



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Trevenna Lodge (1161)

Date of Inspection: 30 September 2014

Inspector's Name: Alice McTavish

Inspection No: IN017591

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of home:	Trevenna Lodge Residential Home
Address:	1 Tully Road Killadeas Enniskillen BT94 1RE
Telephone number:	028 6862 1500
Email address:	manager@trevennalodge.org.uk
Registered Organisation/ Registered Provider:	Mr Tom Corr
Registered Manager:	Heather Knox
Person in charge of the home at the time of inspection:	Heather Knox
Categories of care:	RC-I
Number of registered places:	9
Number of residents accommodated on day of Inspection:	8
Scale of charges (per week):	£461pw, Trust rate.
Date and type of previous inspection:	Secondary announced inspection 25 April 2014
Date and time of inspection:	30 September 2014 10.10am – 3.30pm
Name of Inspector:	Alice McTavish

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation process

During the course of the inspection, the inspector spoke to the following:

Residents	7
Staff	2
Relatives	1
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	12	5

6.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of service

Trevenna Lodge Residential Care home is situated in a rural area approximately eight miles north of Enniskillen in Co. Fermanagh. The residential home is owned and operated by Mr Tom Corr. Mrs Heather Knox is manager of the home and has been registered manager since December 2013.

Accommodation for residents is provided in seven single rooms all with an en suite bathroom and in one double room which has an en suite bathroom for one resident with the use of a separate bathroom for any other resident using this bedroom. The accommodation is on the ground and first floors. Access to the first floor is via stairs and two stair lifts.

A large communal lounge, dining room and conservatory are provided on the ground floor. There is access to a pleasant front garden through the conservatory and to a patio area through French doors in the lounge. The home also provides for catering and laundry services on the ground floor. A communal bathroom is available on the ground floor.

The home is registered to provide care for a maximum of nine persons under the following categories of care:

Residential care

- I Old age not falling into any other category

8.0 Summary of inspection

This primary announced care inspection of Trevenna Lodge was undertaken by Alice McTavish on 30 September 2014 between the hours of 10:10am and 3:30pm. Mrs Heather Knox was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that all requirements and recommendations had been addressed within the timescales specified. The detail of the actions taken by Mrs Heather Knox can be viewed in the section following this summary.

Prior to the inspection, on 27 September 2014, Mrs Heather Knox completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Heather Knox in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, a relative, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined completed staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents behaviour. The home had a policy and procedure in place but this did not reflect best practice guidance in relation to restraint, seclusion and human rights. A recommendation is made that the policy is reviewed to include best practice guidance. See section 10.1 of the report.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. A review of a sample of records evidenced that residents and their representatives had been included in any decisions affecting their care.

A recommendation is made in that the Statement of Purpose should be reviewed to include detail of the home's policy regarding the locking of the front door. See section 10.7 of the report.

The evidence gathered through the inspection process concluded that Trevenna Lodge was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home did not have a policy and procedure relating to the provision of activities. A recommendation is made that a policy and procedure is developed or the provision of activities. See section 13.1 of the report. The home did not have a policy and procedure on consents in regard to photography and other forms of media. A recommendation is made that a policy and procedure is developed. See section 13.4 of the report.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained.

The evidence gathered through the inspection process concluded that Trevenna Lodge was compliant with this standard.

Resident, representative and staff consultation

During the course of the inspection the inspector met with residents, a representative and staff. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. A

resident representative indicated his/her satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 11.0 of the main body of the report.

Care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of good standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information relating to resident dependency levels, guardianship, finances, vetting and fire safety and monthly monitoring visits by the registered provider. Further details can be found in section 11.0 of the main body of the report.

