



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Trench Park (1772)

Date of Inspection: 13 January 2015

Inspector's Name: Bronagh Duggan

Inspection ID: 1772

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 Service:	Trench Park (1772)
Address:	28 Trench Park Belfast BT11 9FG
Telephone number:	0289043 0956
E mail address:	jane.mcgowan@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Belfast HSC Trust
Registered Manager:	Mrs Jane McGowan
Person in charge of the home at the time of inspection:	Mrs Jane McGowan
Categories of care:	RC-LD ,RC-LD(E)
Number of registered places:	2
Number of residents accommodated on Day of Inspection:	1
Scale of charges (per week):	Trust Rates
Date and type of previous inspection:	2 September 2014 Primary Announced Care Inspection
Date and time of inspection:	13 January 2015 11:30am – 3:00pm
Name of Inspector:	Bronagh Duggan

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 an unannounced secondary 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 unannounced inspection was to ensure that the service is 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

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

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback.

5.0 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 Standard:

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL

Staff are supervised and their performance appraised to promote the delivery of quality care and services.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home'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.

6.0 Profile of service

Trench Park is a purpose-built two bedded respite facility for adults with learning disabilities set in a residential area off Finaghy Road North. It is part of a complex of facilities, part of which also contains three flats providing supported housing, also for people with learning disabilities.

The home is located in close proximity to local amenities and services. It is of modern design providing ground floor accommodation for two respite service users. There are two single bedrooms and one large bathroom, suitably equipped for people with disabilities. A comfortable sitting room is provided and kitchen and dining area which is well appointed and homely.

Office and staff facilities are on the first floor. There is limited car parking and outside space at the home.

The home provides respite services to some thirty/forty families, mainly from the north and west Belfast areas.

The home is staffed by the registered manager, two deputy managers and a number of residential workers, community support workers and ancillary staff. The Trust care staff also provides domiciliary care to a number of service users who live in the adjacent building and to other service users who live within the locality.

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

Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years.

7.0 Summary of inspection

This secondary unannounced care inspection of Trench Park was undertaken by Bronagh Duggan on 13 January 2015 between the hours of 11:30 am – 3:00 pm. Mrs Jane McGowan was available during the inspection and for verbal feedback at the conclusion of the inspection. Amanda Martin Learning Disability Programme Manager Belfast Trust area was also present during feedback at the end of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed the areas as required regarding the amendment of the homes policy and procedure on the use of restraint, an up to date fire safety risk assessment was in place. The identified resident has had a care review as recommended; one recommendation has been restated for the second time this relates to daily records clearly showing when a resident has been discharged from the service. The detail of the actions taken by Mrs Mc Gowan can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 24 Staff Supervision and Appraisal. The home was found to be compliant with this standard. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with one resident accessing the service and staff, and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector observed care practice, examined a selection of records and carried out a general inspection of the home environment.

In discussion with the resident on the day of inspection and in line with their capabilities they indicated that they were happy and content with their time in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

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 a satisfactory standard. The condition of the wall in the main sitting area was raised with the registered manager who confirmed that this had already been reported to the trust maintenance department.

Two recommendations were made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

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

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 2 September 2014

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	14.6	<p>The registered manager must ensure the homes policy and procedure on the use of restraint is revised to include reference to the fact that the RQIA must be informed on any occasion on which a resident is subject to restraint.</p> <p>Ref:10.0</p>	<p>The homes policy and procedure on the use of restraint titled Policy on Responding to service users behaviour has been updated and included the need to notify RQIA when residents are subject to restraint / physical interventions.</p>	Compliant
2.	27.4 (a)	<p>The registered person must have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Ref:11.9</p>	<p>The Fire Safety Risk Assessment was reviewed this was found to be current with recommendations actioned accordingly.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	10.4	<p>The identified individual should have a multi-disciplinary review in relation to the ongoing use of mechanical restraint in the form of splints to manage behavioural issues. In keeping with best practice and the least restrictive model of care consideration should be given to other less restrictive practices.</p> <p>Ref:10.0</p>	<p>The identified resident has had a multi-disciplinary review regarding the use of splints to manage behavioural issues. Focused work is being done during the residents stays at Trench Park, this issue is to remain under regular review.</p>	Compliant
2.	8.5	<p>Daily records should be completed to clearly show when the resident has been discharged from the home.</p> <p>Ref: 11.4</p>	<p>Three records randomly selected were reviewed, one of these records stated that the resident had been discharged from the service, the other two did not.</p> <p>This recommendation has been restated.</p>	Not Compliant

