

Unannounced Care Inspection Report 19 November 2020



Trench Park

Type of Service: Residential Care Home (RCH)

Address: 28 Trench Park, Belfast, BT11 9FG

Tel No: 028 9504 3990

Inspector: Sharon McKnight

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 residential care home registered to provide residential care for up to 2 residents. The service generally provides respite care however the service is currently providing short stay breaks in response to identified needs as a result of the current COVID-19 pandemic

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT)	Registered Manager and date registered: Vicky McQuoid – newly appointed and not yet registered.
Responsible Individual(s): Martin Joseph Dillon	
Person in charge at the time of inspection: Vicky McQuoid	Number of registered places: 2
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 1

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection was undertaken to determine if the home was providing safe, effective and compassionate care and if the home was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures and the environment
- leadership and governance.

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	1*	4*

*The total number of areas for improvement include one under the regulations and three under the standards which have been stated for second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Vicky McQuoid, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with the resident and two staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' to be placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for week commencing 16 November 2020
- accidents and incidents records from January to October 2020
- monthly records of accident audits
- care records
- monthly monitoring reports for the period February to October 2020.

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

6.0 The inspection

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

The most recent inspection of the home was an unannounced care inspection undertaken on 24 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 5 (1) (b) Stated: First time	The registered person shall ensure that Individual Written Agreements are up to date and contain accurate personnel information.	Partially met
	Action taken as confirmed during the inspection: Whilst the Individual Written Agreements had been updated to reflect the previous changes to management there were no systems in place to ensure the agreement was kept up to date. It was not reflective of the management arrangements at the time of this inspection. This area for improvement is stated for a second time.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.6 Stated: First time	The registered person shall ensure all care plans are reviewed on each respite admission to ensure they accurately reflect the resident's needs.	Partially met
	Action taken as confirmed during the inspection: Care records of previous admissions contained evidence that care plans were reviewed on each admission to the home. However the systems to drive this improvement had not been embedded into practice and therefore the improvements had not been sustained. This area for improvement is stated for a second time.	
Area for improvement 2 Ref: Standard 6.2 Stated: First time	The registered person shall review all risk assessments on admission to ensure the residents needs are adequately met.	Partially met
	Action taken as confirmed during the inspection: Care records of previous admissions contained evidence that risk assessments were reviewed on each admission to the home. However the systems to drive this improvement had not been embedded into practice and therefore the improvements had not been sustained. This area for improvement is stated for a second time.	

Area for improvement 3 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that any recommendations from other health care professionals are accurately reflected in the care plan.	Not met
	Action taken as confirmed during the inspection: As care plans were not routinely reviewed and updated there were no systems in place to ensure that recommendations made by healthcare professionals would be accurately reflected in care plans. This area for improvement is stated for a second time.	

6.2 Inspection findings

6.2.1 Staffing

During the inspection we observed that the resident's needs were met by the number and skill mix of staff on duty. No concerns regarding staffing levels were raised by staff during the inspection. Staffing levels are determined and adjusted to meet the needs of each individual resident. Staff told us that teamwork was good and that the management team were supportive and approachable. Staff spoken with confirmed that they were registered with the Northern Ireland Social Care Council (NISCC). Records evidenced that systems were in place to check staff registration on a regular basis.

Staff told us that they felt well equipped to carry out their role; a programme of mandatory training was in place; this had included updates on the use of PPE and infection prevention and control (IPC) measures during the COVID-19 pandemic.

We discussed the recording of the duty rota for the service which also included details of staff shifts for the supported living service adjacent to the residential home. The manager confirmed that they were currently reviewing the recording of the duty rota in accordance with the DHSSPS Residential Care Homes Minimum Standards, August 2011. This will be reviewed at the next inspection.

6.2.2. Care delivery

We observed that staff were attentive to the resident's needs and spoke to them in a very kind and gentle manner. The resident was resting in his room watching television; they were relaxed in their surroundings. Staff discreetly observed the resident whilst respecting his individual space. Staff were knowledgeable of the resident's individual preferences, likes and dislikes. As there was only one resident in the service the morning routine was solely determined by the resident's wishes.

