

# Inspection Report

7 June 2021



## Trench Park

**Type of Service: Residential Care Home**  
**Address: 28 Trench Park, Belfast, BT11 9FG**  
**Tel no: 028 9504 3990**

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust (BHSCT)	<b>Registered Manager:</b> Mrs Vicky McQuoid
<b>Responsible Individual:</b> Mr Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Mrs Vicky McQuoid	<b>Number of registered places:</b> 2
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 0
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Home which provides social care for up to 2 residents with a learning disability. The home offers short stay respite care.	

## 2.0 Inspection summary

An unannounced inspection took place on 7 June 2021, from 10:00am to 3:45pm by care inspectors.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and to determine if the home could deliver well led, safe, effective and compassionate care.

The outcome of the inspection confirmed that systems were in place to ensure that the care in Trench Park could be delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

Based on the inspection findings one area for improvement regarding the recording of deprivation of liberty safeguards has been stated for a second time. In addition improvements are also required with the recording of the staff duty rota and staff training and the signing of care records. Compliance with these areas will further improve the services provided in the home.

### **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 staff were asked for their opinion on the quality of the care; and their experience of working in this home. A range of documents were examined to determine the effectiveness of care delivery and the systems were in place to manage the home.

A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Manager and Operations Manager were provided with details of the findings.

### **4.0 What people told us about the service**

There were no residents accommodated on the day of the inspection. Staff said there was good team work between staff and that they felt well supported by the manager. Staff spoke compassionately about residents' needs and demonstrated a good understanding of the importance of supporting patients with their individual wishes and preferences.

No questionnaires or correspondence was received following the inspection.

## 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 19 November 2020		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 5 (1) (b) <b>Stated:</b> Second time	The registered person shall ensure that Individual Written Agreements are up to date and contain accurate personnel information.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of completed Individual Written Agreements evidenced that this area for improvement has been met.	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6.6 <b>Stated:</b> Second time	The registered person shall ensure all care plans are reviewed on each respite admission to ensure they accurately reflect the resident's needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> Second time	The registered person shall review all risk assessments on admission to ensure the residents needs are adequately met.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that any recommendations from other health care professionals are accurately reflected in the care plan.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of care records evidenced that this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the pre-admission assessment documents include a record of discussions regarding DOL safeguards.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of pre admission assessments confirmed that the template had been updated to include a section to record discussions regarding DOL safeguards. This was not consistently completed. This area for improvement is assessed as not met and is stated for a second time.</p>	<p><b>Partially met</b></p>

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

Safe staffing begins at the point of recruitment. There was a system in place to ensure staff were recruited correctly. All staff are provided with a comprehensive induction programme to prepare them for working with the residents.

A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when, however these records were not up-to-date. This was identified as an area for improvement.

Staff working in residential homes are required to be registered with a professional body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff this is the Northern Ireland Social Care Council (NISCC). Staff in the home were appropriately registered with systems in place to check that their registration remained live. The importance of ensuring bank staff were included in the home's record was discussed with the Manager.

A staff duty rota, to reflect the staff working in the home on a daily basis, was in place. It did not include shifts covered by bank staff or the domestic and catering staff; this was identified as an area for improvement. The Manager told us that the number of staff rostered was dependant on the needs of the individual residents accommodated; this varied between each resident.

Staff were satisfied with the arrangement to identify the required levels of staff to meet the needs of individual residents. Staff spoke compassionately about the importance of supporting residents with their individual wishes and preferences.

The evidence reviewed provided assurances that there were safe systems in place to ensure staff were recruited and trained properly; and that residents' needs would be met by the number and skill of the staff on duty.

### **5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?**

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy.

All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved. Staff were knowledgeable about reporting concerns about patients' safety and/or poor practice.

There was evidence that processes were in place to ensure patients were kept safe.

### **5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?**

The home was warm, clean, homely and fresh smelling throughout. Bedrooms and communal areas were suitably furnished and comfortable. Fire safety measures were in place to ensure residents, staff and visitors to the home were safe. A fire risk assessment had been completed and regular fire checks were completed daily and weekly.

In conclusion the home's environment was safely managed and comfortable.