No requirements and four recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relative, the registered manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspections on 20 March and 25 April 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 20 (3)	<p><u>Competency and capability assessments</u></p> <p>In keeping with Regulation 20 (3) the manager is required to carry out a competency and capability assessment with any person who is given responsibility of being in charge of the home for any period of time in his absence. (This also applies to night staff member in charge of the home)</p> <p>(Competency and capability assessments were in place on the day of inspection, however, further detail is required to show all duties are included in the assessment.)</p>	Examination of records and discussion with the registered manager confirmed that competency and capability assessments were completed by 30 June 2014.	Compliant
2	Guidance on Restraint and Seclusion (DHSSPS) 2005	<p><u>Alarm mat usage</u></p> <p>As discussed it is recommended that the manager consults with the WHSC Trust care manager regarding the use of an alarm mat.</p>	Discussion with the registered manager and examination of the care records confirmed that consultation with a care manager took place regarding the use of an alarm mat.	Compliant

3	Regulation 30 (F)	<p><u>Accidents / Incidents</u></p> <p>The registered persons must ensure “any accident” in the home is notified to RQIA within 3 days of occurrence. Records of all incidents and incidents must also be recorded and retained.</p> <p>All staff to be informed of this requirement.</p>	<p>Examination of records of accidents and incidents confirmed that RQIA is notified within three days of occurrence.</p>	Compliant
4	Regulation 27 (f)	<p><u>Fire Safety Review</u></p> <p>The registered person is required to liaise with the home’s fire safety consultant in regard to review of the fire risk assessment to include the staff arrangement at night and to address any recommendations arising.</p>	<p>Examination of the Fire Risk Assessment confirmed that a review has been completed relating to night staff and that recommendations arising have been addressed.</p>	Compliant

No.	Regulation Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
	Standard 3.2	<p><u>Residents Guide</u></p> <p>1) It is recommended that an addendum is made to the Residents Guide to include information for visitors to notify staff of their arrival and leaving the home.</p> <p>2) It is further recommended that the manager amends the visitors notice in the hallway to include "informing staff of their arrival".</p>	<p>1) Examination of the Residents Guide confirmed it now includes that visitors should notify staff of their arrival and leaving the home.</p> <p>2) A notice is on display in the entrance hallway now requesting that visitors notify staff of their arrival and leaving the home.</p>	Compliant
	Standard Appendix 2 Standard 27.6	<p><u>Policy development</u></p> <p>1)It is recommended that the registered manager develop a policy on "Visitors entering and leaving the home"</p> <p>2) It is recommended that the home's policy on Accidents / Incidents is reviewed and revised to include notification to RQIA within three days</p> <p>3) Staff refresher training in recording and reporting is recommended.</p>	<p>1) Examination of the policies and procedures confirms that one has been developed on 'Visitors entering and leaving the home'</p> <p>2) Examination of the home's policy on Accidents and Incidents confirmed that it now includes that RQIA is notified within three days.</p> <p>3) Examination of records confirmed that refresher training has been provided during one to one supervision.</p> <p>4) Examination of the home's policy on security now reflects the arrangements regarding the locking of the front door; discussion with the registered manager confirmed that residents, visitors and staff have been made aware of the arrangements.</p>	Compliant

		4) All staff and residents should be informed of security measures including front door closure. Measures to be reflected within the homes policy on security.		
Standard 8.5	<p><u>Care records</u></p> <p><u>Improvement in the following areas is necessary</u></p> <p>1) It is recommended that full staff signatures of staff are recorded in care records.</p> <p>2) Staff to cease using abbreviations in care records.</p> <p>3) Staff to cease leaving gaps between daily /weekly care evaluations.</p>	<p>Examination of records confirmed that the signatures and initials of all staff members are recorded.</p> <p>Discussion with the registered manager confirmed that all staff members have been reminded not to use abbreviations.</p> <p>Examination of daily care records confirmed that gaps are no longer left between entries.</p>		Compliant
Standard 23.3	<p><u>Training</u></p> <p>It is recommended that staff refresher training in Fire Safety awareness is provided twice yearly with no more than a six month gap between training.</p>	<p>Examination of training records and discussion with the registered manager confirmed that staff training had been provided in Fire Safety Awareness on 23 March 2014 and on 12 August 2014.</p>		Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Staff respond appropriately at all times.	Compliant
Inspection Findings:	
<p>The home had a policy and procedure 'Management of Residents with Challenging Behaviour' dated March 2014 in place. A review of the policy and procedure identified that it did not reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). A recommendation is made that the policy is reviewed to include best practice guidance. A separate policy and procedure, 'Restraint Policy', March 2014 included the need for Trust involvement in managing behaviours which challenge and detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Challenging Behaviour Training on 12 August 2014 which included a human rights approach.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions</p>	Substantially compliant

