; "Tom (the manager) is a great boss. If we had a concern about a resident, we'd just go and tell him."

A system of quality assurance audits was in place in the home to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, actions plans were in place with associated timeframes for completion.

Inspection of staff training records confirmed that all staff had completed adult safeguarding training. Staff stated they were confident about reporting concerns about residents' safety and poor practice, and that they understood the whistle-blowing policy.

Inspection of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practice and/or the quality of services provided by the home.

An inspection of accident and incident records found that these were robustly managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that Trevenna Lodge is providing effective care in a caring and compassionate manner; and that the service is well led by the manager. Two areas for improvement were identified in relation to undertaking a review of the night duty staffing arrangements and staff training in regards to DoLs. Details can be found in the Quality Improvement Plan included.

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)**.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr. Tom Corr, Responsible Person / 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 20(1)(a) Stated: First time To be completed by: 29 August 2021	<p>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.</p> <p>Ref: 5.2.1</p>
	Response by registered person detailing the actions taken: Further to a telephone conversation with RQIA on 29 th July 2021, we have now adopted a waking night shift at Trevenna Lodge from the 29 th July 2021
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 29 July 2021	<p>The registered person shall ensure that all staff are in receipt of Deprivation of Liberty training – Level 2.</p> <p>Ref: 5.2.1</p>
	Response by registered person detailing the actions taken: Staff initially had level 2 awareness training in November 2019, I had level 3 training with Nicci Hasslett WHSCT DoLs Champion in November 2019 and also attended an information session in Strabane. Staff have also completed refresher training in July 2021 and I have attended the level 4 DoLs training with Nicci Hasslett in Omagh Hospital on 15 th July 2021.

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