

Unannounced Care Inspection Report 22 November 2016



Trench Park

Type of service: Residential care home
Address: 28 Trench Park, Belfast, BT11 9FG
Tel no: 028 9504 3990
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 22 November 2016 from 12.15 to 17.15 .

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 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 risk management and the home's environment.

One requirement and two recommendations were made in regards to reporting to RQIA any occasion which a resident is subject to restraint, to ensure infection prevention and control procedures are adhered to in relation to the storage of products in an identified bathroom, and to ensure staff complete a training update on COSHH.

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.

Two recommendations were made in relation to ensuring all care records are written in black ink only, and to ensure all relevant information is retained in one coherent care plan for an identified resident.

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 complaints and 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
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Noel Fitzsimmons deputy 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 20 April 2016.

2.0 Service details

Registered organisation/registered person: Belfast Health and Social Care Trust / Mr Martin Dillon	Registered manager: Mrs Jane Magowan
Person in charge of the home at the time of inspection: Paula Mc Auley upon arrival, Noel Fitzsimmons arrived at approximately 13.00.	Date manager registered: 29 July 2008
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 2

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications submitted to RQIA since the previous care inspection, the returned Quality Improvement Plan, and the previous inspection report.

During the inspection the inspector met with two residents, three care staff, one domestic staff and the deputy manager. Anne Campbell senior operations manager was present towards the end of the inspection and during feedback.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three resident’s care files
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care plans, accidents and incidents ,complaints, environment
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Annual quality review report
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

A total of 12 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Four completed questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 April 2016.

The most recent inspection of the home an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 20April 2016.

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 6 Stated: First time</p>	<p>The registered person should ensure that care plans are dated and reviewed at regular intervals .</p> <hr/> <p>Action taken as confirmed during the inspection: Inspection of three care records showed that these had been updated and reviewed.</p>	<p>Met</p>

Recommendation 2 Ref: Regulation 21.5 Stated: First time	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.	Met
	Action taken as confirmed during the inspection; Information available in the home showed that the Trust had been notified regarding the review and updating of policies and procedures.	

4.3 Is care safe?

The deputy 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 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. A recommendation was made that staff should complete a training update in COSHH.

Samples of completed staff competency and capability assessments were reviewed during the previous inspection these 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. These were found to be satisfactory. The deputy manager confirmed no new staff had commenced employment since the previous care inspection.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. 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 (where applicable).

The deputy manager confirmed that there were plans in place to implement the new adult safeguarding policy and procedures which are due to be approved at Trust level. 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 deputy manager, review of accident and incidents notifications, care records and complaints records 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.

The deputy manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the deputy 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 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).

The deputy manager confirmed there were restrictive practices employed within the home, notably locked doors, lap belts, and restrictive behavioural interventions. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

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.

An examination of accident and incident records and discussion with the deputy manager showed on one occasion when individual restraint was employed, RQIA were not informed. The need to ensure RQIA are informed on all occasions along with the other appropriate bodies was discussed with the deputy manager. A requirement was made.

The deputy manager confirmed there were risk management policy and procedures in place. Discussion with the deputy 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 and fire safety.

Staff training records confirmed 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 showed a number of products including boxes gloves, mitts and soap canisters being stored openly in an identified bathroom. Storage of these items should be managed in keeping with infection prevention and control procedures. A recommendation was made.

Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy manager 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. It was noted that an overhead hoist was out of operation in one bedroom the deputy manager confirmed this had been reported to the estates department for repair. In the mean time staff were using a mobile hoist when needed. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the deputy manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had a fire risk assessment in place dated 23 November 2015, the deputy manager confirmed that the review of the fire risk assessment was planned for 8 December 2016 records available in the home confirmed this.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 1 July 2016. 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 daily / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Four completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received within the completed questionnaires were as follows:

- Trench Park is a very safe place.
- Infrequently staff numbers can be an issue, mostly in the am.

Areas for improvement

Three areas for improvement were identified in relation to reporting to RQIA any occasion which a resident is subject to restraint, to ensure infection prevention and control procedures are adhered to in relation to the storage of products in an identified bathroom, and to ensure staff complete a training update on COSHH.

Number of requirements	1	Number of recommendations	2
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4.4 Is care effective?

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

A review of three care records showed that some entries had been made to daily notes in blue and red ink. This was not in keeping with record keeping guidance. A recommendation was made that records should be completed in black ink only at all times. The three care records reviewed 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, nutrition, behavioural where appropriate) were reviewed and updated on a regular basis or as changes occurred. It was noted from one of the care records reviewed that it included three different care plans, the most recent had been reviewed in July 2016. A recommendation was made that all relevant information should be included in one coherent care plan for the identified resident.