<p>which promote positive outcomes for residents.</p> <p>A review of the returned staff questionnaires identified that staff had received training and felt supported in their roles.</p>	
<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Any concerns re: a resident's behaviour is recorded and reported to the person in charge of the home and monitored. If necessary, staff would liase with the residen'ts GP and inform the resident's representative if appropriate.</p>	Compliant
<p>Inspection Findings:</p>	
<p>The policies and procedures, 'Management of Residents with Challenging Behaviour' and 'Restraint Policy' dated March 2014 included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives and RQIA. . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
If a consistent approach or response to a resident's behaviour was required from staff, this would be documented in the resident's care plan. If appropriate, and if the the resident consents, the resident's representative would be informed of the response/approach to be used	Compliant
Inspection Findings:	
Discussion with the registered manager and a review of three care plans identified that there are no residents currently accommodated who need a consistent approach or response from staff. Discussion with the registered manager and with staff demonstrated that individual residents are managed according to their daily needs and preferences. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
If a resident required a specific behaviour management programme, it would be approved by an appropriately trained professional and form part of the resident's care plan.	Compliant
Inspection Findings:	
The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not applicable

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff would be provided with training, guidance and support as required.	Compliant
Inspection Findings:	
A review of staff training records evidenced that staff had received training in Challenging Behaviours in the home on 12 August 2014. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings.	Compliant
Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Where any incident is managed outside the scope of a resident's care plan, this would be recorded and reported, if appropriate, to the resident's representative, and to the relevant professionals or services. Where necessary, this would be followed by a multi-disciplinary review of the resident's care plan.	Compliant
Inspection Findings:	
A review of the accident and incident records from 11 August 2013 to 28 August 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan. Staff confirmed during discussions that if any incident was to be managed outside the scope of a resident's care plan, this would be recorded and reported, if appropriate, to the resident's representative and to relevant	Compliant

professionals or services. Where necessary, this would be followed by a multi-disciplinary review of the resident's care plan.

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	
Provider's Self-Assessment	
No form of restraint is presently required for any residents within Trevenna Lodge.	Not applicable
Inspection Findings:	
<p>Discussions with staff, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint would only be used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>A review of the policy and procedure identified that RQIA, Trust personnel and the resident's representative would be notified on occasions when any restraint has been used. The circumstances and nature of the restraint would be recorded on the resident's care plan.</p> <p>A review of records, discussions with residents and staff and observation of care practices identified that there were currently no types of restraint used in the home which need to be described in the home's Statement of Purpose. The Statement of Purpose, however, should be reviewed to include detail of the home's policy arrangements regarding the locking of the front door.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
<p>Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Trevenna has a flexible programme of activities and events which are based on the identified needs and interests of the residents. The residents give positive feedback following activities.</p>	Compliant
Inspection Findings:	
<p>The home did not have a written policy on the provision of activities. A recommendation is made that a policy and procedure is developed for the provision of activities.</p> <p>A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p>	Substantially compliant
<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The residents enjoy a varied flexible programme of activities, which include armchair exercises/floor games (provided by local council) board games, Bingo, indoor or outdoor gardening, singalong sessions, visits by local ministers/priest, participation in local community events where suitable, individual activities such as knitting, reading, daily papers, puzzles. Several residents have also been making blankets for the local animal</p>	Compliant

