



Unannounced Care Inspection Report

13 May 2019



Trench Park

Type of Service: Residential Care Home
Address: 28 Trench Park, Belfast BT11 9FG
Tel No: 028 9504 3990
Inspectors: Bronagh Duggan and Gillian Dowds

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to two residents with learning disabilities for respite breaks.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual(s): Martin Joseph Dillon	Registered Manager and date registered: Jane Mc Gowan 1 April 2005
Person in charge at the time of inspection: Jane Mc Gowan	Number of registered places: 2
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 0

4.0 Inspection summary

An unannounced inspection took place on 13 May 2019 from 10.15 hours to 16.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. Areas for improvement in respect of previous finance inspections was also reviewed and validated as required.

Evidence of good practice was found in relation to staffing, staff induction, care records, the culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff supervision and the environment.

Comments received from staff during the inspection are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Jane McGowan, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 4 January 2019

The most recent inspection of the home was an unannounced finance inspection undertaken on 4 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

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

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

- staff duty rotas from 13 May 2019 to 26 May 2019
- staff training schedule and training records
- staff supervision and appraisal schedule
- one staff induction record
- two staff competency and capability assessments
- three residents' records of care
- complaint records
- compliment records
- minutes of staff meetings
- a sample of governance audits/records
- accident/incident records from November 2018 to May 2019
- a sample of reports of visits by the registered provider from January to April 2019
- fire safety risk assessment
- RQIA registration certificate
- sample of three individual agreements
- sample of three financial balance records

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

There were no areas for improvement identified as a result of the last care inspection.

Areas for improvement identified at the previous finance inspection have been reviewed. The areas for improvement were met.

6.2 Inspection findings

6.3 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents are met. No concerns were raised regarding staffing levels during discussion with staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The induction completed was Northern Ireland Social Care Council (NISCC) induction this is good practice.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Records of training, staff appraisals and supervision were reviewed during the inspection. It was noted there were some deficits with regard to the completion of staff formal supervision; this was discussed with the registered manager. An area for improvement was identified to comply with the standards.

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A sample of two staff competency and capability assessments was reviewed and found to be satisfactory.

The registered manager confirmed recruitment records were stored at the human resources department therefore recruitment records were not reviewed during the inspection. Arrangements were in place to monitor the registration status of staff with their professional body (NISCC).

The adult safeguarding policy was viewed during a previous inspection and was consistent with the current regional policy and procedures. An annual adult safeguarding position report was completed for the period 1 April 2018 to 31 March 2019.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager advised there were restrictive practices within the home, notably the use of keypad entry systems, lap belts, and restrictive behavioural interventions. The registered manager advised the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

We reviewed staff training records; these showed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

A general inspection of the home was undertaken and the residents' bedrooms were found to be tidy and appropriately furnished. Staff advised residents can if they wish bring personal items with them for the duration of their stay. It was noted some areas of the home were in need of painting as some of the walls were scuffed and damaged. This was identified as an area for improvement to comply with the standards. The home was fresh-smelling and appropriately heated. Cleaning duties were completed during the inspection.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 28 November 2018. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis fire safety records identified that fire safety checks were completed and maintained on an up to date basis.

Areas of good practice

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

Areas for improvement

Two areas were identified for improvement; these related to formal supervision for staff and the environment.

	Regulations	Standards
Total number of areas for improvement	0	2

6.4 Is care effective?

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

We reviewed three care records; these included an up to date assessment of needs, risk assessments, care plans and daily/regular statement of health and well-being of the residents. Care records reviewed were person centred and gave clear guidance on how to best support the residents and to ensure their needs were met. Care needs assessments and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. It was noted that a specific risk assessment had not been signed or dated for an identified resident; this issue was discussed with the registered manager who confirmed it would be addressed.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home for the duration of residents stays. For example, residents are supported to maintain individual interests and activities and outings are planned according to the wishes and interests of residents.

A varied and nutritious diet was provided to meet the dietary needs and preferences of the residents. Menus were planned on a daily basis according to the individual likes of residents for the duration of their stay. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments. Information was also available in the kitchen regarding any specialist dietary needs. Best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

Discussion with the registered manager confirmed that wound care would be managed by community nursing services if needed.

We reviewed the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of complaints, environment and care records, were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We could see that residents’ wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents’ daily routines were recorded. We also saw that the care records noted preferences such as preferred foods and how they like to be helped with their care. Staff told us that the residents’ routines depended on what they wanted to do and that the staff took a flexible approach.

Staff shared that there was a wide range of activities available for residents to participate in for the duration of their stay in the home. Residents are supported to attend local events and facilities including shops, cafes, the cinema and going out for drives. Activities are planned with each resident when they visit the home. Residents can also participate in in house events including board games, music and movies. Staff shared that a Jacuzzi bath had recently been installed in the home which also included lights and music therefore offering the opportunity for multi-sensory engagement. Special attention is also given to the meals provided for residents, for example records are maintained which include residents likes and dislikes regarding food; meals are prepared based for residents on this information.

Staff spoken with were aware of the different needs of residents, including communication needs. Photographs of the staff on duty were displayed on a notice board in a central part of the home to inform residents. Residents are also supported and encouraged to use alternative modes of communication when they visit the home. For example, staff shared that some residents may use picture schedules and these would be displayed appropriately if needed.

Staff described how residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, and dignity and how confidentiality was protected. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns. Representatives were consulted with, at least annually, about the quality of care and the findings from the consultation were collated into a summary report.

Staff spoken with during the inspection made the following comments:

- "I love my work. I love working with the service users, it is a really good unit, it is very much person centred."
- "It is a very high quality service, there is a high standard of care, would be hard to say anything bad about it."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing resident and their representatives and taking account of individual likes and dislikes of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff confirmed that they got good support from the registered manager who was supportive and approachable. The registered manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

There was a complaints policy and procedure in place, residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. There had been no new complaints recorded since the previous inspection. Arrangements were in place to record and share information regarding compliments with staff.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example epilepsy awareness and human rights.

The home was visited by the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits from January to April 2019 and found that these were satisfactory. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

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

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jane Mc Gowan, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 24.2</p> <p>Stated: First time</p> <p>To be completed by: 13 July 2019</p>	<p>The registered person shall ensure staff have recorded individual, formal supervision according to the homes 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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement the Registered Manager has introduced a system to ensure individual formal supervision of all staff meets Standard 24.2. A rolling calendar that details compliance is in place.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 13 September 2019</p>	<p>The registered person shall ensure the home is decorated to a standard acceptable for the residents; reference to this includes the paintwork in the home including bedrooms and communal areas.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement a minor works application has been processed requesting the repainting of the facility and forwarded for approval.</p> <p>The short break service will need to be closed for this work to be undertaken. Currently, the short break service is fully booked until the 2nd October 2019. Consequently the completion date set by RQIA for completion cannot be met.</p> <p>The work will be planned with estates for October 2019.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care