

Newslease Limited

Trinity Court Nursing Home

Inspection report

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23 December 2016

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Ratings

Overall rating for this service

Good ●

Is the service responsive?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 1 and 3 March 2016. A breach of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to person-centred care.

We undertook this focussed inspection to check that they had followed their plan and to confirm that they now met the legal requirements in relation to the breach found. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trinity Court Nursing Home on our website at www.cqc.org.uk.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Trinity Court Nursing Home provides care for up to 50 people. The home is arranged over three floors and accommodates people for respite, palliative and dementia care. At the time of the inspection, there were 50 people using the service, although three of them were in hospital.

At our previous inspection we found that although care plans were reviewed on a regular basis they were not person-centred in all cases. We also found some gaps in the records that we saw.

At this inspection, we found that improvements had been made.

The activities co-ordinator had completed personal histories and social care activities for people using the service so that staff could provide care that met their individual needs.

Risks to people had been identified and were assessed using standard screening tools. Where a risk had been identified, action was taken and associated records were updated accordingly, including the advice of specialist healthcare professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

Good ●

We found that action had been taken to improve the responsiveness of the service.

Care plans were updated regularly and included relevant and new information in relation to people's support needs.

Care plans included more person centred information.

Trinity Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook this unannounced focussed inspection on 23 December 2016.

This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our inspection on 1 and 3 March 2016 had been made. We inspected the service against one of the five questions we ask about services: Is the service responsive? This is because the service was not meeting some legal requirements.

The inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

During our inspection we spoke with two people using the service and five staff members, including the director, registered manager, a nurse and two care workers. We looked at five care plans.

Is the service responsive?

Our findings

At our previous inspection which took place on 1 and 3 March 2016, we found that although care plans were reviewed on a regular basis they were not person-centred in all cases. We also found some gaps in the records that we saw.

At this inspection we found that improvements had been made. The provider was now meeting the regulation.

Personal histories and social activities records were completed. The registered manager told us, "The activities co-ordinator has gone around completing personal histories and tailoring activities accordingly."

Daily living and long term outcome sections of people's care records covered various areas such as cognition, psychological, physical, social and end of life care (EOL). These were further broken down into specific areas such as memory, communication, emotional wellbeing, personality, eating/drinking, oral health, social interests, likes/dislikes, future wishes and concerns. They were all reviewed at six month intervals.

Dependency scores were assessed monthly in a range of areas including mobility, continence, eyesight, breathing, cognition, sleep, nutrition, behaviour, dressing, skin and communication. Observations such as temperature, pulse, respiration and blood pressure were carried out monthly and a personal care chart was completed daily. Care plans were updated and action taken in response to changes in people's support needs. We saw one example where staff had noted that a person had developed a pressure sore. A referral had been made to the Tissue Viability Nurse (TVN) for advice and support with treatment and a body chart was completed to monitor the wound. Nursing notes were completed daily to document how the wound was healing and the pressure sore had healed satisfactorily.

One person needed support with nutrition. They had their Malnutrition Universal Screening Tool (MUST) scores assessed and this was identified in their long term care plan. This is a screening tool to identify adults who are malnourished, at risk of malnutrition or obese. This identified them as being at high risk of malnutrition and we saw they had been referred to a dietitian who had supported staff to put a plan in place to improve their nutrition. Their care notes showed that the person's clinical condition was improving.

Other people at risk of malnutrition were also supported appropriately. We saw that a dietitian had made recommendations for staff to help improve a person's food and fluid intake. This included offering snacks, supplements and monitoring their daily food and fluid intake. We saw that these recommendations were being acted upon and daily food and fluid monitoring charts were completed for this person.

We spoke with one person who said they were happy with the support they had received in this regard. The person's key worker was also familiar with their support needs.

The director told us of their plans to implement a fully computerised care planning system which would

eventually include staff being provided with smart devices to update records in real time.