



Inspection Report

Name of Service: Trench Park

Provider: Belfast Health and Social Care Trust

Date of Inspection: 24 June 2026

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:	Ms Jennifer Welsh
Registered Manager:	Mr Chris Finnegan
Service Profile – This home is a registered residential care home, which provides health and social care for up to two residents with learning disabilities. There is a range of communal areas throughout the home and residents have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 24 June 2026, between 10.30 am and 3.00 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 11 August 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established 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.

As a result of this inspection, all of the previous 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; however, systems were in place by the management team to capture the views of residents and their representatives, of those who use the service.

Staff commented positively about working in the home. Some of the comments shared included, "I enjoy working in here" and "the management would take any concern seriously."

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 of systems in place to manage staffing.

Staff demonstrated knowledge of residents needs and confirmed there were systems in place to ensure they were aware of any change in resident's needs prior admission to the home.

Duty rotas did not always clearly demonstrate the person in charge in the absence of the manager. The details of this were shared with the management team and an area for improvement was identified.

There was evidence of a checklist in place to ensure pre-employment checks were completed prior to any staff member commencing employment in the home. A discussion took place with the manager to ensure that medical fitness is clearly documented as part of the pre-employment checks for staff recruited internally through the Trust.

There was a system in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC) and this evidenced that those staff requiring to be registered, had this in place. A discussion took place with the management team to make this system more robust by ensuring staff's registration date is kept up to date and accurate on the tracker. Assurances were provided by the management team that this would be amended.

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. Staff confirmed that there is a 'safety pause' prior to mealtimes to ensure good communication across the team about changes in residents' needs.

Discussions with staff confirmed, systems were in place to ensure appropriate reporting arrangements regarding changes in resident's needs, accidents and incidents. Staff spoke about residents needs in a dignified and respectful manner.

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. A review of the system in place to monitor those residents with a Deprivation of Liberty Safeguard (DoLS) did not accurately include the dates DoLS were reviewed. This made it difficult to identify if a resident's DoLS was currently in place. The details of this were shared with the management team for review and action. An area for improvement was identified.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, referrals to physiotherapy or GP's. Staff demonstrated their knowledge regarding post falls management and the falls protocol.

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.

Discussion with staff confirmed arrangements were in place to promote a relaxed and comfortable mealtime experience for residents, which promoted choice, and person centred care. There was evidence of systems in place to manage resident's needs at mealtimes, including signage regarding International Dysphagia Diet Standardisation Initiatives (IDDSI).

The importance of engaging with residents was well understood by the management team and staff. The management team confirmed there is a transport system in place to support residents to engage in activities in the local community. The management team confirmed, residents can

get out to the shops, cinema or local clubs; dependent on residents preferences and assessed need.

Staff understood that meaningful activity was not isolated to the planned social events or games.

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 updated to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were mostly person centred, however improvements were required with regards risk assessments and care plans to ensure these were reflective of individual's assessed need. For example, it was evident that more detail was required in care plans to direct the care required for those residents with IDDSI recommendations and DoLS. The details of this were shared with the management team and an area for improvement was required.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy. There was evidence of repairs having taken place to some aspects of the home from the last inspection, for example: new floors had been put in place along the main corridor and new furniture in the lounge. Further plans were in place to address other aspects of the environment, for example: paintwork across the home. A discussion took place with the management team regarding the wear and tear to the flooring in the lounge area; the management team agreed to review and address this.

Resident's bedrooms were clean, neat and tidy. Discussions with staff confirmed they were aware of resident's preferences with regards to their bedrooms; staff ensured these were set up appropriately and personalised with items to promote a relaxed and homely environment for residents.

Review of records and discussion with the manager confirmed 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 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

There has been no change in the management of the home since the last inspection. Mr Chris Finnegan has been the Registered Manager in this home since 13 May 2026.

Staff commented positively about the management team 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.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The name of the person completing the report was not always clearly identified at the start of the report, the details of this were shared with the management team for review and 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	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Chris Finnegan, Registered 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 Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 25.3 Stated: First time To be completed by: 24 June 2026	The Registered Person shall ensure the person in charge in the absence of the manager is clearly identified on the duty rota. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered manager has ensured the person in charge is clearly identified on the duty rota.
Area for improvement 2 Ref: Standard 20 Stated: First time To be completed by: 8 July 2026	The Registered Person shall ensure the system in place to monitor residents with a DoLS, is kept up to date, accurate and regularly reviewed. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager will ensure the system in place to monitor residents DoLS, is kept up to date, accurate and is reviewed regularly.
Area for improvement 3 Ref: Standard 6 Stated: First time To be completed by: 8 July 2026	The Registered Person shall ensure that care plans are reflective of individual assessed need and are detailed to direct the care required. This is with reference to: DoLS and behavioural support plans. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager will ensure careplans are reflective of individual assessed need and are detailed to direct the care required with particular reference to DoLS and behavioural support plans.

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