



Unannounced Care Inspection Report 24 January 2020



Trench Park

Type of Service: Residential Care Home
Address: 28 Trench Park, Belfast BT11 9FG
Tel no: 0289504 3990
Inspector: Gerry Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Martin Joseph Dillon	Registered Manager and date registered: Jill Masterson Acting. No application required
Person in charge at the time of inspection: Paula McAuley Residential worker	Number of registered places: 2
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 2

4.0 Inspection summary

An unannounced inspection took place on 24 January 2020 from 09.00 hours to 14.00 hours.

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

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, the home's environment, and communication between residents and staff. There were further examples of good practice found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, governance arrangements, management of complaints and incidents, quality improvement, and maintaining good working relationships.

Areas requiring improvement were identified in relation to accurate record keeping, care plan and risk assessment reviews and communication with other health care professionals.

Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

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

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

4.2 Action/enforcement taken following the most recent inspection dated 13 May 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 13 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

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

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

- staff duty rotas from 20 January 2020 to 9 February 2020
- staff training schedule and training records
- staff supervision and appraisal schedule
- two staff competency and capability assessments
- two residents' records of care
- complaint records
- compliment records
- minutes of staff meetings
- a sample of governance audits/records
- accident/incident records from 13 May 2020

- a sample of reports of visits by the registered provider from May 2019
- fire safety risk assessment
- RQIA registration certificate
- sample of two individual agreements
- sample of two financial balance records.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 13 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24.2 Stated: First time	The registered person shall ensure staff have recorded individual, formal supervision according to the homes procedures and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.	Met
	Action taken as confirmed during the inspection: A review of records and discussion with staff confirmed that all staff have individual, formal supervision six monthly and annual appraisal according to the homes procedures. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.	
Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall ensure the home is decorated to a standard acceptable for the residents; reference to this includes the paintwork in the home including bedrooms and communal areas.	Met

	<p>Action taken as confirmed during the inspection: A review of the environment confirmed that the home has been recently decorated. The paintwork in bedrooms and communal areas was found to be of an acceptable standard.</p>	
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Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1 Ref: Regulation 5 (1) (a) (b) Stated: First time</p>	<p>The registered person shall ensure that each resident is provided with an individual written agreement setting out the terms and conditions of their stay in the home.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with staff and review of two patient care records confirmed that each resident was provided with an individual written agreement setting out the terms and conditions of their stay in the home.</p>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 15.7 Stated: First time</p>	<p>The registered person shall ensure that within the income and expenditure records:</p> <ul style="list-style-type: none"> • Entries are arithmetically accurate • Entries are signed by two people • Money withdrawn and change returned (if any) is recorded (not the amount of the expense) 	Met
	<p>Action taken as confirmed during the inspection: A review of income and expenditure records confirmed that the entries were arithmetically correct, signed by two staff and change recorded if applicable. Receipts were also retained.</p>	

6.2 Inspection findings

6.3 Is care safe?

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

The person in charge advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents are met. No concerns were raised regarding staffing levels during discussion with staff. A review of the duty rota from 13 January 2020 to 9 February 2020 confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the person in charge 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 annual appraisal was regularly provided. Records of training, staff appraisals and supervision were reviewed during the inspection and found to be satisfactory. An area for improvement in this regard identified at the previous care inspection had been met.

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

Recruitment records are kept at the human resources department therefore recruitment records were not reviewed during the inspection.

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

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. 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.

There were restrictive practices within the home, notably the use of keypad entry systems and some residents admitted for respite had lap belts or restrictive behavioural interventions were necessary. Staff advised that the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

We reviewed staff training records which 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. Personal Protective Equipment (PPE) e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

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

A review of the home’s environment was undertaken and included observations of bedrooms, bathroom, lounge, kitchen and dining area. The home was found to be warm, newly decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

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

The home had an up to date fire risk assessment in place and review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis.

Areas of good practice

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

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

A review of residents’ documentation confirmed that there were individual written agreements setting out the terms and conditions of their stay in the home; however, this agreement, given changes of personnel in the Trust and change of manager at Trench Park, did not accurately reflect the current staffing. An area for improvement was made under the regulations.

Review of patient care records evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. However, it was noted that care

plans were not being regularly reviewed. For example, a care plan for self-harm for a resident was neither signed nor dated and in another the self-harm care plan was last reviewed in August 2017. In another care record the care plan was last reviewed in 2016. An area for improvement was identified under the standards.

