



The Regulation and
Quality Improvement
Authority

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

Inspector: Bronagh Duggan
Inspection ID: IN022358

Tel: 0289504 3990
Email: jane.mcgowan@belfasttrust.hscni.net

**Unannounced Care Inspection
of
Trench Park**

7 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 unannounced care inspection took place on 7 July 2015 from 10.30 to 16.00. On the day of the inspection we found the home to be delivering safe, effective and compassionate care.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, and the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007).

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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Belfast HSC Trust/ Mr Martin Dillon	Registered Manager: Mrs Jane McGowan
Person in Charge of the Home at the Time of Inspection: Mrs Jane Mc Gowan	Date Registered: 29/07/2008
Categories of Care: RC-LD, RC-LD (E)	Number of Registered Places: 2
Number of Residents Accommodated on Day of Inspection: 1	Weekly Tariff at Time of Inspection: £470 per week

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 standard and theme has been met:

Standard 1: Residents' involvement

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: Notifications of accidents and incident records submitted to RQIA and the returned Quality Improvement Plan from the previous inspection.

During the inspection we met with one resident, two care staff, the deputy manager and the registered manager.

We inspected the following records:

- Four care records
- Staff Training records
- Relevant Policies and Procedures
- Returned Satisfaction Surveys
- Fire Safety Risk Assessment
- Statement of Purpose
- Accident and Incident records
- Compliments and Complaints

5. The Inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 14 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 8.5	Daily records should be completed to clearly show when the resident has been discharged from the home.	Met
	Action taken as confirmed during the inspection: Inspection of a sample of four care records confirmed that all contained relevant discharge information.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 6.3	A recommendation is made that care plans should be kept up to date and clearly reflect any changes in the residents care. Care plans should be signed by the person drawing it up, the resident, where appropriate their representative, and the registered manager. If the resident or their representative is unable or unwilling to sign this should be recorded.	Met
	Action taken as confirmed during the inspection: Inspection of four care plans confirmed that these were up to date and signed appropriately.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 27.8	A recommendation is made that the store area should be kept tidy and organised thus avoiding any hazards or risks.	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed that the store area was appropriately cleared.	

5.3 Standard 1- Residents' involvement

Is care safe? (Quality of life)

Trench Park provides short term breaks for adults with learning disabilities. The registered manager confirmed that residents' views and comments shape the quality of services and facilities provided by the home.

In our discussions with staff they confirmed that resident's individual choices, and preferences are at the centre of care delivery. We inspected four care records which contained up to date needs assessments, risk assessments and care plans. The care records were kept under continual review to accurately reflect the needs and preferences of residents. Staff confirmed to us that they liaised closely with representatives of residents prior to and following the residents stay at the home.

Staff demonstrated to us a good awareness of the values of independence, choice and consent. Staff were aware of the need to consistently demonstrate these values to underpin the practice of the home.

Is care effective? (Quality of management)

The home had a policy in place titled Listening and Responding to Service Users. This included relevant information regarding the promotion of resident's involvement within the home. We also inspected the homes Statement of Purpose; this outlined the philosophy of care of the home which included the promotion of rights, privacy, respect and independence.

In our discussions with the registered manager she confirmed that the home issued satisfaction surveys on an annual basis. These were distributed to representatives to gather information regarding their satisfaction with the service provided, perceived enjoyment for service users, and staff attitudes. Residents and their representatives were also asked to identify any improvements which could be made. Information regarding complaints and satisfaction was also sought. The registered manager confirmed that the information collated from the surveys was then compiled within a report. This report was then shared with residents and their representatives. The information gathered was used to make ongoing improvements.

Staff confirmed to us that they helped meet the individual needs and wishes of residents when they access the service. Resident's individual needs and wishes were continually responded to. Upon admission to the home staff discussed with residents any preferences they had regarding activities and menus. The registered manager confirmed to us that the home would also seek resident's views at the end of their stay. This information was used to identify any potential areas for improvement.

We inspected a selection of monthly monitoring reports. These showed the views of residents and their representatives were actively sought on a regular basis.

Is care compassionate? (Quality of care)

In our discussions with staff they confirmed that residents' individual needs and preferences were at the centre of care provided in the home. During each short break stay the service provided was specifically tailored to meet the needs of each resident.

In our observations of care practices and interactions between the resident and staff we found the resident was treated with compassion and respect when being supported by staff.

Areas for improvement

We identified no areas of improvement in relation to this standard. This standard was found to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

We inspected four care records. Three of these records reflected individualised plans of care regarding resident's continence management. As residents attend the home for short breaks the registered manager informed to us residents bring their own continence products for the duration of their stay. The types of continence products used by residents were indicated in the care records inspected.

In our discussions with staff they demonstrated knowledge of resident's individual needs and were aware of infection control procedures in the home. An inspection of staff training records showed that staff had recently completed training in relation to infection control.

Through our inspection of care records, discussion with the staff team and general observations we identified no mismanagement of this area of care such as malodours or breakdown of skin integrity.

Is care effective? (Quality of management)

The home had a policy in place regarding the management of continence. This contained relevant information regarding the need for assessment, regular review, correct products and the impact of mismanagement of continence. The home also had a policy in place on infection control.

Staff confirmed to us that they were familiar with individual resident's needs and the information contained within their care plans. Staff spoke about the ongoing need to liaise with representatives prior to the admission of residents to the home. Staff confirmed they liaised with representatives to identify if there has been any changes regarding the resident's care since their previous visit to the home.

Staff also confirmed to us that there were adequate supplies of gloves, aprons and soap dispensers in the home. We observed these to be in good supply during inspection of the premises.

Is care compassionate? (Quality of care)

In our discussions with staff they were aware of the need to promote the values of privacy, dignity and respect when supporting residents with their continence needs. Observations of general care practices indicated that the resident present was comfortable and relaxed within the home environment.

Areas for improvement

We identified no areas of improvement for this theme. This theme was assessed to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	0
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5.5 Additional areas examined

5.5.1. Resident's views

We met with one resident who was using the service. We observed the resident relaxing and participating in organised activities. In accordance with their capability the resident indicated that they were happy during their stay in the home, their relationship with staff, and the provision of care. We noted that the resident presented as comfortable and interacted easily with staff.

5.5.2. Staff views

We spoke with two care staff and received seven completed staff questionnaires. Staff confirmed that they were supported in their respective duties and were provided with relevant training and resources to undertake their duties.

5.5.3. General environment

We found that the home was clean and tidy with no malodours present. The décor and furnishings were fit for purpose.

5.5.3. Accident and incident reports

We reviewed the accident and incident reports from the date of the previous inspection and found these were appropriately managed and reported.

5.5.4. Fire safety

We inspected fire safety training records which confirmed that training was provided on an up to date basis. The home's Fire Safety Risk Assessment had been updated accordingly. There were no visible fire risks observed.

5.5.5. Compliments and complaints

We reviewed records of compliments and complaints. The registered manager confirmed that no complaints had been received since the last inspection. A number of compliments had been given to the home.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Jane McGowan	Date completed	04/08/2014
Registered Person	Martin Dillon	Date approved	12/08/2015
RQIA Inspector assessing response	Priscilla Clayton	Date approved	27/08/15

Please provide any additional comments or observations you may wish to make below:

****Please complete in full and returned to care.team@rqia.org.uk from the authorised email address****

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 person/manager from their responsibility for maintaining compliance with minimum standards and regulations.