

Trinity House Care Limited

# Trinity House Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Trinity House Care Centre is a residential care home providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The service can support up to 35 people.

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

The provider lacked oversight of the service and had not identified serious risks to people's safety. Where feedback had been provided on how the service could be improved, this had not been acted upon. People and staff did not feel supported by the provider.

Risks to people's health and safety had not always been assessed. Where risks were assessed, these had not been consistently acted upon. People did not always feel there were enough staff to meet their needs. Records showed that medication may not have always been given as prescribed. Staff knew how to identify, and report concerns of abuse and good infection control practices were followed.

Staff had not always received training relevant to their role. The decoration of the service did not always promote independence for people living with Dementia. 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. People's dietary needs were met and they had access to healthcare services where required.

People told us that staff were kind and caring to them and that they were treated with dignity. However, people did not always feel able to express their views in relation to their care.

Care records did not always hold personalised information about people. People were not always satisfied with the availability of activities. Complaints made had been investigated and people's end of life wishes had been explored.

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

The last rating for this service was requires improvement (published 25 December 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

### Why we inspected

The inspection was prompted in part due to concerns received about the safety of the premises. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led

sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified breaches in relation to assessing and acting on risk and ensuring that effective quality monitoring takes place at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.  
Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.  
Details are in our well-Led findings below.

**Inadequate** ●

# Trinity House Care Centre

## 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

The inspection team consisted on one inspector and an assistant inspector.

#### Service and service type

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

#### 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 and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with two members of care staff, the nurse, the assistant manager, the deputy manager and the Registered Manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked further at records relating to the safety of the premises.

# 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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people's safety had not always been assessed. We found one person could display behaviours that may put staff and other people at risk. There had been no risk assessment completed to ensure staff could respond to this risk appropriately. Although staff were aware of the risk, the lack of guidance meant that staff were responding to the risk in conflicting ways, resulting in the person not being supported consistently. We raised this with the registered manager who advised they would ensure a risk assessment was put into place. For another person, there was no risk assessment in place to identified they currently had a pressure sore.
- Where risks were identified, the action recorded to ensure people's safety was not always taken. We saw records stated a persons' blood required monitoring to ensure their good health, this action had not been taken. Following the inspection, the provider advised that they had sought confirmation from a GP that this blood monitoring was no longer required. For another person who required their Percutaneous endoscopic gastrostomy (PEG) site cleaning daily, records show that this was not being completed. A PEG provides a way to receive nutrition and medication for people who cannot accept this via the mouth. Although there was no evidence that people came to harm, the failure of staff to act on the guidance provided meant that risks to people's health were not being managed.
- The provider had not always acted on risk assessments of the premises. This had led to some areas of the service being unsafe. For example, A risk assessment of the water systems had been carried out by an external organisation in 2018. This risk assessment had identified a number of areas where action was required. This action had not been taken. This meant that people had been exposed to potentially unsafe water systems as the provider had not acted on the findings of their own risk assessments. The registered manager informed us that this was being addressed on the day of the inspection.

The failure to consistently assess risks to people's health and safety and act on the findings of these risk assessments is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- People gave mixed feedback when asked if there were enough staff to meet their needs. Although people told us there were enough staff during the day, concerns were raised about the staffing levels at night. One person told us, "There is no staff. We have to go bed at 6pm as there is not enough staff to take us up later."
- Staff also expressed concerns about the staffing levels at night. One staff member explained, "Staffing levels have been a problem at night. That then effects the day routines."
- Although the registered manager completed a monthly dependency profile for each person, they had not

used this to support them in determining safe staffing levels. When asked about this, the registered manager said, "We do assess dependency, but the staffing levels are always set at five staff in the morning and six in the evening. That's how it's always been." This meant the registered manager had no clear system to ensure their staffing levels were safe.

- We spoke with the registered manager about the staffing levels at night. The registered manager shared with us that they also felt the current staffing numbers were not sufficient, but they were unable to improve on this as the staff numbers had been set by the provider. The registered manager advised us that they would share people's feedback about night staff with the provider.