We discussed deprivation of liberty (DOLs) and the pre-admission assessment process for recording DOL discussions to ensure that the appropriate safeguards were in place. It was recommended that a section is included in the pre-admission assessment to record this information. This was identified as an area for improvement.

6.2.3 Care records

We reviewed the care records and found that these contained a range of risk assessments and care plans. However, as previously discussed, these had not been reviewed at the time of admission to the home to ensure that they continued to accurately reflect the residents' daily needs. These issues were identified as areas for improvement as a result of the previous inspection and are now stated for a second time. A daily record of care provided was maintained.

6.2.4 Infection prevention and control (IPC) measures

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature check completed. PPE was readily available and PPE stations in the home were well stocked. Staff told us that sufficient supplies of PPE were available. We observed that staff used PPE according to the current guidance.

We saw that hand sanitiser dispensers were available and that staff carried out hand hygiene at appropriate times. The home was clean, warm and comfortable throughout. Corridors and fire exits were clear of obstruction.

The manager confirmed that the touch points were cleaned throughout the day and deep cleaning was carried out between admissions in addition to the normal cleaning schedule in the home.

6.2.5 Leadership and governance

There had been a change in management arrangements since the last inspection and RQIA had been appropriately notified. The manager has previous experience of the client group and of managing a regulated service. They confirmed that they were being supported by senior managers in the BHSCT.

We looked at the records of accidents and incidents which occurred in the home; we found that all had been managed and reported appropriately.

We examined the reports of the visits made on behalf of the registered provider for May to October 2020. Operational areas of the management of the home were covered. Where any issues were identified an action plan was developed which included timescales and the person responsible for completing the action.

Areas of good practice

Areas of good practice were identified in relation to staff support of residents to ensure care was delivered to meet their personal preferences and the management of IPC and PPE.

Areas for improvement

One area for improvement was identified with regard to discussions regarding deprivation of liberty safeguards as part of the pre-admission assessment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

The resident was well cared for and supported with their daily needs by staff. Staffing levels were satisfactory and staff felt well supported in their role.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Vicky McQuoid, 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 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 5 (1) (b) Stated: Second time To be completed by: 17 December 2020	<p>The registered person shall ensure that Individual Written Agreements are up to date and contain accurate personnel information.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The statement of purpose and service user guide's have been updated and are currently being cascaded to service users as and when they use the short break service. A new Audit tool has been implemented to ensure these are reviewed at least annually or when required.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.6 Stated: Second time To be completed by: 17 December 2020	<p>The registered person shall ensure all care plans are reviewed on each respite admission to ensure they accurately reflect the resident's needs.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken There is now a system in place to review service users care plans with both families and social workers prior to each admission to the short break service. A new contents list has been developed for the person centred plans to ensure they are accurate and reflective of a person's needs.</p>
Area for improvement 2 Ref: Standard 6.2 Stated: Second time To be completed by: 17 December 2020	<p>The registered person shall review all risk assessments on admission to ensure the residents needs are adequately met.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: There is now a system in place to review service users risk assessments with both families and social workers prior to each admission to the short break service. A new contents list has been developed for the person centred plans to ensure they are accurate and reflective of a person's needs. this includes a risk assessment list/ register.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: Second time</p> <p>To be completed by: 17 December 2020</p>	<p>The registered person shall ensure that any recommendations from other health care professionals are accurately reflected in the care plan.</p> <p>Ref: 6.1</p>
<p>Area for improvement 4</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 17 December 2020</p>	<p>Response by registered person detailing the actions taken: There is now a system in place to review service users care plans with both families and social workers prior to each admission to the short break service. This review will include a request for current assessments from any health care professionals involved in a persons care.</p> <p>The registered person shall ensure that the pre-admission assessment documents include a record of discussions regarding DOL safeguards.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: There is now a system in place to review service users person centred plans with both families and social workers prior to each admission to the short break service. A new contents list has been developed for the person centred plans to ensure they are accurate and reflective of a person's needs, including a section for DOLS/ restrictive practices and this topic will form part of the review.</p>

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



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