

Kent House (Select) Limited

Trinity Court

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Trinity Court is a specialist mental health recovery service. It provides accommodation, personal care and nursing care for up to fifteen people who have mental health needs. At the time of the inspection six people were living at the home and one person was in hospital.

Rating at last inspection:

There have not been any published ratings or inspections against this location.

Why we inspected:

This inspection was a scheduled inspection based on the date the service first registered with us.

People's experience of using this service:

People told us they were happy, felt safe and that staff had a good understanding of their needs and preferences. However, concerns were raised about how staff could summon support within the home should an incident occur. Risk assessments for people had not always been completed. For example, risks associated to people, staff and public had not been identified or measures put in place for people who required 1:1 and 2:1 support in the community. These areas were discussed with the management team and addressed during the inspection.

Staff listened to what people wanted and acted quickly to support them to achieve their goals and outcomes. Staff looked to offer people solutions to aid their independence and develop their skills.

Medicines were managed safely and administered by registered nurses. Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards enabling people to learn essential life skills. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received pre-admission assessments and effective person-centred support during transition between services. The service was responsive to people's current and changing needs. Regular review and Multi-Disciplinary Meetings (MDT's) took place which ensured people were at the centre of their support.

Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager, deputy manager and staff team worked together in a positive way to support people to achieve

their own goals and to be safe. Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

A full description of our findings can be found in the sections below.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was 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 Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one adult social care inspector.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection site visit activity started on 8 May 2019 and ended on 9 May 2019.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with five people who used the service and met with two health care professionals. We received feedback from two relatives via the telephone.

We spoke with the registered manager, deputy manager and area manager. We met with seven staff

including nurses, support workers and domestic staff. We reviewed four people's care files, four Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

We walked around the building and observed care practice and interactions between support staff and people.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Staffing levels; Learning lessons when things go wrong

- Staff were confident people were safe. For example, doors were secure, policies were in place and care plans were clear. However, concerns were raised about how staff could summon support within the home should an incident occur. On day one portable alarms were not available to staff. We discussed this with the registered manager who addressed this and on day two interim personal alarms had been purchased with a view to look into enhancing the home's call bell system.
- Where people had been assessed as being at risk of falling or seizures assessments showed measures were taken to discreetly monitor the person and manage risk. However, risk assessments for people requiring 1:1 and 2:1 support in the community had not been completed. We discussed this with the management team. By day two the registered manager presented us with a community access protocol. This covered how to identify risks during the assessment process prior to community access, whilst in the community, on return to the home and any learning. In addition to this, individual risk assessments had been completed for those who required staff support in the community.
- We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service.
- Physical interventions were occasionally used by staff with some people living at the home. Staff had all received appropriate training and confirmed that interventions were only used as a last resort or if the person put themselves or others at significant risk. Interventions had been individually risk assessed and clear recording and analysis took place following all incidents.
- Staff took part in debrief meetings with management following behavioural incidents. These enabled staff to reflect on the incident and discuss events before the incident occurred, actions taken and any learning. We asked the registered manager if debrief meetings took place with people. We were told that these did not but would be an area the registered manager would work on going forward. Having these meetings with people would enable them to learn and identify emotions, behaviours and actions they may take in future to support them manage their own behaviour.
- There were enough staff on duty to meet people's needs. A person told us, "There are enough staff, all very nice". A professional said, "I think there are enough staff, I have never had any complaints from people". The registered manager monitored the amount of staff needed based on people's needs and their activities and appointments.
- The registered manager responded appropriately when accidents or incidents occurred. These were reviewed, analysed and used as a learning opportunity.

Safeguarding systems and processes, including recruitment.

- People, professionals and relatives told us they felt safe being supported by members of staff. Comments included; "I think Trinity Court is amazing. I definitely feel safe here", "I feel safe here, no issues", "I think my

loved one is very safe. Staff do a very good job" and "Trinity Court is a safe home for people, I have no concerns at all".

- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there was one safeguarding alert open at the time of the inspection. We had received a notification regarding this and the service was investigating it in line with their local policy and in liaison with the local safeguarding triage.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to. A health care professional said, "We have no safeguarding concerns. The management are very open and transparent".
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed were safe to work with vulnerable adults, had satisfactory skills and the knowledge needed to care for people.

