

Care UK Community Partnerships Ltd

Trymview Hall

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Trymview Hall is a care home providing accommodation, nursing and personal care for up to 66 people. At the time of the inspection there were 21 people living at the home. The home was purpose built with bedrooms and en-suite facilities over three floors. There were various communal lounges and dining rooms and we saw the library, cinema, salon and beauty room. On entry to the home there was a large reception area and a café restaurant facility.

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

People received a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm and processes to follow when raising concerns had improved. Work to support staff when whistle-blowing continued so that they felt comfortable and confident to do this.

People were protected by the homes infection control policy and procedures. On our arrival we were greeted by the receptionist and had our temperature taken, we were asked to sanitise our hands and to wear a mask. Everyone visiting provided contact details to support the track and trace system. Visitors were shown to the area of the home they were visiting, by the shortest and most direct route.

The emotional wellbeing of people and their families had been supported throughout the pandemic. The registered manager and staff ensured contact was maintained through various initiatives. They were sensitive to people's feelings including anxiety, sadness and loss.

All staff recognised their responsibility to protect the people they cared for and how crucial it was that when they were not at work, they respected and followed government guidelines to reduce their own exposure to risks. The regional director and registered manager were very proud of all staff and recognised and celebrated their efforts and sacrifices during the pandemic.

The home was exceptionally clean. The head housekeeper and their team were proud of their contribution to keep people safe during the pandemic. Staff were aware of the need for enhanced cleaning of frequently touched surfaces and regular spot checks took place.

The whole staff team were clear and focused on continually seeking to improve the service people received. Everyone demonstrated strong values and, a desire to learn about and implement best practice throughout the service. Good quality assurance systems were in place and based upon regular, scheduled audits, which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon. The need for further promotion of team building and cohesive working was recognised and ongoing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with CQC on 20 November 2019 and this is its first inspection activity. Because this was not a comprehensive inspection the service remains unrated.

Why we inspected

This targeted inspection was prompted in part due to an influx of whistle-blowers since the service was registered. We wanted to check why staff were not raising their concerns by following the providers whistle-blowing policy. In addition, there had been circumstances where the providers safeguarding process had not always been followed correctly. Given these concerns and that this is an unrated service we looked at some areas in safe and well led.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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?

Details are in our safe findings below.

Inspected but not rated

Is the service well-led?

Details are in our safe findings below.

Inspected but not rated

Trymview Hall

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.

This was a targeted inspection to check on specific concerns we had about staff not always following the providers policies and procedures when raising concerns.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Trymview 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 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

The inspection was announced.

What we did before inspection

We reviewed information we had received about the service. We considered information from the local authority and professionals who work with the service. We used this information to plan our inspection.

During the inspection

We observed the care that people were receiving and how staff interacted and supported them. The inspection was supported by the regional director, registered manager, deputy manager and peripatetic manager.

After the inspection

The second day of our inspection consisted of telephone calls with seven staff members. This was to discuss what we found during our visit and to collect further evidence through questions and discussion. We requested a range of records, including policies and procedures, risk assessments and quality monitoring and assurance documents.

Is the service safe?

Our findings

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

The service remains unrated because we did not look at all key questions in Safe.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the processes to follow to safeguard people in their care. The registered manager and staff recognised their responsibilities to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies notified included the local authority, CQC and the police. Improvements had been made following previous safeguarding concerns raised in the home and how these had been managed and processed. The regional director recommended that the registered manager attend additional safeguarding training with Bristol Local Authority when this was available.
- Staff were confident to whistle-blow if they had concerns. However not all staff felt confident to report concerns to the registered manager and on several occasions contacted CQC in the first instance. Both the regional director and registered manager had been proactive in reminding staff of the providers policy and who staff could talk to if they felt they didn't want to go to the registered manager. This had improved in recent months and the regional director had met with all staff individually to support them and consider options on how support networks and communication could be improved.

Infection prevention and control

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 remains unrated because we did not look at all key questions in well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Given the service started operating just prior to the pandemic, they had worked incredibly hard to promote a smooth-running service. Like any new service there is a settling in period, and it was clear in discussions with the whole management team that this was ongoing.
- The management team maintained a clear focus on seeking to improve the service people received. The provider had systems and supporting roles who were involved in monitoring the quality of the services provided and where these could be improved or further enhanced.
- The regional director worked closely with the registered manager in order to continually monitor and quality assure ways of working. In order to support this, they had assigned a peripatetic manager to work with the registered manager, deputy and staff group. Their role was very much based on working alongside staff, looking at ways of working and enhancing a person-centred approach. Staff feedback about their presence in the home was positive. Comments included, "She is very hands on and I am learning a lot", "I see improvements already" and "I have spoken to her a lot and she is interested in my role and how I can be further supported".

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

- It was evident that everyone we spoke with were dedicated to the people in their care and they wanted the very best for them. The cohesivity of the whole staff group was a little fragmented and this was acknowledged by all. Positive action was ongoing to help support improved relationship's based on trust and confidence. Staff felt it was important they felt part of the team including administration support, care staff and ancillary and catering staff. Further development of this will help increase previous reluctance for staff to share any concerns with the registered manager.
- Every effort was being made to further enhance an open, inclusive team that shared the ethos, visions and values of the home. Staff in particular needed to feel empowered, listened to and able to effect positive change. It was encouraging to hear this was fully acknowledged by the regional director and registered manager. Communication was key to this and meaningful engagement through staff meetings and one to one supervision were under review to help support this.
- One newly appointed staff member shared with us their own personal journey since joining the home. They were happy for us to share their example of the inclusivity and empowerment they had experienced in this report. Their physical disability had previously caused barriers and obstructions when applying with other employers to work within her chosen specialism of nursing. They had applied for a role at Trymview Hall as an activity coordinator because of this. They spoke with us about how the registered manager had

encouraged and supported them to pursue their professional role and qualification and a nurse position was offered instead. They have since commenced working as a nurse at the home and praised the whole staff team for how they have been supported and respected as an individual.