

# Unannounced Care Inspection Report 16 May 2017



## Trench Park

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

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Trench Park took place on 16 May 2017 from 10:30 to 17:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home which provides a short breaks service to people with learning disabilities was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and the home's environment.

One recommendation was made in regard to ensuring an identified restrictive intervention is reviewed.

### Is care effective?

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

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jane Magowan, 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 5 May 2017.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast Health and Social Care Trust / Mr Martin Dillon	<b>Registered manager:</b> Mrs Jane Magowan
<b>Person in charge of the home at the time of inspection:</b> Mrs Jane Magowan	<b>Date manager registered:</b> 29 July 2008
<b>Categories of care:</b> LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 2

## 3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with two residents, four care staff and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care plans, accidents and incidents, environment and medication
- Accident/incident/notifiable events register

- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Information from independent advocacy services
- Sample of policies and procedures

A total of eight questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Four questionnaires were returned within the requested timescale.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 5 May 2017

The most recent inspection of the home was an unannounced medicines management inspection. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 22 November 2016

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 14.(6) <b>Stated:</b> First time <b>To be completed by:</b> 23 November 2016	The registered provider shall ensure that on each occasion restraint is employed RQIA shall be notified.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of records maintained in the home confirmed that on each occasion restraint was used RQIA was informed accordingly.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 35 <b>Stated:</b> First time <b>To be completed by:</b> 23 November 2016	The registered provider should ensure infection prevention and control procedures are adhered to in relation to the storage of products in an identified bathroom.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the home and discussion with staff confirmed products were stored accordingly in keeping with infection prevention and control procedures.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 23.3 <b>Stated:</b> First time <b>To be completed by:</b> 23 February 2017	The registered provider should ensure that staff complete a training update in COSHH.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of training records and discussion with staff confirmed staff had completed training in COSHH.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 8 <b>Stated:</b> First time <b>To be completed by:</b> 23 November 2016	The registered provider should ensure that all care records are written in black ink only.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of care records showed these were written in black ink only.	
<b>Recommendation 4</b> <b>Ref:</b> Standard <b>Stated:</b> First time <b>To be completed by:</b> 23 December 2016	The registered provider should ensure all relevant information is retained in one coherent care plan for the identified resident.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The identified care plan had been improved.	

#### 4.3 Is care safe?

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

Review of 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.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff 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; records of competency and capability assessments were retained. A sample of completed staff competency and capability assessments were reviewed and found to be satisfactory.

The recruitment and selection policy and procedure was reviewed during the previous care inspection this was found to comply with current legislation and best practice. Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body.

The registered manager confirmed adult safeguarding policy and procedure was being developed at Trust level. A safeguarding champion has been established. Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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 confirmed there were no recent adult safeguarding referrals. The registered manager confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge during the previous care inspection confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour

management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, bed rails, lap belts, and restrictive behavioural interventions. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. However, it was noted from a review of records and discussion with the registered manager the use of one restrictive behavioural intervention had developed for an identified resident. Records were not available to show the restrictive intervention had been agreed by the multi professional team. Considering the level of the restriction and the impact on the resident's privacy and dignity a recommendation was made that this should be reviewed accordingly.

The registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons / bodies were informed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

Staff training records confirmed that all staff had received training in infection prevention and control (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. 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.

The staff reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated December 2016. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed in March 2017. Records were retained of any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked daily, weekly and monthly and were

regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Four completed questionnaires were returned to RQIA, the respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

One comment received from the completed questionnaires was as follows:

“I believe that staff always put the safety and wellbeing of service users foremost.”

### Areas for improvement

One area for improvement was identified in relation to a review of the identified restrictive practice.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed and confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, behaviour management where appropriate) were reviewed and updated on a regular basis or as changes occurred. As stated in section 4.3 a recommendation was made with regards to reviewing a recently introduced restrictive practice.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by their representatives. Discussion with staff confirmed that a person centred approach underpinned practice. For example when residents visit the home activities are planned according to what they want to do.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audit information relating to care plans, the environment, and medication were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

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

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. Advocacy information was available within the home.

Four completed questionnaires were returned to RQIA the respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ likes and interests were catered for during their stays at the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment for example the staff duty rota was displayed with pictures so residents would know who was on duty.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity and were able to demonstrate how residents’ confidentiality was protected. For example ensuring care records were stored securely.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example annual reviews, representative’s views were gathered through an annual satisfaction survey,

residents are consulted with upon their arrival at the home regarding what they would like to do during their stay.

Residents/ or representatives are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read on the notice board. The registered manager confirmed copies would also be forwarded to representatives via post.

Discussion with staff, residents, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Resident's personal likes and interests are recorded in their care records. Menus are planned according to resident's food preferences for the duration of their stay. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example residents are supported to access community links including local shops, cafes, and the cinema.

Four completed questionnaires were returned to RQIA the respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

One comment received from completed questionnaires was as follows:

"I feel that staff treat all service users well always being mindful of service users wishes"

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, and leaflets provided. etc. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to receive and deal with complaints.

The registered manager confirmed there had been no new complaints recorded since the previous inspection. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

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 human rights training, and management of seizures using midazolam.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that senior management was kept informed regarding the day to day running of the home through regular meetings.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

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

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Four completed questionnaires were returned to RQIA the respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

One comment received from completed questionnaires was as follows:

“I find the manager is very approachable and will act on any concerns I raise”

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jane Magowan, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to the web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 10.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 July 2017</p>	<p>The registered provider should ensure the identified restrictive intervention is reviewed.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>In response to this recommendation the registered provider ensures the identified restrictive intervention is reviewed internally at the end of each stay. It is then reviewed and up-dated on a three monthly basis with the Trench Team and the Intensive Support Service. The service user avails of Short Breaks at Trench Park two nights per month.</p>

*\*Please ensure this document is completed in full and returned to the web portal*



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