Using medicines safely

- People told us they were happy with the support they received to take their medicines.
- We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The service had safe arrangements for the ordering and disposal of medicines.
- Medicines were stored securely. Daily temperature checks were completed, and records were up to date.
- The staff that were responsible for the administration of medicines, were all trained nurses and had had their competency assessed.
- Where people were prescribed medicines that they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicine Administration Records (MAR) were completed and audited appropriately.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection control and keeping people safe. There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.
- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- The service employed domestic staff who ensured a high level of hygiene was maintained and that checks were completed. Monthly infection control audits were completed and up to date.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- There was a clear referral and admissions process in place which ensured people received pre-admission assessments and effective person-centred support during transition between services. A person said, "The transition process has been really good and this is my eighth visit. At first I was a little nervous but was soon reassured. I wrote a letter to the registered manager who replied and answered all of them. I am starting to do overnight stays next week".
- People's needs, and choices were assessed and care, treatment and support was provided to achieve effective outcomes. A person told us, "The management team have made this happen. It's been a really good assessment process. I've been fully involved and so has my mum".
- There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "We receive good training. We are soon doing training in tracheostomy care as we have a person soon moving in with this need". A professional said, "Staff seem professional in their role". One person told us, "Staff know how to support me well".
- Nursing staff were aware of their responsibilities to re-validate with their professional body, the nursing and midwifery council. Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date.
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff confirmed that the induction process was effective. A staff member told us, "My induction was very good. I did two weeks supernumerary and completed shadow shifts. I always felt supported and still do now".
- The registered manager told us staff received annual appraisals and regular 1:1 meetings. Staff told us that they felt supported and could request supervision or just approach the management team should they need to. However, we found that not all supervisions were up to date. The deputy manager told us that all supervisions would be completed by June 2019.

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

- People told us they enjoyed the food at Trinity Court and liked preparing meals. One person told us, "I like to cook with staff. I often make sandwiches and toast for myself". Another person said, "I love cooking and

can't wait to use the kitchen more when I move in. The other week I made a pasta dish for everyone".

- Staff understood people's dietary needs and ensured that these were met. Nutritional needs had been assessed and clear guidelines were in place.
- People took part in choosing meals in weekly house meetings. The menu was displayed in the dining area. The registered manager told us that alternative dishes were made available should people prefer something different on the day.

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

- People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included; community psychiatric nurse, psychiatrist, GP and social worker. A health professional said, "Staff know why I am visiting and show genuine interest. They know people well and are able to update me with any changes".
- People told us they were supported by staff to visit health professionals. One person said, "I go to the doctor. Staff support me".
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- The home was purpose built and opened in June 2018. It was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible.
- The registered manager told us that people's art work and photos of them enjoying activities would soon be displayed on walls around the home.
- The second floor was accessible to people via stairs or a lift.
- People told us that they liked their home. One person said, "I could choose which room I wanted. They are massive. We can decorate as we wish too". A relative said, "I am always made to feel welcome. The environment is light and airy. There is plenty of room to move around. [Person's name] likes it".
- There was a large dining room and lounge area which led into a living room which could be closed off. People could enjoy playing pool, arcade games and game console in their own games room or access the internet in the computer area. There was a main kitchen which was accessible to people with staff supervision and a training kitchen which people had open access to.
- One of the rooms on the first floor was used by people transitioning from Trinity Court into their own accommodation or supported living. This room had its own kitchenette.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The majority of people living at Trinity Court has been assessed as having capacity and consent to care had been sought.
- Where necessary, for others, mental capacity assessments and best interest paperwork was in place.
- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- One person had an authorised DoLS in place with no conditions attached to it. Another application had been submitted to the local authority and was pending assessment.
- Staff told us how they supported people to make decisions about their care and support. People confirmed that staff asked them before supporting them in tasks or with personal care.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People, professionals and relatives told us staff were kind and caring. Comments included; "Staff are really, really, really nice. I am happy here", "All the staff are sound. I can't praise them enough" and "Staff come across caring and professional. Staff talk about people in an affectionate caring way. A relative spoke positively about staff in a review meeting yesterday".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- Training records showed that all staff had received training in equality and diversity.
- The registered manager told us that they had received a number of verbal compliments. However, they added that these were not recorded. The service had received one email compliment from a professional which read; "I'd like to personally thank you and your staff for the care delivered to [person's name]". The registered manager told us that they would start recording these.

