

Inspection Report

Name of Service: Trench Park

Provider: Belfast Health and Social Care Trust

Date of Inspection: 11 August 2025

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:	Maureen Edwards
Registered Manager:	Chris Finnegan - acting
<p>Service Profile – This home is a registered residential care home which provides health and social care for up to two residents with learning disabilities.</p> <p>There is a range of communal areas throughout the home and residents have access to an enclosed garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 11 August 2025, between 10.20 am and 5.00 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection also assessed progress with the areas for improvement identified, by RQIA, during the last care inspection on 24 September 2024. Enforcement action resulted from the findings of this inspection.

Staff promoted the dignity and well-being of residents and 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.

A serious concerns meeting was held with the representatives of the registered person on 2 September 2025. A satisfactory action plan was presented at this meeting and RQIA accepted the assurances provided. RQIA will continue to monitor the quality of the service provided and will carry out an inspection to assess progress with the areas for improvement on the Quality Improvement Plan (QIP).

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider. 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

There were no residents accommodated in the home at the time of the inspection.

Staff spoken with said they enjoyed working in the home and that there was good teamwork and support from the management team. Staff spoken with had good knowledge of the systems in place to ensure resident's individual needs were met on admission and discharge from 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.

Concerns were identified regarding the lack of evidence available to confirm pre-employment checks had taken place prior to a staff member commencing employment in the home. A recruitment checklist was in place to evidence that pre-employment checks had been completed. However, the checklist was incomplete and did not include all of the required pre-employment checks, for example; full employment history, exploration of gaps in employment and reasons for leaving, identity check and right to work in the UK.

RQIA identified concerns regarding the lack of a clear recruitment process in place for staff recruited through expressions of interest (EOI); with specific regards to those applying from an employment agency. This process was unclear as to the persons responsible for the recruitment of these staff and those completing the required pre-employment checks. The manager was unable to evidence their oversight of these checks prior to the commencement of employment. Two new areas for improvement were identified.

At the serious concerns meeting held with the management team of the home on the 2 September 2025 a copy of the updated recruitment checklist, to include all of the pre employment checks, and an action plan detailing the recruitment process for EOI process and the system to ensure the manager has access to pre-employment checks prior to a staff member commencing work in the home was provided to RQIA. The management team advised that the process for recruitment through expressions of interest (EOI) has been revised to ensure the manager has oversight of the recruitment process.

There was evidence of systems in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC) and it was evident that those staff requiring to be registered had this in place.

There was evidence of a system in place to monitor staff's compliance with mandatory training. This is kept under ongoing review by the management team and assurances were provided that dates were being sourced for outstanding training, for example: food hygiene.

Examination of the duty rota and discussion with staff confirmed that there was enough staff to support the needs of residents on admission to the home. A discussion took place with the management team to ensure the staff member's place of work is clearly identified on the duty rota.

A system was in place to ensure the competency and capability of staff for their designated roles and responsibilities; however these were not always signed off by the person completing the assessment. Details of this was shared with the management team and assurances were provided in writing following the inspection that action had been taken to ensure these were completed in full.

3.3.2 Quality of Life and Care Delivery

Discussion with staff confirmed that there were systems in place to ensure that staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that systems were in place to safeguard residents and to manage this aspect of care. The current system in place to monitor those residents with a Deprivation of Liberty Safeguard (DoLS) requires further enhancement. The details of this were shared with the management team for review and action as appropriate.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Review of records and discussion with staff and the manager indicated that there were robust systems in place to manage residents' nutrition and mealtime experience.

The importance of engaging with residents was well understood by the manager and staff. Discussion with staff confirmed that they knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to go out into the community to go shopping or attend the cinema if this was their preferred choice.

Comments regarding residents access to wheelchair transport were shared with the manager for review and action as appropriate. Assurances were provided by the manager that alternative arrangements are in place to ensure all residents attending the home have access to attend outings in the community if assessed as appropriate.

There was a system in place to ensure the programme of activities could be displayed, based on the preferred wishes of the residents residing in the home at that time. The manager and staff confirmed that activities were personalised to the wishes and needs of the residents in the home; therefore, activities were fluid and changed regularly as required.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

A system was in place to ensure care plans and risk assessments were reviewed following each admission to the home to ensure these reflected any changes in the residents needs.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care.

3.3.4 Quality and Management of Residents' Environment

The home was bright and welcoming. There was evidence of cleaning schedules in place for communal areas across the home.

Some refurbishment of the environment was required across the home, for example; staining was identified on the flooring, general wear and tear to woodwork, furniture and the paintwork. The manager advised that this had been identified prior to the inspection and plans were in place to request the completion of these works. The manager confirmed the planned refurbishments in writing following the inspection.

Review of records and discussion with staff and the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, and water temperature checks.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

Chris Finnegan has been the Acting Manager in this home since 28 October 2024.

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

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Advice was provided to the management team to review the current audit systems in place to ensure these are robust at identifying where actions are required based on each individual service.

There was a system in place for the monitoring of accidents and incidents, which took place in the home; these did not always clearly evidence that the appropriate organisations and persons had been notified where required, for example next of kin, the trust and RQIA. The manager provided assurances that those persons and organisations required had been notified. An area for improvement was identified.

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	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Chris Finnegan, Manager and Ms Gayle Duffy, Deputy Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (a) & (b) Stated: First time To be completed by: 11 August 2025	The Registered Person shall ensure there is a system in place to provide the manager with oversight of the recruitment process including pre-employment checks for all staff prior to commencing employment in the home. Ref: 3.3.1 Response by registered person detailing the actions taken: The registered manager shall ensure that a record of all pre-employment checks are completed prior to commencement of employment in the home and are available for inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022: Version 1:2)	
Area for improvement 1 Ref: Standard 19.2 Stated: First time To be completed by: 11 August 2025	The Registered Person shall ensure that the pre-employment checklist is completed in full to evidence the checks which have taken place prior to a staff member commencing employment in the home. Ref: 3.3.1 Response by registered person detailing the actions taken: The registered manager all evidence of pre-employment checks to include a full employment history will be available for inspection.

<p>Area for improvement 2</p> <p>Ref: Standard 20.15</p> <p>Stated: First time</p> <p>To be completed by: 11 August 2025</p>	<p>The Registered Person shall ensure that accidents and incident records evidence that these have been reported appropriately to the relevant persons and organisations, including: next of kin's, health and social care trust and the Regulation Quality Improvement Authority (RQIA).</p> <p>Ref: 3.3.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager shall ensure that all accidents/incidents are reported to the appropriate persons and organisations including next, health and social care trusts and the Regulation Quality Improvement Authority. (RQIA).</p>

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



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