The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Trench Park

Provider: Belfast Health and Social Care Trust

Date of Inspection: 24 September 2024

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	Belfast HSC Trust
Responsible Individual:	Dr Catherine Jack
Registered Manager:	Victoria Alexandra McQuoid
Service Profile – This home is registered as a residential care home and provides social care for up to two residents with a learning disability. The home offers short stay respite care.	

2.0 Inspection summary

An unannounced inspection took place on 24 September 2024, from 10.25 am to 4.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 26 July 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection the previous area for improvement will be stated again. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents who were residing in the home at the time of inspection appeared to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was observed that residents were supported and provided with opportunities to attend day care in the community and return to the care home.

Staff provided positive feedback about their experiences working in the home. Comments shared included, "it's a good place to work."

Discussion with staff confirmed that residents were able to choose how they spent their day and that there was flexibility to facilitate activities dependent on the wishes and needs of the residents residing in the home.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents.

There was evidence one staff member's induction required further review, a discussion took place with the management team and assurances were provided this would be completed.

Staff told us that the needs of the residents were important to them. Examination of the staff duty rota and discussions with staff confirmed there was enough staff in the home to respond to the needs of the residents in a timely way. Staffing levels are kept under review to ensure there is adequate staff on duty to meet the needs of the residents.

A system was in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC) however, records did not include the staff member's full name or the date of registration. This was discussed with the management team.

The system in place to monitor staff's attendance with mandatory training did not always evidence compliance with all mandatory training, for example; practical fire training and moving and handling training. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Discussion with staff confirmed that they were aware of the falls protocol and the actions to take in the event a resident sustained a fall.

There were no residents present at lunchtime in the home. Discussion with staff confirmed that staff understood residents individual assessed needs in relation to Speech and Language Therapy (SALT) recommendations and the processes in place to ensure residents received the correct diet.

The dining area was suitably set-up for residents to enjoy their meal. The system in place to identify those residents requiring modified diets was on display in the kitchen/dining area, residents names were identifiable; a recommendation was made for this system to be reviewed.

The importance of engaging with residents was well understood by the manager and staff. Discussion with the management team and staff confirmed that staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

The weekly programme of social events was displayed on the noticeboard and was reviewed daily in consultation with the residents who were residing in the home.

The management team evidenced the development of an outdoor sensory room which would allow for a quiet space for residents to access. A variation was submitted to RQIA following the inspection to advise on this change.

3.3.3 Management of Care Records

Residents' needs were assessed by a member of staff at the time of their initial admission to the home however these did not always provide a full assessment to include residents physical, social, emotional and spiritual needs. Assessments did not evidence that they were reviewed on each admission to the home to identify any changes in residents needs. They were not always signed or dated by the person completing. An area for improvement was identified. Resident care plans were not regularly reviewed or updated to ensure they reflected the residents' current care needs; an area for improvement was identified.

Care staff recorded regular evaluations about the delivery of care.

Residents care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

The home was warm and welcoming. The lounge area had access to adequate seating and activities such as puzzles and DVD's.

The kitchen area was accessible for residents which allowed them to access drinks and snacks; this provided a homely approach. However, there were cleaning materials under the sink which potentially presented a risk to residents safety; an area for improvement was identified. The saucepans were worn and required replacing; this was shared with the manager. The medication cabinet was unlocked; an area for improvement was identified.

A fire risk assessment was completed in the home by an accredited fire risk assessor on 1 February 2024 and the overall risk was assessed as tolerable. Assurances were provided that the actions outlined by the fire risk assessor would be completed as necessary.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Victoria McQuoid has been the Manager in this home since 22 February 2022.

Staff commented positively about the the management team and described them as supportive, approachable and able to provide guidance.

There was evidence of systems in place to review the quality of care and operations within the home. There was not always evidence of these audits identifying the person responsible for completing the action or signing these off to evidence completion. This was identified as an area for improvement as a result of the prevous inspection and is now stated for a second time. Accidents and incidents were reviewed as part of the monthly audits, there was evidence that one incident had not been reported to the appropriate persons and authorities. This was brought to the attention of the manager for action.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	5*

* the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Vicky McQuoid as part of the inspection process. The timescales for completion commence from the date of inspection.

Findings of the inspection were discussed with Victoria Alexandra McQuoid, Manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 14 (2) (c) **Stated:** First time **To be completed by:** 24 September 2024	The Registered Person shall ensure that cleaning chemicals in the kitchen are stored securely. Ref: 3.3.4
	Response by registered person detailing the actions taken:

	A lock has now been fitted to the storage cupboard and chemicals are kept locked away securely at all times.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.1 Aug 2021)	
Area for improvement 1 **Ref:** Standard 20 **Stated:** Second time **To be completed by:** 22 October 2024	The registered person shall ensure that deficits identified by the homes' audit systems clearly identifies the person responsible to make the improvement and the timeframe for completing the improvement. Ref: 3.3.4
	Response by registered person detailing the actions taken: Audit systems have been amended to include persons responsible for improvements/tasks for completion and timeframe outlined.
Area for improvement 2 **Ref:** Standard 23.3 **Stated:** First time **To be completed by:** 22 October 2024	The Registered Person shall ensure that mandatory training requirements are met for all staff. Ref: 3.3.1
	Response by registered person detailing the actions taken: Mandatory training in deficit areas are being addressed, training is being booked on and is underway to bring up to standard.
Area for improvement 3 **Ref:** Standard 3.4 **Stated:** First time **To be completed by:** 24 September 2024	The Registered Person shall ensure that residents needs are fully assessed on each admission to the home. Assessments must be dated and signed by the staff member completing them. Ref: 3.3.3
	Response by registered person detailing the actions taken: The clients care plans are being reviewed upon each admission and amended to reflect any change in needs.
Area for improvement 4 **Ref:** Standard 6 **Stated:** First time **To be completed by:**	The Registered Person shall ensure that residents' care plans are regularly reviewed and updated as required to reflected the residents' current care needs. Ref: 3.3.3

19 October 2024	**Response by registered person detailing the actions taken:** The clients care files and encompass records are reviewed prior to each admission to the service.
Area for improvement 5 **Ref:** Standard 32 **Stated:** First time **To be completed by:** 24 September 2024	The Registered Person shall ensure that medicines are stored securely. Ref: 3.3.3
	Response by registered person detailing the actions taken: Medications are stored in a locked medication cabinet and keys are kept with lead staff member on duty.

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

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