### **5.2.4 How does this service manage the risk of infection?**

Staff were knowledgeable of the importance of good hand hygiene and the use of personal protective equipment (PPE) as required. Hand sanitising gel and an adequate supply of PPE was available. Staff explained that enhanced cleaning of the home was completed between each admission and increased cleaning of touch points continued to be completed when no residents were accommodated as staff were in the home.

The Manager explained that, as the service offers respite stays to give carers a break residents seldom received visitors during their short stay. However the Manager confirmed that arrangements would be put in place for residents to be visited by family and friends if the occasion arose.

Appropriate precautions and protective measures were in place to manage the risk of infection.

### **5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff explained that care was delivered in response to individual resident need and that they were updated about residents needs prior to admission and at the start of each shift when residents were in the home. They explained that care was delivered to meet the residents' physical, emotional and social needs.

In conclusion systems were in place to ensure that patients' needs were communicated to staff to enable them to deliver care effectively to meet the needs of the residents.

### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?**

A review of previous admissions records confirmed that 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 patients' needs and included any advice or recommendations made by other healthcare professionals. A number of risk assessments and care plans had not been signed by the person completing them; this was identified as an area for improvement. Residents care records were held confidentially.

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.

This review of care records confirmed that care records provided details of the care residents required. There were systems in place to ensure care records were reviewed regularly to reflect the changing needs of the patients.

### **5.2.7 How does the service support residents to have meaning and purpose to their day?**

Staff explained that they supported patients to make choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

In learning disability services activities often provide distraction and stimulation which can reduce the risk of patients displaying negative behaviours as a result of boredom. Staff recognised that activities often provided structure for the day; they explained that the range and type of events provided would be different for each resident and was based on their likes, interests and what they engaged in when they were at home.

In conclusion staff valued the importance of supporting patients to make choices about their care and role activities play in the lives of the residents.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

There have been no changes to the management of the home since the last inspection. Mrs McQuoid has been the manager since November 2020. The Manager confirmed that their application to register with RQIA was currently being completed.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

There was a system in place to manage complaints and to record any compliments received about the home. It was agreed with the manager that the record of complaints should include any discussions and outcomes with the relevant health and social care Trust.

An unannounced visit was undertaken each month, on behalf of the registered provider, to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

In conclusion the service was well led with a clear management structure and system in place to provide oversight of the delivery of care and day to day running of the home.

## 6.0 Conclusion

Discussion with staff and a review of patient and management records evidenced that systems were in place to support the delivery of safe, effective and compassionate care in Trench Park under the leadership provided by the manager.

Based on the inspection findings one area for improvement regarding recording of the deprivation of liberty safeguards has been stated for a second time. In addition improvements are also required with the recording of the staff duty rota and staff training and the signing of care records. Compliance with these areas will further improve the services provided in the home.

## 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' Minimum Standards (August 2011)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	<b>0</b>	<b>4*</b>

\* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Vicky McQuoid, Manager and Ann Campbell, Operations Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that the pre-admission assessment documents include a record of discussions regarding DOL safeguards.</p> <p><b>Ref: 5.1</b></p> <p><b>Response by registered person detailing the actions taken:</b> The registered person has ensured that the pre-admission assessment documents are included in a record of discussions regarding DOL safeguards within the Service users file audit record. The registered person will ensure that the senior staff and key workers update each individual file with actions that have been taken and progress made in relation to DOLS considerations for each individual.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 6 July 2021</p>	<p>The Registered Person shall ensure that records to assist the Manager in monitoring staff compliance with the completion of training are kept up to date.</p> <p><b>Ref: 5.2.1</b></p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person will work with the newly appointed administration staff member to develop a training matrix overview report to ensure effective monitoring of regular training in line with the service requirements.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 25.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that the duty rota includes all staff working daily.</p> <p><b>Ref: 5.2.1</b></p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person has amended the duty rota template to list all staff who are working daily including the housekeeping staff members.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the day of the inspection</p>	<p>The Registered Person must ensure that care records are signed by the person completing them.</p> <p><b>Ref: 5.2.6</b></p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The Registered Person and the deputy manager will carry out regular spot checks of documents to ensure they have been signed by the person completing them. This will also be audited during monthly monitoring visits. Staff will be reminded at team meetings to ensure improvements are on going.</p>
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