

# Anchor Hanover Group

# Trinity Fold

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Trinity Fold is a residential care home providing personal care for up to 50 older people, some of who may be living with dementia. There were 48 people using the service when we inspected.

### People's experience of using this service and what we found

At this inspection we found improvements had been made in many areas. Leadership and management had improved with the recent appointment of a new manager, which resulted in better outcomes for people and an increase in staff morale. More thorough quality assurance systems had been implemented and issues identified had been addressed.

People were happy with the care and support they received and told us they felt safe. One person said, "I like it here. [Staff] are all very good, I oversee them you know. I'm happy here." Care records had improved and reflected people's needs and preferences.

People felt although there were a lot of events at Christmas, overall there was a lack of activities compared to what had been provided in the past. The manager was looking at ways in which this could be improved.

Medicines were managed safely. Staff were aware of risks to people and knew how to keep them safe. The manager was monitoring accident and incidents and taking action to prevent re-occurrences. For example, staffing levels had been increased and there was better teamwork which had improved outcomes for people. A new call system had been installed which helped keep people safe.

Staff were recruited safely, were well trained and had the required skills to meet people's needs. Staff told us they felt well supported.

The home was clean and well maintained. There was an ongoing refurbishment plan which included improvements to make the environment more dementia friendly.

People and relatives praised the staff for their kind and caring approach. We saw staff treated people with respect and maintained their privacy and dignity. People had access to healthcare services. Most people were happy with the choice and quality of the food and said they received plenty to eat and drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 January 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Trinity Fold

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

On the first day one inspector, an assistant inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day one inspector visited.

#### Service and service type

Trinity Fold is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered manager left the service in August 2019. A new manager was appointed in October 2019 and had applied for registration with the Care Quality Commission. They were registered on 16 January 2020. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the manager, a team leader, care workers, a housekeeper, the catering manager, wellness co-ordinator and the district manager. We also spoke with two visiting healthcare professionals.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe in the home and with staff. One person said, "I came here from hospital [some time ago] and decided to stay as I felt safer here."
- Staff had a good understanding of safeguarding and knew what to do if they suspected abuse had taken place.
- Where safeguarding incidents had occurred, actions had been taken to protect people and mitigate the risks of a re-occurrence. Appropriate referrals had been made to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Staff were aware of risks to people and clear guidance was provided in risk assessments.
- Staff were competent and confident when moving and handling people, demonstrating very good practices. People looked comfortable and relaxed as staff were assisting them to transfer using the hoist.
- The environment and equipment were well maintained. Since the last inspection the provider had identified shortfalls in the call system which had also impacted on the use of sensor equipment. A new call system was installed in December 2019 which has addressed these issues.
- Fire safety measures were in place, and staff were aware of the procedure to follow if the building needed to be evacuated.

Staffing and recruitment

- There were enough staff to support people safely and ensure their needs were met.
- Staffing levels had increased since the last inspection and were regularly reviewed taking into consideration people's dependencies as well as feedback from people, relatives and staff.
- Staff worked well together as a team communicating effectively to make sure people received the support they required. One person said, "There's always someone about and if there isn't anyone you just buzz, and they do their best to come quickly."
- Recruitment processes ensured all required checks had been completed before staff started in post, although one staff member had no interview record. This was an isolated lapse in the process.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely.
- Staff supported people to manage and administer their own medicines where possible. This was risk assessed and documented in people's care plans.
- People said they received their medicines when they needed them, which was confirmed in the medicine

records we reviewed.

- Staff had completed medicines training and had their competency assessed.

#### Preventing and controlling infection

- Effective infection control systems were in place.
- Housekeeping staff made sure the environment was kept clean and fresh and an efficient laundry service was provided.
- Staff had received infection control training and followed safe practices. Plentiful supplies of gloves and aprons were available.