sanctuary.	
Inspection Findings:	
<p>Examination of the programme of activities identified that social activities are organised each morning and afternoon or evening daily, including weekends.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Residents are actively encouraged to offer suggestions of any activities they would have an interest in participating in.	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents, including two residents who spend a large amount of their time in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of resident meetings, daily one to one discussions with staff and care management review meetings.	Compliant
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
A flexible programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives can see what is available.	Compliant
Inspection Findings:	
On the day of the inspection the programme of activities was on display in the lounge. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate format to meet the residents' needs weekly and	Compliant

large print format. Trevenna Lodge maintains a Memories Book which contains photographs of residents engaged in a number of activities both within the care home and outside at a number of community events. This book is often used to initiate reminiscence and conversation. It is recommended that the registered manager develops a written policy and procedure on consents in regard to photography and other forms of media.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Residents are enabled to participate in the programme with provision of equipment, aids and support from staff or others.	Compliant
Inspection Findings:	
Activities are provided for on a daily basis by designated care staff. Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included board and floor games, art and craft materials, DVDs, CDs, newspapers, magazines, books and a keyboard.	Compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The duration of each activity takes into account the needs and abilities of the residents participating.	Compliant
Inspection Findings:	
Care staff, the registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
If an activity is provided by a person contracted-in to do so by the home, the registered manager will either obtain evidence from the person or will monitor the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	Compliant
Inspection Findings:	
The registered manager confirmed that one person is engaged from the Active Communities programme run by Fermanagh County Council for one session weekly to provide armchair aerobics. The registered manager confirmed that she had obtained evidence from the person that they had the necessary skills and knowledge to deliver the activity.	Compliant
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
If there has been a change to a resident's needs in relation to participation in an activity, the staff will inform the person contracted-in of this, and ask for feedback following the activity.	Compliant
Inspection Findings:	
The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Due to the flexible nature of the activity programme, it is reviewed on an on-going basis to ensure it meets resident's changing needs.	Compliant
Inspection Findings:	
A review of the programme of activities identified that it had last been reviewed in September 2014. The records also identified that the programme had been reviewed at least twice yearly. The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with all residents individually and in groups. Residents were observed relaxing in the communal lounge area. All residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

'The care here is very, very good. I enjoy staying here, they look after us very well.... and we always have plenty to do.'

'There's no place like it. This is like a family.'

'I had been here before after coming out of hospital and I was very happy to come back.'

'I love getting out for my walk every day and looking after the garden and growing plants in the greenhouse.'

'It's very good here.'

11.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

'I'm very happy with the care my (relative) gets here. I have no concerns about how (my relative) is looked after'

11.3 Staff consultation / questionnaires

The inspector spoke with two staff who are care assistants and five staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

'I really like working here. The residents are like family to us.'

11.4 Observation of care practices

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.5 Care reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that any complaints (one in 2014) were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.7 Environment

The inspector viewed the home accompanied by Mrs Heather Knox and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

11.8 Guardianship information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.9 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated July 2014. The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training had been provided to staff in March and August 2014. The records also identified that a fire drill had been undertaken on 12 August 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.10 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mr Tom Corr. Mr Corr confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

11.11 Monitoring visits

Examination of the records confirms that monthly monitoring visits by the responsible Person are being completed.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Heather Knox as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Alice McTavish
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Trevenna Lodge

30 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Heather Knox either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 10.1	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <p>Reference to this is made in that the policy should be reviewed to include the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998).</p>	One	This recommendation has been actioned.	30 November 2014
2	Standard 10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <p>Reference to this is made in that the Statement of Purpose should be reviewed to include detail of the home's policy regarding the locking of the front door.</p>	One	This recommendation has been actioned.	30 November 2014

3	Standard 13.1	<p>The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <p>Reference to this is made in that a policy and procedure should be developed for the provision of activities.</p>	One	A policy and procedure has been developed based around Standard 13.1	30 November 2014
4	Standard 13.4	<p>The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p> <p>Reference to this is made in that the registered manager should develop a written policy and procedure on consents in regard to photography and other forms of media.</p>	One	A policy and procedure on consents in regard to photography and other forms of media has been developed.	30 November 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	HEATHER KNOX
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	TOM CORR

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	26 November 2014
Further information requested from provider			