#### Using medicines safely

- Medications had been stored safely and we observed nursing staff given medication in a safe way. For example, the nurse informed the person it was time for their medication and stayed with them while they took it.
- Where people required medication on an 'as and when required' basis, there were protocols in place advising when these should be given. This ensured consistency of medication.
- Medication Administration Records (MARs) showed that there were errors in the administration of medication. The number of medications available did not always match the number recorded on the MAR. The registered manager informed us that these errors would be investigated. Following the inspection, the provider informed us that they had reviewed these recording errors and found that this was an issue with records being held on a different page and that people had not missed any medications.

#### Preventing and controlling infection

- There were systems in place to ensure the prevention of infection. Staff had access to personal protective equipment such as gloves and aprons and were seen to use these.
- The service was clean, tidy and odourless.

#### Systems and processes to safeguard people from the risk of abuse

- Staff understood how to identify and report any concerns of abuse. One staff member told us, "I would report it [my concern] to the manager and then the safeguarding team [at the local authority]."
- Where concerns had been raised, appropriate referrals had been made to ensure people's safety.



# 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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff gave mixed feedback when asked about their induction at the service. Some staff told us this has been positive with a mix of training and shadowing a more experienced member of staff. However, some staff told us they had not received an induction. One staff member told us, "It was a very basic induction to be honest, in that I didn't have one. I just came and started work." This meant that although induction programmes were in place, these had not been consistently applied to all new staff.
- Staff had received training to enable them to support people effectively. However, records showed significant gaps where training had not been updated. We raised this with the registered manager who informed us that the training gaps had been identified in September 2018 but as they had been away from work, training updates had not been booked for staff. The registered manager informed us that they would be booking training for all staff. Following the inspection, the registered manager provided us with an updated training record that indicated that all staff training would be updated by November 2019.

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 told us that staff always sought their permission before supporting them. One person told us, "The staff always ask my permission. They don't just come and do it." Staff displayed an understanding of the importance of seeking consent and could explain how they do this where people are unable to verbally give consent.
- We saw that where DoLS applications had been made, these had been made appropriately. However, we

saw that an application had been made to deprive a person of their liberty despite them being assessed as having capacity to make decisions. We raised this with the registered manager who informed us they had taken this action as they had been advised to by external professionals. The registered manager had not considered whether this application was appropriate given the person had capacity.

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

- The service was large and spacious. People were able to decorate their rooms with their personal belongings and there was adequate outside space for people who wished to spend time outdoors.
- The provider and registered manager had not considered how the decoration of the service could be improved to support people with a diagnosis of Dementia to move around independently. All bedroom and bathroom doors were the same, with only some of these having signs to ensure people would know what each door was for. This may cause confusion for some people in trying to find their own bedroom. We shared this feedback with the registered manager who informed us they would research how to make the decoration Dementia Friendly.

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

- People spoke positively about the meals they were provided with. One person told us, "I can't grumble at the food." Although other people expressed they would like more choice. One person said, "The food is alright, I don't get a massive choice but it's alright."
- We saw that meals looked appetising and portion sizes were good. Where people required support to eat their meals, this support was provided. People had a choice of where they would like to eat their meals.
- People's dietary needs were met, staff were aware of people's specific dietary requirements and ensured these were adhered to.

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

- People were supported to access healthcare services where required. Records showed that people had been supported to see their GP and other professionals such as opticians and dentists. We saw people attending hospital appointments.

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

- People's need had been assessed and reviewed where required. These assessments took into consideration any protected characteristics under the Equality Act. For example, people had been asked about their religious beliefs.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People spoke positively about the staff and told us that they were kind and caring. One person told us, "The staff are brilliant, we don't have a problem with them." Another person added, "[Staff member] is one of my girls, she is good to me."
- Staff spoke about people in a kind way and it was clear that staff members were committed to ensuring people were well cared for. We saw positive interaction's between staff and people. For example, we saw staff sit and hold the hand of a person who had vision loss. The person was clearly comforted by this tactile act from staff and responded with smiles.
- Systems and processes in place had not ensured that people felt supported and well treated during the night. Some people expressed concerns about their safety at night. One person told us, "We are always having agency staff. It is usually at night. I do worry about the ladies here who can't look after themselves." The person told us they had shared their worries with the provider, but the response given had not reassured them and they had continued to worry about their care at night.

