

Unannounced Care Inspection Report 20 April 2016



Trench Park

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Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Trench Park took place on 20 April 2016 from 10:00 to 17:20. The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

No requirements or recommendations were made.

Is care effective?

One recommendation was made in regards to ensuring care plans were dated and reviewed regularly.

Is care compassionate?

No requirements or recommendations were made.

Is the service well led?

One recommendation was made in regards to the registered manager informing the Trust when policies and procedures being used in the home require updating.

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
Total number of requirements and recommendations made at this inspection	0	2

Details of the QIP within this report 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.

1.2 Actions taken following the most recent care inspection on 22/07/16

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organization/registered person: Belfast Health and Social Care Trust	Registered manager: Jane McGowan
Person in charge of the home at the time of inspection: Noel Fitzsimmons am Jane McGowan pm	Date manager registered: 29 July 2008
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 2
Weekly tariffs at time of inspection: £494 per week	Number of residents accommodated at the time of inspection: 2

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents reported to RQIA since the previous care inspection on 7 July 2015, the previous report and the returned Quality Improvement Plan (QIP).

During the inspection the inspector met with three residents (one was visiting the home); four care staff, one visiting professional and one resident's visitor/representative.

The following records were examined during the inspection:

- three care records
- staff training records
- staff supervision / appraisal schedule
- complaints and compliment records
- relevant policies and procedures
- the homes Annual Quality Review Report
- staff induction information
- accident and incident records
- the homes fire safety risk assessment

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29/07/2015.

The most recent inspection of Trench Park was an announced estates inspection carried out on 29 July 2015. The completed QIP was returned and approved by the estates inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 07/07/2015.

There were no requirements or recommendations made as a result of the last care inspection.

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 staff.

On the day of inspection the following staff were on duty – Registered Manager, deputy manager, 2 x care workers for the day shift and 2 x care workers for the evening shift.

Review of induction records available 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 registered manager confirmed there had been no recent new starts in the home.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for 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 review of a sample of staff competency and capability assessments showed these had been completed appropriately.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice to ensure all appropriate background checks are made for potential employees.

Discussion with the deputy 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 home had an adult safeguarding policy and procedure in place. Discussion with staff confirmed that they were aware of the new regional adult safeguarding 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. The registered manager confirmed that she was the identified safeguarding champion within the home and that staff were aware of how to raise any safeguarding concerns.

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 incident notifications, review of care records and review of complaints confirmed that all 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.

A general inspection of the home was undertaken to examine residents' bedrooms and en-suite bathrooms, communal lounge, and kitchen area. The residents' bedrooms were tidy and functional. There was evidence of residents bringing personal items for the duration of their stay. All items brought into the home are logged upon admission. The home was fresh smelling, clean and appropriately heated.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of 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.

The registered manager confirmed that 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 needs could not be met.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required; it was noted that behaviour management plans were devised by specialist behaviour management teams from the Trust.

Discussion with the registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate bodies were informed. However, it was noted on one occasion when restraint was used RQIA were not informed. All other appropriate bodies had been informed as necessary. The need to inform RQIA on each occasion restraint is used was discussed with the registered manager who confirmed that the notification information would be forwarded retrospectively to RQIA.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. 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.

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 registered manager confirmed that the home had an up to date fire safety risk assessment in place. A review of the fire safety risk assessment dated, 23 November 2015 identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed most recently on 12 March 2016 and records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked regularly and maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

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

A review of three care records confirmed that these included assessment of needs, life history, risk assessments, care plans and daily/regular statements of health and well-being of the resident. It was noted two of the three care plans inspected were not dated, and they did not reflect when they were due for review. The registered manager confirmed residents access the home for short breaks, usually a few times per year. A recommendation was made that all care plans should be dated when completed and reviewed on a regular basis. The registered manager confirmed residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. However the uptake rate was not significant.

The registered manager confirmed staff members would regularly be in contact with representatives via telephone prior to resident's admission to the home regarding any changes. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that 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. Recent audits of risk assessments, care plans, and complaints were available for inspection and evidenced that actions identified for improvement were incorporated into practice. The benefits of auditing the level of accidents and incidents were discussed with the registered manager. Further evidence of audits was contained within the monthly monitoring visit reports and the annual quality report. These included the views of residents and representatives. The registered manager confirmed these comments were used to help shape the service delivered.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and the representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

One area for improvement was identified during the inspection. This related to the dating and regular reviewing of care plans.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager, and representatives confirmed that consent was sought in relation to care and treatment. Residents or their representatives, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity.

Discussion with staff, residents, representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, the visiting representative and visiting professional 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, or their representatives were sought and taken into account in all matters affecting them.

Residents or their representatives are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for interested parties. An action plan was developed and implemented where improvements are required.

Residents and/ or their representative confirmed that their views and opinions were taken into account in all matters affecting them. The comments within eight satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. It was noted that a number of policies maintained in the home had not been reviewed on a systematic three yearly basis. This was discussed with the registered manager and the operations manager Anne Campbell who was present for feedback at the conclusion of the inspection. The registered manager confirmed that policies had to be approved at Trust level and were therefore outside of the registered manager's control. A recommendation was made that the registered manager should inform the Trust about any policies and procedures requiring to be updated thus ensuring these are reviewed systematically on a three yearly basis to ensure they remain current and reflective of best practice.

There was a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide. The registered manager also shared information cards which are available to representatives. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. There were no new complaints made since the previous inspection.

Arrangements were in place to share information about complaints and compliments with staff. The registered manager confirmed 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. One omission was noted this has been referred to earlier in the report.

The registered manager confirmed that 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 questionnaires. There was a system to ensure medical device alerts, safety bulletins, and serious adverse incident alerts were appropriately reviewed.

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.

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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide.

Staff spoken with confirmed that they were familiar with organisational and management structures and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration was displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager 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. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

One area for improvement was identified during the inspection this related to the registered manager informing the Trust about any policies and procedures that require updating thus ensuring these are reviewed systematically on a three yearly basis to ensure they remain current and reflective of best practice.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jane Mc Gowan as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2016</p>	<p>The registered person should ensure that care plans are dated and reviewed at regular intervals.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In response to this recommendation, the registered person has put a process in place to ensure all care plans are regularly audited. Audits will take place monthly on a selection of files and all files will be audited with the key worker at quarterly supervision. Part of this audit will be to ensure care plans are dated and reviewed at regular intervals. All files will be audited by 20th July 2016.</p>
<p>Recommendation 2</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 20 July 2016</p>	<p>The registered person should ensure that the Trust is informed about any policies and procedures requiring to be updated to ensure these are reviewed systematically on a three yearly basis to ensure they remain current and reflective of best practice.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All policies are reviewed through the trust policy committee, there is a trust process in place to ensure authors are informed of the review date. The trust has written to RQIA re the backlog of policies for review.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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