The care records reflected 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. Discussion with staff confirmed that a person centred approach underpinned practice. For example residents are encouraged to choose what activities they participate in for the duration of their stay at Trench Park.

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 deputy 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, medication and supervision sessions 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 deputy 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. Staff confirmed that prior to a resident being admitted to the home for a short break they would usually contact representatives to find if there had been any changes between stays. The deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Two residents were in the home during the inspection. Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents 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.

Four completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received within the completed questionnaires were as follows:

- Each client has their own care plan package.

Areas for improvement

Two areas for improvement were identified in relation to ensuring all care records are written in black ink only, and to ensure all relevant information is retained in one coherent care plan for an identified resident.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

The deputy 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 one resident confirmed that residents’ preferences were met within the home. Discussion with staff confirmed that action would be taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a user friendly format including for example picture cards to identify activities available.

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 staff were aware of the need to ensure personal needs were met in a timely manner. Staff were also aware of the likes and dislikes of the residents accessing the service at the time of the inspection.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. One resident spoken with 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, satisfaction questionnaires distributed to representatives, views are also gathered as part of the monthly monitoring visits.

Residents and / 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.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents individual likes and dislikes are recorded in their care records. Residents are supported to access the local community by visiting local shops, cafes, cinema etc. during stays.

Although both residents accessing the service had limited communication skills one resident confirmed to the inspector that they enjoyed visiting Trench Park and got on well with the staff.

Four completed questionnaires were returned to RQIA from residents, representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received within the completed questionnaires were as follows:

- Trench staff team are a very caring group and treat each client with dignity and respect like they would their own family.

Areas for improvement

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

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

The deputy 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 were 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. Information was also forwarded by the home to representatives regarding the patient client council and carers trust to ensure they were fully aware of services available. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. Records showed staff had completed training with regards to handling complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

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. With the exception of one instance when RQIA were not informed about the use of restraint as referred to in part 4.3 of this report. 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.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned. The benefit of ensuring all relevant information was stored in one central location was discussed with the deputy manager as information was being stored in two separate areas.

Discussion with the deputy 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. As stated in section 4.3 a recommendation was made for staff to complete a training update in COSHH.

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. The deputy manager confirmed arrangements made in the absence of a quality reviewer.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The deputy manager confirmed that senior management were kept informed regarding the day to day running of the home through regular updates and meetings.

The deputy 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 deputy manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The deputy 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. 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 deputy manager confirmed that there were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Four completed questionnaires were returned to RQIA from residents, representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received within the completed questionnaires were as follows:

- Our standard of work is very high.

Areas for improvement

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

Number of requirements	0	Number of recommendations	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 Noel Fitzsimmons, deputy 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 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	
Statutory requirements	
Requirement 1 Ref: Regulation 14.(6) Stated: First time To be completed by: 23 November 2016	<p>The registered provider shall ensure that on each occasion restraint is employed RQIA shall be notified.</p> <hr/> <p>Response by registered provider detailing the actions taken: In response to this requirement, the registered provider will ensure that on each occasion restraint is employed RQIA will be notified in line with the RQIA statutory notification of incidents procedure.</p>
Recommendations	
Recommendation 1 Ref: Standard 35 Stated: First time To be completed by: 23 November 2016	<p>The registered provider should ensure infection prevention and control procedures are adhered to in relation to the storage of products in an identified bathroom.</p> <hr/> <p>Response by registered provider detailing the actions taken: In response to this recommendation, the registered provider ensures all products are returned to the individual service users bedroom following use and stored safely. Products are not left in bathroom.</p>
Recommendation 2 Ref: Standard 23.3 Stated: First time To be completed by: 23 February 2017	<p>The registered provider should ensure that staff complete a training update in COSHH.</p> <hr/> <p>Response by registered provider detailing the actions taken: In response to this recommendation, the registered provider has requested a training update in COSHH. It is anticipated this will be completed within the given timeframe.</p>
Recommendation 3 Ref: Standard 8 Stated: First time To be completed by: 23 November 2016	<p>The registered provider should ensure that all care records are written in black ink only.</p> <hr/> <p>Response by registered provider detailing the actions taken: In response to this recommendation, the registered provider has ensured all records are now completed in black ink. This has been discussed at staff meetings and at staff supervision.</p>
Recommendation 4 Ref: Standard 6 Stated: First time To be completed by: 23 December 2016	<p>The registered provider should ensure all relevant information is retained in one coherent care plan for the identified resident.</p> <hr/> <p>Response by registered provider detailing the actions taken: In response to this recommendation, the registered provider has updated this care plan and ensured it has all relevant information retained in one file for the identified resident.</p>



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