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

- People gave mixed views when asked if they felt involved in their care. Some people were worried about sharing their views. For example, one person shared with us, "He likes a meeting [provider] does, as long as we keep our mouths shut. It would take a lot of courage for me to stand up and say something." This meant that although people were given opportunity to be involved in their care, the culture at the service meant they did not always feel comfortable in sharing their views.
- People did feel they got choices in some aspects of their care. One person told us, "I choose what I want to wear." However, while some people told us they got to choose what time they go to bed, other people told us they did not get this choice and that night time staffing levels meant they had to go to bed earlier than they would like. We raised this with the registered manager who disputed this and informed us that people could go to bed at a time of their choosing.

Respecting and promoting people's privacy, dignity and independence

- People felt that staff treated them with dignity. One person told us, "The staff are ok, they always knock the door before coming into my room."
- Staff gave examples of how they ensured peoples dignity, including ensuring people are covered up during personal care and ensuring privacy by closing curtains and doors. One staff member told us, "I always treat people how I would want to be treated."
- People's independence was encouraged. For example, records indicated what tasks people were able to

complete independently.

## 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- Records did not always hold individualised information about people. For example, key information about people's health; such as pressure areas and diagnosis of cancer had not been included in care records. We spoke with the registered manager about this who informed us they would update these to ensure all care records held personalised information about people.
- People felt staff knew them well and staff spoken with demonstrated they had taken time to get to know people's life history, family and hobbies.
- Records viewed showed that people had been consulted about their care records and their feedback had been recorded.

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.

- Where people had sensory loss, the registered manager had sought input from local external agencies to gain recommendations as to how the person could be better supported. Some of these recommendations had been implemented. However, where recommendations had been made that could support the person's communication, this action had not yet been taken. The external agency recommended that staff receive training in sign language to support communication, but this training had not yet been provided. The registered manager explained this was due to the length of time it would take to teach staff this method of communication, but staff sought other ways to communicate including lip reading and writing things down.

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 told us they did not feel there were enough activities available to them. One person told us, "We don't get money for entertainment, we have to fundraise but how many raffles can you do?" One person's care review showed that they had made complaints about the lack of activities. The review stated '[person] thinks its boring and that [provider] is skimping on things, need more selection.'
- The activities co-ordinator confirmed to us there was no budget for activities but demonstrated how she had worked hard to put together an activities programme with the resources she had available. We saw activities going on that included dominies, nail painting and a visiting entertainer. Following the inspection, the provider informed us that although no budget was in place for activities, ad-hoc funding for activities such as visiting entertainers would be provided.

- The registered manager acknowledged that people had requested more activities and particularly more trips out. However, they explained that the service does not have access to transport and so the travel costs can become large. The registered manager told us they were looking into how more trips could be arranged for people.

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

- People knew how to complain. One person told us, "I could tell the carers if I wanted to complain." Details of how complaints could be made were displayed around the home.
- Records showed that where complaints had been made, these were investigated and resolved. The registered manager had also ensured the outcome of complaints was shared with the complainant.

#### End of life care and support

- Where people needed end of life care, there were care plans in place that outlined the care the person required. These care plans also considered any specific wishes the person had including their funeral plans. Care plans gave guidance on pain symptoms so that staff could act in a timely way to minimise people's discomfort at the end of their life.

