



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Trench Park Centre
Provider: Belfast Health and Social Care Trust
Date of Inspection: 3 June 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 Health and Social Care Trust
Responsible Individual:	Dr Catherine Jack
Registered Manager:	Mr Chris Finnegan (Awaiting application)
Service Profile: Trench Park Centre is a domiciliary care agency, supported living type which provides care and support to service users with a learning disability. Service users live in individual flats or shared accommodation in Trench Park and Shaw's Avenue, Belfast.	

2.0 Inspection summary

An unannounced inspection took place on 3 June 2025, between 9.10 am and 1 pm by a care Inspector.

The inspection was undertaken to evidence how the agency 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 13 October 2023; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as the recruitment process and staff training. Audits of staffing levels are also required in relation to any impact on service users that may be caused by staffing shortages. Additionally, improvements are required in relation to assuring staff in relation to any concerns they may have.

Service users said that the care and support provided by the Trench Park Centre staff was a good experience. Refer to Section 3.2 for more details.

As a result of this inspection the area for improvement previously identified was 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 agency 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 agency. This included the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those working for or being supported by the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they liked the staff and their friends. Comments included 'there is always someone here to help'; and 'I feel listened to and have a good relationship with (the staff'. One service user commented in relation to the staff walking into their flat, without knocking the door. This comment was relayed to the manager for review and action as appropriate.

Staff provided feedback, raising concerns regarding the staffing levels in Shaw's Avenue and in relation to staff' reluctance in raising concerns. These concerns were discussed with the manager and areas for improvement have also been identified in relation to these matters. Refer to Sections 3.3.1 and 3.3.4 for more details.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

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 service users.

Consultation with staff identified that Shaw's Avenue was frequently short staffed and that this often resulted in service users being unable to go out or missing appointments. An area for improvement has been identified, to ensure that activities/appointments are audited on a regular basis.

Review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, it was identified that agency staff members who applied for Trust posts under an Expression of Interest, did not have full employment histories obtained. This meant that we were not assured as to whether or not any gaps in employment existed; and there were also no reasons for leaving previous employments recorded. An area for improvement has been identified.

In addition, references had not been consistently sought from the agency staffs' current employer. An area for improvement has been identified.

Newly appointed staff, including those supplied by recruitment agencies, had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of all staff training were retained and were generally noted to be up to date. However, it was noted that few staff had completed training in respect of mental health awareness. Additionally, whilst there were some training modules, such as Positive Behaviour Support, that provided training with the skills to manage behaviours which may be challenging, it was noted that there was no specific training for staff, in relation to learning disability training. An area for improvement has been identified.

Procedures were in place for appraising staff performance and all staff received regular supervision.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift in each house; this included information about any changes to the service users' care, that the staff needed to assist them in their roles.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

Service users' needs were met through a range of individual and group activities such as cinema and shopping trips, bowling and go-karting. Service users were supported to have a short break in Killarney; and a number attended learning disability discos.

Where service users required medicine, there was a system in place which ensured that each service user was supported in this task, to be as independent as possible.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that Service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Staff recorded regular evaluations about the care and support provided.

Additionally, the eating and drinking care plans referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. It was good to note that any service users whose mental health disorder placed them at higher risk in relation to a number of different matters, had a comprehensive risk assessment and management tool completed twice a year, in keeping with good practice.

3.3.4 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Mr Chris Finnegan has been the manager in this agency since 28 October 2024 and he is also the acting manager of another registered service. The application for registration as manager is pending.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. A specific individual was identified as the agency's ASC. However, feedback from staff raised concerns regarding staff' reluctance to raise concerns. An area for improvement has been identified to ensure that all staff are reassured in respect of their concerns being taken seriously and acted upon.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency/day care setting. The reports of these visits were completed in detail; however, advice was given in relation to ensuring that the visits are undertaken in each calendar month; as opposed to two reports being completed in the same month. Given that this had appeared to have improved in the months leading up to the inspection, this will be kept under review by RQIA going forward. Advice was also given in relation to the use of unique identifier numbers within the reports, to ensure traceability of the persons spoken to and records reviewed.

There was a system in place to ensure that complaints were managed appropriately; and it was good to note that these were reviewed as part of the monthly monitoring visits.

Review of incident records identified that they were managed appropriately.

The annual quality report was reviewed and it was noted that stakeholder feedback had not been included. The manager welcomed this advice and agreed to action this immediately. Following the inspection, an updated annual quality report was submitted to RQIA.

The annual safeguarding position report had been completed.

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 service users' environment and/or the quality of services provided by the agency.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Chris Finnegan, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13 (d) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that all staff provide full employment histories, including the reasons they left their previous employments; and any explanation of gaps in employment; this refers specifically to non-Trust staff who apply for positions under Expression of Interest.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The registered Manager will ensure checks are in place for for all new recruits into the service to include previous employment history and the reasons for leaving previous employment. Explanations of gaps in employment will be sought with specific detail on non-trust staff entering employment via expression of interest positions.</p>
Area for improvement 2 Ref: Regulation 13 (d) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that references are sought for any non-Trust staff who are recruited under Expression of Interest; and where these are not forthcoming, records are retained of the efforts made in this regard.</p> <p>Response by registered person detailing the actions taken: The registered manager shall ensure that references are sought for all non-trust staff recruited under expression of interest. and where difficulty presents in obtaining references recorts of the efforts made in this regard will be maintained.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 Ref: Standard 8.6 Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that the staffing levels in Shaw's Avenue are audited on a regular basis; these audits should review the impact of the staffing levels in terms of missed outings/appointments.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The registered manager shall ensure that an audit of staffing levels is in place and regularly reviewed. These audits will review any impact on service delivery with regards to missed appointments or social outings.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that staff are provided with awareness training in respect of mental health awareness and learning disability awareness; records of the training provided, by whatever means, must be retained for inspection; this may include memos, information leaflets, staff meeting minutes; and at some point, integrated into the staff Induction</p> <p>Ref: 3.3.1</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>Response by registered person detailing the actions taken: The registered manager shall ensure that staff receive mental health awareness training and this will be evidenced on the training matrix and will be available for inspection going forward. all other documentation pertinent to mental health awareness information will be retained for future inspections.</p> <p>The registered person shall ensure that staff are reassured in respect of their concerns being taken seriously and acted upon; evidence that this has been addressed must be available for inspection and evidenced by way of staff meetings, memos and inclusion in staff supervision records.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: The registered manager shall ensure staff are reassured in respect that all concerns are actioned. staff supervision documentation has been amended to include opportunity for discussion or to highlight any concerns in order to effectively address them. records from staff meetings will be made available for inspection which show discussions of concerns and agreed actions.</p>

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