#### Learning lessons when things go wrong

- The manager monitored accidents and incidents to identify any trends and consider any lessons to be learned.
- Where the analysis identified shortfalls, action had been taken to prevent re-occurrences. For example, a high incidence of falls had resulted in an increase in staffing levels and a review in how staff were deployed.
- The manager shared any lessons learned with staff through handovers, supervisions and meetings.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained and had the necessary skills and competencies to meet their needs.
- Staff completed an induction and received ongoing training which was monitored by the manager. The majority of staff training was up to date and where it had lapsed the manager had booked in dates for refresher training.
- Staff received regular supervisions and annual appraisals. Some sessions had lapsed due to the change in management, however this had now been addressed. Staff said they felt well supported by the manager

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs and preferences were met.
- Most people said they enjoyed the food, although one person felt the meals were repetitive.
- Menus offered a choice of meals including any specialist diets. A new catering manager had recently started at the service and was looking at ways to further improve people's dietary experiences.
- People were shown the meals to help them choose what they wanted. The food looked appetising and people said they had enjoyed it. Staff provided one to one support where needed.
- Drinks and snacks were offered throughout the day and were available to people if required during the night.
- People's weight was monitored and appropriate action had been taken when there was a significant change.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had developed positive relationships with other agencies which ensured any support people required was accessed promptly, including care related to people's health.
- Two healthcare professionals told us communication with the service was good and said staff reported any issues promptly and acted on advice given.
- People's care records showed health and social care professionals were involved in people's care such as GPs, district nurses, chiropodists and opticians.

Adapting service, design, decoration to meet people's needs

- A refurbishment programme was underway to improve the environment and make it more dementia friendly. People had been consulted about the design and work had already commenced on the ground

floor.

- The home was comfortably furnished. Chairs and settees in the lounge had been arranged into clusters where we saw people enjoyed sitting and chatting with each other. Other small seating areas on the ground floor gave people alternative space to sit quietly or spend time with friends and relatives.
- People said they liked their rooms which were comfortably furnished and personalised with their own belongings.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to have choice and control of their lives as staff understood and applied the key principles of the MCA.
- Two people had DoLS authorisations in place. There were no conditions. The manager had made DoLS applications for other people and progression with these was monitored on a tracker.
- People were involved in decisions relating to their care and we saw evidence they had consented to their care and support where they had the capacity to do so.
- People's capacity to make particular decisions had been assessed, for example in relation to care and treatment, and best interest decisions had been recorded.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to admission and this information was used to develop care plans and risk assessments so staff understood how people's care was to be delivered.
- People's needs were continually reviewed to ensure the care they received met their choices and preferences.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion by staff. Comments from people included; "I like it here as the staff are very pleasant, friendly and caring" and "Staff here are good I'll say that for them, they look after me well."
- Staff were cheerful and kind in their interactions with people. They knew people well and took every opportunity to have a chat with them. One relative said, "The staff are absolutely fantastic and [family member] loves them as they have fun with [them]."
- Staff were thoughtful and considerate with people. One relative told us, "Staff had noticed [family member] needed new backs for her earrings and told me so I could get some. That tells me they think about the little things as [family member] likes wearing earrings."
- The service treated people equally and ensured their rights were protected.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved and supported in making decisions about their care. One person told us, "I am cared for the way I want to be."
- People were offered choices such as what time they got up, where they wanted to spend time and what they would like to eat and drink.
- Staff listened to people's views and acted on them. For example, when one person wanted apple pie and cream mid-morning it was brought for them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative said, "[Staff] are really brilliant at looking after [family member] but I've seen them looking after others as well. They have so much patience with everyone and really seem to respect them."
- The majority of people told us staff knocked before entering their rooms, however, one person said this did not always happen and we saw an example of this. We raised this with the manager who took action to address this with staff.
- Staff respected people's choices. One person said, "They are very good when I'm having a bath as they leave me to soak and knock to come back in to see if I'm ready to get out."
- People were encouraged and supported to be independent. We saw staff encouraging people to walk, patiently supporting them to do so at the person's own pace.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

