



The Regulation and
Quality Improvement
Authority

Trench Park
RQIA ID: 1772
28 Trench Park
Belfast
BT11 9FG

Inspector: Kieran Monaghan
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Announced Estates Inspection
of
Trench Park Residential Care Home, Belfast
on
29 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An estates inspection took place on 29 July 2015 from 10:30am. to 11:40am. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Minimum Standards 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	0

The details of the QIP within this report were discussed with the Mr. Noel Fitzsimmons, Deputy Manager, Mr. Danny McCartney, Estates Operations Manager, Belfast Health and Social Care (HSC) Trust, Mr. Brian Marley, Fire Safety Officer, Belfast HSC Trust and Mr. Sean Treanor, Estates Engineer, Belfast Health and Social Care, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr. Martin Joseph Dillon, Belfast Health and Social Care Trust	Registered Manager: Jane McGowan, Registered Manager
Person in Charge of the Home at the Time of Inspection: Mr. Noel Fitzsimmons, Deputy Manager	Date Manager Registered: 29 July 2008
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 2
Number of Residents Accommodated on Day of Inspection: 2	Weekly Tariff at Time of Inspection: £9.00 per day

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and/or themes have been met:

Standard 27: Premises and Grounds

Standard 28: Safe and Healthy working Practices

Standard 29: Fire safety

4. Methods/Process

Specific methods/processes used in this inspection included the following:

Prior to this inspection the following records were analysed: The previous report for the Estates inspection that was carried out on 09 October 2012 and the statutory notifications over the past 12 months.

During the inspection the inspector met with Mr. Noel Fitzsimmons, Deputy Manager, Mr. Danny McCartney, Estates Operations Manager, Belfast Health and Social Care (HSC) Trust, Mr. Brian Marley, Fire Safety Officer, Belfast HSC Trust and Mr. Sean Treanor, Estates Engineer, Belfast Health and Social Care.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment and fire risk assessment.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of this home was an unannounced primary care inspection which was completed on 07 July 2015. The report and Quality Improvement Plan for this inspection has not yet been issued by RQIA.

5.2 Review of Requirements and Recommendations from previous Estates Inspection on 09 October 2012

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27(2)(o)	The fastening on the garden gate should be adjusted so that it can not be easily opened from the outside.	Met
	Action taken as confirmed during the inspection: The fastening on this gate had been adjusted so that it was not easily opened from the outside.	
Requirement 2 Ref: Regulation 14(2)(a)(c)	The window restrictors in one of the bedrooms should be repaired to ensure that all window openings are controlled to a safe point of opening with a maximum clear opening of 100mm. It should not be possible to disconnect the restrictors without the use of a specialist tool or a key.	Met
	Action taken as confirmed during the inspection: The window openings in the bedrooms were controlled.	
Requirement 3 Ref: Regulation 27(4)(b)(c)(d)(iv)	Monthly function checks to the emergency lights should be carried out.	Met
	Action taken as confirmed during the inspection: A procedure had been drawn up for carrying out the monthly function checks to the emergency lights and the staff had been given instructions on same. The most recent function check was completed on 28 July 2015.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 29.2	It is recommended that a cold smoke seal should be fitted to the door of the first floor office.	Met
	Action taken as confirmed during the inspection: A cold smoke seal had been fitted to the door of the first floor office.	

5.3 Standard 27: Premises and Grounds

Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

One issue was identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

One issue was identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented and clean. This supports the delivery of compassionate care.

One issue was identified for attention during this Estates inspection. This is detailed in the 'areas for improvement' section below.

Areas for Improvement

The doors to the bedrooms are fitted with vision panels. As these were fitted many years ago they may not now be relevant in relation to the current group of residents who use the home. Mr. Fitzsimmons advised that this issue was currently under consideration in the context of the recent thinking in relation to restrictive practices and human rights. The outcome of these considerations and the proposed action to be taken in relation to these vision panels should be confirmed to RQIA. Reference should be made to requirement 1 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
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5.4 Standard 28: Safe and Healthy Working Practices

Is Care Safe? (Quality of Life)

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

1. The electrical equipment was inspected and tested on 06 May 2015. The report for the most recent inspection and test of the fixed wiring installation was not presented for review during this Estates inspection. The details in relation to the most recent inspection and test of the fixed wiring installation should be confirmed to RQIA. Reference should be made to requirement 2 in the attached Quality Improvement Plan.
2. The water seal trap for the first floor shower was not fully effective. Remedial action should be taken to resolve this issue. Reference should be made to requirement 2 in the attached Quality Improvement Plan.
3. The next routine service and six monthly thorough examination of the lifting equipment should be completed. Reference should be made to requirement 2 in the attached Quality Improvement Plan.

Areas for Improvement Continued

4. A schematic drawing should be provided for the water systems in the premises. Confirmation that all of the issues identified for attention in the legionella risk assessment have been addressed and that the showers are being descaled, cleaned and disinfected on at least a quarterly basis should be provided to RQIA. The flow temperature of the unblended hot water in the plumbing system should be maintained above 55°C in line with the current guidance for the prevention or control of legionella bacteria in water systems. Reference should be made to requirement 3 in the attached Quality Improvement Plan.

Number of Requirements	2	Number Recommendations:	0
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5.5 Standard 29: Fire Safety

Is Care Safe? (Quality of Life)

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment. This supports the delivery of effective care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.