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

- People were able to express their needs and choices and staff understood their way of communicating. A staff member said, "We give some people options if they need them to support them make decisions".
- People and relatives were pleased with their care and felt involved in decisions. Comments included; "I am happy with my care here. I can choose what I want to do" and "I'm receiving good care and am happy with it". A relative told us, "[Person's name] has complex needs but is always involved. They [staff] do a very good job".
- Where needed the home sought external professional help to support decision making for people such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing".
- Promoting independence was important to staff and supported people to live fulfilled lives. A person told us, "I like being independent, it's important to me". Staff told us that, at times, people liked tasks done for them however, they used approaches which encouraged people to engage and do things for themselves.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff. Care plans were personalised and updated in response to people's needs. A person told us, "I have a sore. Staff got cream. It's helping". A professional said, "Care plans are adjusted and responsive where needs occur".
- Staff knew people's likes, dislikes and preferences. They used this information to care for people in the way they wanted. Goals set for people had been achieved and led to positive outcomes. We read that one person who had moved into the service had initially not engaged with staff or people and had not accessed the community. With a review of support hours, staff support and positive approaches the person was accessing the community and living a happier more fulfilling life.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that people's identified information and communication needs were met.
- Staff could tell us how they put people at the centre of their care and involved them and their relatives in the planning of their care and treatment. The registered manager told us that regular review meetings took place with the local authorities, families and people. A relative told us, "We are always involved in review meetings". A professional said, "Review meetings are good. I came to one yesterday. We were given appropriate notice, the report was good, the person was involved and given every opportunity to express their own wishes".
- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.
- During the inspection we noted that people who did not require support from staff were free to come and go from the home. On day one a person told us that they were going into town after speaking with us. On day two a person was supported by staff to go shopping for personal items. A person said, "I get to go out with staff quite a lot".

Improving care quality in response to complaints or concerns

- The registered manager told us that they welcomed complaints and said, "I see complaints as positive. They are a learning opportunity and give us an outside view. They are valuable".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of our inspection there were no live complaints.
- People told us they knew how to raise concerns and make complaints. One person said, "I would talk to staff if I wasn't happy". Relative and professionals told us they had no complaints and felt they could

approach the staff or management should they have a concern.

- We were told that the service was looking at developing a feedback box to keep near the reception area. The area manager told us this would be an opportunity for anyone; people, visitors or professionals to feedback anonymously. In turn, the service would then be able to improve people's experience and the quality further.

End of life care and support

- People's end of life wishes had started to be explored for two people by the service.
- The registered manager told us, "End of life care needs are very personal to the individual and are very carefully and considerately assessed with the resident. People who wish to discuss these needs are carefully respected and supported. Within the service we have begun the process of addressing this area with two of the residents; however it is acknowledged their desire to not discuss this any further at this time".
- In developing an appropriate care plan the registered manager told us they would, assess and determine the person's wishes, desires or needs in regard to end of life care. These would include religious beliefs, cultural practices, wishes and thoughts.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Trinity Court had developed a mission statement with the staff team and people living at the service. The statement was; 'Using person centred meaningful activities in our friendly environment we support skills development and meet the needs of people in a bespoke, holistic approach to promote independent living.' During the inspection we observed staff demonstrating this mission in the approaches they used whilst supporting people.
- Staff, people, relatives and professionals were positive about the management of the home. A person said; "The registered manager is great, really supportive". Staff comments included, "[Deputy manager's name] is supportive and approachable. [Registered manager's name] is very approachable and calm. They always have time for me and are understanding" and, "I feel the management are approachable if I need support". A professional told us, "The management seem to know what is going on and the home appears well led. No concerns".
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. A professional said, "I believe the service is open and transparent in their approach".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff; Continuous learning and improving care

- The provider, area manager and registered manager demonstrated a commitment to ensuring the service was safe and of high quality.
- Regular checks were completed by the registered manager and management team to make sure people were safe and that they were happy with the service they received. The area manager also completed monthly visits. Areas audited included; care files, staff supervision and personnel records, health and safety and an environmental walk around. We read that the area manager also sought feedback from staff and people during their visits. We were told that the provider is currently reviewing the quality monitoring processes as currently managers work from a number of individual action plans. The revised process will result in actions from all audits to be reflected on one improvement plan. This will reduce the risk of actions not being forgotten.
- The service was keen to involve people in quality monitoring and was in the process of reviewing local checks and meeting with people who may be interested in this.
- Managers and staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files.

- Staff told us they felt supported, valued and listened to by the management team. However, the service was yet to submit a staff quality questionnaire to employees. Following feedback from staff during this inspection, the area manager told us they would now prioritise this and the people's survey to drive further improvement.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Working in partnership with others

- Trinity Court worked in partnership with other agencies to provide good care and treatment to people. We were told that the service was currently working closely with the local authority and other providers during people's admission and transitions.
- Professionals fed back positively about partnership working with the home. A person said, "Information gets relayed from this service to my current placement and I am always kept informed". A professional said, "They work well in partnership with us, they keep in touch, there is good communication and information is readily shared".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.