We reviewed the management of nutrition, patients' weight, management of infections and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapist (SALT) and dieticians. Supplementary care charts such as food and fluid intake records evidenced that contemporaneous records were maintained. However there was evidence to suggest that care plans had not been reviewed in accordance with recommendations made by other healthcare professionals. A resident's care record contained a letter of recommendations from the speech and language therapist dated November 2019 yet the care plan stated, "See swallowing plan for December 2018." An area for improvement was identified under the standards.

Care needs assessments and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were not being reviewed and updated on a regular basis. It was noted that a specific risk assessment had not been reviewed since 2015 and others since 2017. As this is a respite facility and staff are not working with the residents on a daily basis it would be good practice to review risk assessments and care plans on each admission. An area for improvement was identified under the standards.

Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each resident's condition and any changes noted.

Staff confirmed that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or senior manager.

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

A varied and nutritious diet was provided to meet the dietary needs and preferences of the residents. Menus were planned on a daily basis according to the individual likes of residents for the duration of their stay. Information was available in the kitchen regarding any specialist dietary needs.

Discussion with the person in charge confirmed that wound care would be managed by community nursing services if needed.

We reviewed the arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of complaints, environment and care records, were available for inspection and evidenced that any actions identified for

improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

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

Staff confirmed that management operated an open door policy in regard to communication within the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents and staff.

Areas for improvement

The following areas were identified for improvement in relation to record keeping, care plan and risk assessment reviews and incorporating recommendations of other health care professionals into the care plans.

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care compassionate?

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

We arrived in the home at 09.00 and were greeted by the care staff who were helpful and attentive. One resident was enjoying breakfast whilst the other was being assisted to wash and dress and to attend to personal care as was her personal preference.

The staff had a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide comfort if required. Staff working in the home confirmed that they promoted a culture and ethos that supported the values of dignity and respect of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. The person in charge described her awareness of promoting residents' rights, independence, and dignity, and explained how confidentiality was protected.

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.

Discussion with staff, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner. Residents were listened to, valued and their views and opinions were taken into account in all matters affecting them. For

example, residents were encouraged and supported to actively participate in the annual reviews of their care; other systems of communication included residents’ meetings. The person in charge advised because of the small size of the home residents’ views were responded to on an informal and daily basis. Representatives were consulted with, at least annually, about the quality of care and the findings from the consultation were collated into a summary report.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were spacious and personalised with possessions that were meaningful to the patient and reflected their life experiences.

Staff spoken with during the inspection made the following comments:

- “I love it here. It is rewarding and we are well supported to do the job.”
- “It is a great facility and there is a great demand for our service.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

The person in charge outlined the management arrangements in place within the home and stated that 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. The registered manager had left the service. Staff confirmed that they got good support from the new acting manager who was supportive and approachable. The person in charge described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place, residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home.

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

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents; for example, staff had completed training in deprivation of liberty legislation.

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 home was visited by a representative of the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. The reports contained evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary.

The home management responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed appropriately.

The home had a whistleblowing policy and procedure in place and all staff were knowledgeable regarding this. The person in charge advised that staff could also access the senior manager to raise concerns and that staff would be offered support.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 5 (1) (b) Stated: First time To be completed by: 29 February 2020	<p>The registered person shall ensure that Individual Written Agreements are up to date and contain accurate personnel information.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>In response to this area of improvement, all personnel information has been updated on Short Stay Service User's Agreement / Guide.</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: First time To be completed by: 29 February 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: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>In response to the area of improvement, staff will make contact with carers the week before admission for a short break, to ascertain any changes to the service users needs. A Care Plan Review Form has been formatted for staff to record any changes to service users care and support needs. This review form will be kept in the service users's individual files and the care plan will be updated as required.</p>
Area for improvement 2 Ref: Standard 6.2 Stated: First time To be completed by: 29 February 2020	<p>The registered person shall review all risk assessments on admission to ensure the residents needs are adequately met.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken:</p> <p>In response to this area of improvement, staff will make contact with carer's the week before admission to the short break service, to ascertain any changes to the current risk assessments or that a new risk assessment may need to be put in place. Review Risk Assessment Forms are in place but will now be completed at each Short Breaks Stay and risk assessments updated.</p>
Area for improvement 3	The registered person shall ensure that any recommendations from

<p>Ref: Standard 6.6</p> <p>Stated: First time</p>	<p>other health care professionals are accurately reflected in the care plan.</p> <p>Ref: 6.4</p>
<p>To be completed by: 29 February.</p>	<p>Response by registered person detailing the actions taken:</p> <p>In response to this area of improvement the care plan has now been amended to reflect recommendations from other health care professionals. In a recent staff meeting on 13 February 2020 the importance of keeping service users files up to date was on the agenda and discussed at length. The agenda item will continue to stay on staff meeting agenda due to the importance of recording and file maintenance.</p>

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



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