Areas for Improvement

1. The ceiling in the small switchgear cupboard in the front entrance was not fire stopped at the cable and conduit perforations. This ceiling should be fire stopped. Reference should be made to requirement 4 in the attached Quality Improvement Plan.

Areas for Improvement Continued

2. It is good to report that a review of the fire risk assessment was completed on 15 October 2014. The report for this review confirmed that the overall fire risk in the premises was 'Tolerable'. This report however identified a small number of issues for attention. The current position in relation to these issues should be confirmed to RQIA. The action plan in this fire risk assessment report should also be signed off by the Registered Manager as each item is addressed. Reference should be made to requirement 4 in the attached Quality Improvement Plan.
3. Fire drills were carried out on 02 February 2015 and 26 June 2015. Fire safety training was provided for the staff on 23 October 2014 and 15 January 2015. The fire training provided on 15 January 2015 was fire warden training. The next routine six monthly fire safety training should be provided for all staff. Reference should be made to requirement 4 in the attached Quality Improvement Plan.

Number of Requirements	1	Number Recommendations:	0
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5.6 Additional Areas Examined

No additional areas were examined during this Estates inspection.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr. Noel Fitzsimmons, Deputy Manager, Mr. Danny McCartney, Estates Operations Manager, Belfast Health and Social Care (HSC) Trust, Mr. Brian Marley, Fire Safety Officer, Belfast HSC Trust and Mr. Sean Treanor, Estates Engineer, Belfast Health and Social Care, 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person should 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 estates.mailbox@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 home. 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 persons 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 persons with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 27(2)(e)</p> <p>Stated: First time</p> <p>To be Completed by: 29 September 2015</p>	<p>The outcome of the current considerations in relation to the vision panels in the bedroom doors and the proposed action to be taken in relation to same should be confirmed to RQIA.</p> <p>Response by Registered Manager Detailing the Actions Taken: This Vistamatic Ltd panel that is built into the doors on the shortbreak bedrooms can either be kept closed, so that there is no visual access from outside the bedroom or when the care plan and risk assessment details the need for observation the panel can be opened. Care Plans and Risk Assessments have been updated to highlight the need for the Vistamatic Ltd panel to be in operation to safe guard the service user when observation is required.</p>
<p>Requirement 2</p> <p>Ref: Regulations 13(7) 27(2)(c) 27(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 29 September 2015</p>	<p>The details in relation to the most recent inspection and test of the fixed wiring installation should be confirmed to RQIA. Remedial action should be taken to resolve the issue in relation to the water seal trap for the first floor shower room. The next routine service and thorough examination of the lifting equipment should be completed.</p> <p>Response by Registered Manager Detailing the Actions Taken: The Estates Department used an outside agency to complete the test on the fixed wiring installation in August 2015. Estates are awaiting the report. When the report is received Estates will action any requirements recommended. RQIA will be notified.</p> <p>The water seal trap in the first floor shower room has been fixed on the 18/8/15.</p> <p>The lifting equipment is serviced in line with Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) & Provision and Use of Work Equipment Regulations 1998 (PUWER). The mobile hoist was last serviced on 10 August 2015 and the next service is due on the 10 February 2016. The permanently fixed overhead hoist is due a service in November 2015.</p>
<p>Requirement 3</p> <p>Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(q)</p> <p>Stated: First time</p> <p>To be Completed by: 29 September 2015</p>	<p>A schematic drawing should be provided for the water systems in the premises. Confirmation that all of the issues identified for attention in the legionella risk assessment have been addressed and that the showers are being descaled, cleaned and disinfected on at least a quarterly basis should be provided to RQIA. The flow temperature of the unblended hot water in the plumbing system should be maintained above 55°C in line with the current guidance for the prevention or control of legionella bacteria in water systems.</p> <p>Response by Registered Manager Detailing the Actions Taken: All of the above is to be carried out by Estates Risk Department. The Department will have this completed by the 29th September 2015. When</p>

and Ongoing

completed they will forward a copy to Kieran Monaghan at RQI A. Should any delay occur Estates will notify Mr Monaghan and the registered manager.

Quality Improvement Plan

Statutory Requirements

Requirement 4
Ref: Regulations

27(4)(a)

27(4)(b)

27(4)(e)

Stated: First time

**To be Completed by:
29 September 2015**

The ceiling in the small switchgear cupboard in the front entrance should be fire stopped at the cable and conduit perforations. The current position in relation to the issues identified for attention in the report for the most recent review of the fire risk assessment should be confirmed to RQIA. The action plan in the fire risk assessment report should also be signed off by the registered manager as each item is addressed. The next routine six monthly fire safety training should be provided for all staff.

Response by Registered Manager Detailing the Actions Taken:

The ceiling in the small switchgear cupboard has been fire stopped on 19/8/15. An Action Plan (location : Trench Park Fire Manual) has now been signed by the Registered Manager.

The next mandatory six monthly Fire Safety & Environmental Awareness session is scheduled for September 24th 2015.

Registered Manager Completing QIP	Jane McGowan	Date Completed	31 August 2015
Registered Person Approving QIP	Martin Dillon	Date Approved	23 rd September 2015
RQIA Inspector Assessing Response	K. Monaghan	* Date Approved	04 November 2015

* Clarification or follow up required on some items.

Please ensure the QIP is completed in full and returned to estates.mailbox@rqia.org.uk from the authorised email address