# 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 deteriorated to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

### Continuous learning and improving care

- There was little evidence of continuous learning and improving care. The provider has been rated as Requires Improvement for the key question of 'Well-Led' in the previous three inspections of the service. Issues identified at the last inspection included records being inaccurate and auditing systems failing to identify areas for improvement. These issues remain outstanding at this inspection. The provider has failed to make and sustain improvements to the care provided to ensure people receive appropriate care and support.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a lack of understanding around quality performance and systems to monitor quality had been ineffective. The registered manager had been away from the service from September 2018 to July 2019. During this period the provider had not ensured that quality monitoring systems were maintained, and we found there had been minimal checks or audits of the service in this time. The failure to ensure robust quality monitoring systems in the absence of the registered manager meant the provider had not identified the key areas of concerns found at this inspection. We raised our concerns around the lack of quality monitoring with the registered manager who informed us, "I have been starting the audits again since I came back. I will be honest, I don't think they were done while I was away. It wasn't the staff's fault, they had not been given the support or training they needed [to complete quality monitoring]."
- Where quality monitoring had taken place, these had been ineffective. For example, although care plans had been reviewed, it was not identified that risk assessments were missing or that key information about people's health had not been recorded. This meant that the provider could not ensure that staff had access to the information they needed to care for people safely as their systems were not identifying that information was missing. The high number of temporary staff being used at the service increased this risk.
- The provider had a reactive approach to risk rather than proactive. A recent health and safety visit completed by a local authority had identified a number of significant risks to people's safety. This had included scalding risk, fire safety and gas safety. Although the provider had begun to act on the findings of these visits, these serious failings in equipment and premises had not been previously identified by the provider. Without the input of the external health and safety officer, these serious risks would not have been identified through the provider's own governance systems as they had no processes in place to monitor the premises safety.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics / Working in partnership with others

- People and staff at the service felt that although they had opportunity to feedback on their service provided, that this feedback was not acted upon. One person told us, "I told [provider] that there isn't enough staff at night and all I got back was 'its adequate'." A staff member told us, "I have bought things up in meetings and I just got a cold reception. You get nothing from them [provider]. Its limited." Examples of feedback given including staffing levels at night, lack of entertainment for people and additional equipment needed for staff. Each person and staff member informed us no action had been taken in response to their feedback.
- We raised this with the registered manager who understood people's concerns but felt their own feedback on the service was not acted upon. They told us, "I can guarantee that [staffing levels at night] has been raised by people, staff and me but [provider] won't budge." The registered manager was limited in her ability to influence change based on the feedback given by people and staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the management team. One person told us, "I have met the [registered] manager many times. I get on great with her." Another person added, "The manager is ok." However, some people did not feel that the provider ensured the service was well led. Comments included, "It is entirely different since [provider] took over. He comes in and doesn't even speak to us."
- Staff felt supported by the registered manager but told us they did not receive the same level of support from the provider. One member of staff told us, "I do feel supported, the deputy manager is fantastic, but I am not so happy with the owner." The staff member explained that they had been requesting a piece of equipment to support them in their role, but that this had not been provided. Another staff member told us, "I am supported by the manager yes, but by the provider, no."
- It was clear that the registered manager was keen to ensure a person centred, empowering culture within the service but had been limited in the actions they could take to achieve this. The registered manager informed us of area's where they would like to drive improvements but had been unable to due to these not being approved by the provider. The registered manager indicated to us this was due to costs.

The provider had failed to make or sustain improvements in the care provided and quality monitoring systems remained ineffective in ensuring that areas for improvements could be identified and acted upon. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 had met their duty of candour. Where incidents occurred, these had been reported and investigated appropriately.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity                                             | Regulation                                                                                                                                                     |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment                                                                                                 |
| Treatment of disease, disorder or injury                       | The provider had failed to fully assess risks to people's health and safety. Where risks had been identified, these were not always acted upon to reduce risk. |

### The enforcement action we took:

Impose a condition

| Regulated activity                                             | Regulation                                                                                         |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance                                             |
| Treatment of disease, disorder or injury                       | The provider had failed to implement systems to enable them to monitor the quality of the service. |

### The enforcement action we took:

Impose a condition