



Unannounced Care Inspection Report 29 November 2018



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

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with two beds that provides short breaks for people living with learning disabilities.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust	Registered Manager: Jane McGowan
Responsible Individual(s): Martin Joseph Dillon	
Person in charge at the time of inspection: Jane McGowan	Date manager registered: 29 July 2008
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 2

4.0 Inspection summary

An unannounced care inspection took place on 29 November 2018 from 11.00 to 14.45.

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

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff training, supervision and appraisal, infection prevention and control, the home's environment, audits, communication between residents, staff and other interested parties, the culture and ethos of the home, governance arrangements and maintaining good working relationships.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 July 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager and two staff, there were no residents present in the home during the period of inspection.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Five questionnaires were returned by residents' representatives within the agreed timescale. No staff questionnaires were returned within the identified time scale,

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

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of care plans
- Accident, incident, notifiable event records
- Annual Quality Review report
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 most recent inspection dated 4 July 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 4 July 2018

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 14. (2) (c) Stated: First time	<p>The registered person shall ensure risks to the health, welfare or safety of residents are identified and so far as possible eliminated – this includes the completion of risk assessments for the two identified residents regarding the risks of skin breakdown and choking. The significant findings of the risk assessments should be recorded and action taken to manage the identified risks.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of the two identified care records showed they had been updated accordingly.</p>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 35.2 Stated: First time	<p>The registered person shall ensure all staff receive mandatory education and training in infection prevention and control that is commensurate with their work activities and responsibilities and is regularly updated.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of staff training records showed staff had completed training in infection prevention and control.</p>	

<p>Area for improvement 2</p> <p>Ref: Standard 28.5</p> <p>Stated: First time</p>	<p>The registered person shall ensure risk assessments are carried out regarding free standing furniture in the home. The significant findings of the risk assessments should be recorded and action taken to manage the identified risk.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of records maintained in the home showed a risk assessment had been completed regarding free standing furniture in the home.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure care equipment including the identified shower chair is maintained in line with relevant legislation and relevant manufacturers and installers guidance.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and inspection of the identified shower chair confirmed it had been serviced in line with relevant legislation and manufacturers and installer's guidance.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 29.4</p> <p>Stated: First time</p>	<p>The registered person shall ensure all staff have training in fire precautions to be taken or observed in the home. This training should be repeated at least twice every year.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of training records showed arrangements were in place to ensure all staff complete training in fire safety precautions at least twice annually and the training was maintained on an up to date basis.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p>	<p>The registered person shall ensure the care plan for the identified resident is reviewed and updated.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and review of the identified care record showed it had been reviewed and updated accordingly.</p>		

Area for improvement 6 Ref: Standard 20.10 Stated: First time	The registered person shall ensure working practices are systematically audited. This relates to a regular audit of care records maintained in the home. Any areas for improvement should be actioned accordingly.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records in the home showed a system had been introduced to ensure the regular audit of care records maintained in the home.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Bank staff were used in the home on occasions. The registered manager stated that the use of bank staff did not prevent residents from receiving continuity of care as the same staff were used repeatedly. No concerns were raised regarding staffing levels during discussion with staff.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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.

The registered manager advised there had been no recent safeguarding issues in the home but that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records would be retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced 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 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 among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home 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 clean, tidy and appropriately furnished. The home was fresh-smelling, clean and appropriately heated throughout.

Inspection of the internal environment identified that the home was 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 provided information to confirm the home had an up to date legionella risk assessment in place dated 8 October 2018.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced.

The home had an up to date fire risk assessment in place dated 27 November 2018 and recommendations were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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 and / or weekly. Emergency lighting was checked monthly.

Five completed questionnaires were returned to RQIA from residents’ visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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

Two care records were reviewed they included relevant assessment information, 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, choking where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents.

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 example during residents short break stay the menu and activities available are tailored to meet the individual likes and interests of residents accessing the service.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. There were arrangements in place to inform staff of residents special dietary requirements. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident’s care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care would be managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident’s skin. Referrals would be made to the multi-professional team regarding any areas of concern identified in a timely manner.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans 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 registered manager 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.

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

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports, annual quality review report were available on request for residents, their representatives any other interested parties to read.

Five completed questionnaires were returned to RQIA from residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

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 care compassionate?

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

The registered manager advised 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.

Discussion with staff regarding care practice and social interactions demonstrated how residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and explained how confidentiality was protected.

Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home for example residents would be supported to attend their place of worship if they so wish during their short break stay.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. For example the staff on duty and activities available are presented in pictorial format. Some residents may also use pictorial schedules for the duration of their stay in the home to help understand what is planned in advance.

Discussion with staff confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Other systems of communication included visits by the registered provider.

Discussion with staff and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example computer games, DVD's, music, multi-sensory sessions. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example residents are supported to visit local shops, cafes, and cinema.

Staff spoken with during the inspection made the following comments:

- "I would recommend this unit to anyone, it's like a family." (staff)
- "This is the nicest place I have worked, there is time to spend with the residents because there are only two places you really get to know them." (staff)

Five completed questionnaires were returned to RQIA from residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied. An issue was shared by one respondent regarding equipment in the home, this information was shared with the registered manager following the inspection.

Comments received from completed questionnaires were as follows:

- "Very satisfied with my sister's care while at Trench Park. Unfortunately not enough respite beds at this facility to provide more respite dates. She really enjoys getting to Trench Park and interacts well with all the staff". (residents representative)
- "(My relative) is very happy at Trench Park and the staff are very caring".(residents representative)
- "My brother is very happy to be in Trench. He states he loves it and always looks forward to his respite stays. The rest of his family are very satisfied with the care he receives at Trench Park". (residents representative)
- "Staff are very welcoming and pleasant". (residents representative)

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 registered manager outlined the management arrangements and governance systems 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.

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

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. There had been no new complaints recorded since the previous inspection. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff for example information was available regarding the changing terminology for modified diets from the International Dysphagia Diet Standardisation Initiative (IDDSI). 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 MAPA.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The registered manager stated that senior management were kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

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

Discussion with 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.

Five completed questionnaires were returned to RQIA from residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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