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL Staff are supervised and their performance appraised to promote the delivery of quality care and services.	
Criterion Assessed: 24.1 Managers and supervisory staff are trained in supervision and performance appraisal.	COMPLIANCE LEVEL
Inspection Findings:	
Discussion with the registered manager and a review of training records showed that management and care staff had completed appropriate training relating to supervision and appraisal.	Compliant
Criterion Assessed: 24.2 Staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.	COMPLIANCE LEVEL
Inspection Findings:	
The home had a policy in place regarding supervision policy standards and criteria. The registered manager confirmed that supervision is held quarterly for staff in the home. A review of three staff files showed that individual formal supervision was completed within the specified periods; supervisions records were up to date.	Compliant

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL Staff are supervised and their performance appraised to promote the delivery of quality care and services.	
Criterion Assessed: 24.3 Supervision sessions are planned in advance and dedicated time set aside.	COMPLIANCE LEVEL
Inspection Findings: Records available in the home showed that supervision sessions were planned in advance from the previous session, staff members were given two weeks' reminder notice when the date is approaching with time set aside. Two staff spoken with confirmed that they received regular supervision.	Compliant
Criterion Assessed: 24.4 Supervisory staff report any serious and/or recurring issues arising in supervision to the manager.	COMPLIANCE LEVEL
Inspection Findings: The registered manager confirmed that supervision is currently carried out by the registered manager and the deputy manager within the home. Any serious and / or recurring issues are shared with the manager. All Band 5 staff have completed supervision training however at present do not carry out supervision with more junior staff, however the registered manager confirmed the home will be moving towards this model.	Compliant

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL Staff are supervised and their performance appraised to promote the delivery of quality care and services.	
Criterion Assessed: 24.5 Staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	COMPLIANCE LEVEL
Inspection Findings:	
A review of three staff records showed that annual appraisals had been carried out with staff; records reviewed included job descriptions and agreed personal development plans. Two staff spoken with confirmed they would receive annual appraisal.	Compliant
Criterion Assessed: 24.6 Staff who are contracted to undertake specific services receive guidance and support that corresponds to their role and responsibilities.	COMPLIANCE LEVEL
Inspection Findings:	
There is currently no staff contracted into the home to undertake specific services.	Not Applicable

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with one resident accessing the service on the day of the inspection. The resident was observed relaxing in the communal lounge area. In accordance with their capabilities, the resident indicated/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.

10.2 Relatives/representative consultation

There were no visiting relatives or representatives to the home on the day of the inspection.

10.3 Staff consultation

The inspector spoke with two members of staff. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

"Yes, we get regular supervision from management".

"The manager is very approachable; I wouldn't have a problem raising any issues".

10.4 Visiting professionals' consultation

There were no visiting professionals available to meet with the inspector.

10.5 Care Plans

One care plan reviewed showed that an update regarding a residents' condition had been inserted however it was noted that this information was not clearly dated and did not clearly reflect when the change in the residents' condition had occurred. A recommendation is made that care plans should be kept up to date and clearly reflect any changes in the residents care. Care plans should be signed by the person drawing it up, the resident, where appropriate their representative, and the registered manager. If the resident or their representative is unable or unwilling to sign this should be recorded.

10.6 Environment

The inspector viewed the home accompanied by a member of staff and inspected residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. The condition of the wall in the main sitting area was raised with the registered manager who confirmed that this had been reported to the trust maintenance department. A recommendation is made that the store area beside the bathroom should be kept tidy and organised thus avoiding any hazards or risks as it was noted that continence pads were stacked against the hot water boiler.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Jane McGowan 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:

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



Quality Improvement Plan

Secondary Unannounced Care Inspection

Trench Park

13 January 2015

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 Jane McGowan 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.	8.5	Daily records should be completed to clearly show when the resident has been discharged from the home. Ref: 8.0	Two	A protocol is in place. A record is completed by staff when a service user is discharged from the home.	From the day of inspection and ongoing.
2.	6.3	A recommendation is made that care plans should be kept up to date and clearly reflect any changes in the residents care. Care plans should be signed by the person drawing it up, the resident, where appropriate their representative, and the registered manager. If the resident or their representative is unable or unwilling to sign this should be recorded. Ref: 10.5	One	A protocol is in place. Care plans are kept up to date and clearly reflect any changes in care. Care plans are signed by the person drawing it up, the service user, their representative, where appropriate and the registered manager. If the service user or their representative for any reason do not sign the care plan, a record is kept to reflect this.	12 June 2015
3.	27.8	A recommendation is made that the store area should be kept tidy and organised thus avoiding any hazards or risks. Ref: 10.6	One	The store is now tidied on a daily basis as part of the daily health and safety checks.	From the day of inspection and ongoing.

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	Jane Mc Gowan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Martin Dillon

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	6.5.15
Further information requested from provider			