At our last inspection people were not always receiving personalised care and care plans did not reflect people's needs. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care from staff who knew them well and were responsive to their needs.
- Care plans had improved since the last inspection providing detailed information about people's needs and preferences and the support they required from staff.
- Staff had a good understanding of people's needs and were kept informed of any changes to people's care and support through handovers at each shift change.
- People's oral care needs were assessed and staff supported people with their oral hygiene. People were registered with, and had access to, a dentist.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives said although there had been lots of events over Christmas, overall the level of activities had reduced since the activity organiser had left. One person said, "I wish we had more stuff to do. There was an activities person and they were so good as they always got us doing things, but they left so we don't do much now."
- The provider had replaced the activity organiser with a wellness co-ordinator who organised activities across several services. Activities were delivered by the care staff, some of whom had received additional training.
- A weekly activity programme showed different activities planned to take place each day. However, the manager said activities only took place in the afternoon as the care staff did not have time to do activities with people in the morning.
- On both days of the inspection a quiz took place. However, for the majority of the time people had little to occupy or interest them apart from the television, which some people could not see or hear due to the layout of the room.
- Some regular events took place which people told us they enjoyed. This included weekly visits from nursery school children and a small group of people attended a weekly music session in the local community. A monthly multi-denominational church service took place inhouse and people received communion.
- The manager and district manager told us they would review the activity provision for people.

### End of life care and support

- One person was receiving end of life care and staff were attentive in ensuring the person was kept comfortable and pain free. The person's relative told us, "[Family member] is on end of life care now and they've amended the care plan to make sure [family member] can remain here and be well looked after which is so reassuring. We feel very happy that [family member] will be well looked after."
- People had end of life care plans in place. However, some of these varied in the amount of detail recorded about the person's preferences or wishes in relation to end of life care.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and care plans identified how these needs should be met.
- Staff were aware of the different ways of communicating with people and recognised the importance of giving people time to respond.
- The manager told us information could be provided in alternative formats if required.

### Improving care quality in response to complaints or concerns

- Effective systems were in place to manage complaints.
- The complaints procedure was displayed in the home.
- People and relatives told us they felt happy to raise any concerns with the staff or manager and felt confident these would be dealt with. One person said, "I haven't got any complaints, but I feel I could approach [staff] and say if things weren't right."
- Records showed complaints received by the service had been acknowledged and investigated and a written response had been sent to the complainant.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we recommended the provider took action to ensure governance systems were robust and generated improvement. The provider had made improvements.

- A new manager had been appointed in October 2019 which had resulted in more effective leadership and management of the service.
- The provider and manager had taken action to address the issues identified at the last inspection. They were keen to make improvements and proactive when issues came to light at the inspection.
- Quality assurance systems had improved. Regular audits were carried out by the manager and provider reviewing all aspects of service provision. Overall the audit process was thorough, identifying issues and actions to be taken. However, in some audits it was not always clear whether actions had been completed. The manager acknowledged this and said they would address this.
- Staff were clear about their roles and understood their responsibilities. Staff praised the manager who they said was visible, approachable and supportive. They noted staffing levels had improved and morning routines were more person-centred. Staff said morale had improved as they now knew what was expected of them.
- People, relatives and healthcare professionals felt the home was well run and had confidence in the manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and followed the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were involved in discussions how the service was run. The manager had held a residents and relatives meeting in October 2019 where improvements were discussed and people's views were sought. Further meetings were planned for this year.

- Regular staff meetings were held and minutes showed staff were able to air their views and action was taken in response. One staff member said, "We are having more staff meetings since [manager] has taken over. [Manager] is firm but they wouldn't ask you to do something that they wouldn't do themselves which is good in a manager."
- Satisfaction surveys had recently been sent out to people and relatives. Some had been returned, however, these had not yet been analysed. The manager said the results would be shared when completed.
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care.