

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on the 21 August 2018. Trinity House is a care home with nursing. 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. Trinity House is registered to provide accommodation for up to 35 people. At the time of inspection there were 33 people living at the home. Trinity house is arranged over three floors with a lift for people to use to move between floors. Some of the people who lived at Trinity House were living with dementia and some had a physical disability.

There was a registered manager in post. 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.'

At our last inspection on the 09 February 2017 we rated the provider as 'requires improvement'. This was because there were quality assurance systems in place but they were not comprehensive and did not show the action taken where concerns had been identified. We also found that records were not always kept appropriately and some Deprivation of Liberty safeguards (DoLS) applications had not been submitted. At this inspection we found insufficient improvements had been made.

People told us they felt safe. Risks to people were individually assessed and staff knew how to minimise risks to people. However, care plans detailing what the triggers to people were and how to minimise risks were not always in place. We saw that where staff had concerns about people's safety, they had reported this to the registered manager or provider. However, the local safeguarding policy had not always been followed.

Staff understood the importance of seeking consent and giving people choices. However, staff told us they had not received recent training in MCA and DoLS and required up to date training to further their knowledge.

The provider had audits in place for areas such as care plans and medication but these had not identified shortfalls that we did. We found that accidents and incidents were recorded but this information was not analysed to look for trends to reduce reoccurrence.

There were enough staff to meet people's needs. However, some people and relatives felt that they were sometimes short staffed. People received their medications as prescribed. The home was kept clean and tidy and staff wore appropriate personal protective equipment (PPE).

We saw that staff had the skills to meet people's needs and knew people well. People gave mixed responses in relation to the food with some people telling us there needed to be more variety. People had access to health professionals when required.

People were supported by kind and caring staff. We saw staff had the time to engage in meaningful conversation with people and staff knew people well. People's privacy and dignity was maintained by staff. People were supported to remain as independent as possible.

People and their relatives knew how to raise concerns and we saw where complaints had been raised, these had been dealt with appropriately. We found that within the home, there were different activities throughout the day to engage people in.

Staff spoke positively about the registered manager and felt supported in their role. The registered manager was visible throughout our inspection and we saw people and relatives approach them with any queries or concerns.

We found the provider was not meeting the regulations around safeguarding and the overall governance of the service. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe

People told us they felt safe and were happy living at Trinity House. However, the provider had not always followed the local policy for reporting allegations of abuse to the local authority.

Risks to people were minimised as staff knew what they were and how to reduce them. There was no analysis of accidents and incidents to reduce recurrence.

People received their medication as prescribed. The home was clean and tidy and people were protected from the risk of infection.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's consent was sought before staff provided care and support.

People were supported by staff who had the skills to meet their needs.

People's nutritional needs were met and people had access to health professionals as and when required.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People's privacy and dignity was maintained by staff. However, the provider's systems had failed to maintain people's dignity.

People were supported by kind and caring staff who knew them well. People were given choices in their daily routine. Staff encouraged people to remain independent and supported them when required.

People were supported to communicate in their preferred way.

Is the service responsive?

Good ●

The service was responsive.

People were stimulated throughout the day and were supported and encouraged to engage in activities.

People's needs were assessed on a regular basis and staff knew people's needs well.

People and relatives knew how to raise concerns and felt confident doing so.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider's audits had not identified the shortfalls that we identified during our inspection.

Feedback had been sought from people and their relatives but this had not been acted on.

People and staff spoke positively about the registered manager.

Trinity House Care Centre

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 was planned to check 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.

This inspection took place on 21 August 2018 and was unannounced. The inspection team consisted of two inspectors, an expert- by- experience and a specialist advisor. The specialist advisor was a qualified nurse and the expert-by-experience was a person who has personal experience of using or caring for someone who uses this type of care service.

When planning our inspection, we looked at the information we already held about the service. Providers are required to notify the Care Quality Commission (CQC) about specific events and incidents that occur such as serious injuries and incidents that put people at risk of harm. We refer to these as notifications. We looked at the notifications we had received from the provider as well as the Provider Information Return (PIR). A PIR is information we require providers to send us to give key information about the service, what the service does well and what improvements they plan to make. We also spoke with the local authority and the commissioners of people's care to obtain their feedback and discuss concerns we had received prior to inspection regarding the care that people received. These concerns were followed up during our inspection.

During our inspection we observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with five people, five relatives, six members of staff, the registered manager and one healthcare professional. We looked at a range of records. This included people's care records, medicine records, staff records and the quality assurance systems that were in place.

Is the service safe?

Our findings

We found that staff had previously raised concerns to the registered manager where they felt someone may be at risk of harm and the registered manager had dealt with these concerns appropriately. However, where there had been an allegation of abuse, we found that the provider had not followed local safeguarding policy by referring to the police and local safeguarding team to investigate. The provider completed their own investigation but this was not robust due to not being completed by the local authority and police. Therefore, the provider had failed to protect the person from immediate harm. Once the local authority and police had been notified by CQC, the evidence was compromised. The registered manager informed that they were absent from the home when the allegation was made. The provider explained they had discussed with the local authority and the reason they had not made the referral was because their investigation had found no evidence. The provider told us that following this incident they have now learnt and will make referrals regardless of their own findings.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The PIR states that accidents and incidents were recorded and trends identified. However, during our inspection, we found that the accidents and incidents were recorded but trends were not identified. This meant that lessons were not learnt when things went wrong. For example, we identified one person who had multiple falls during the current year but there was no evidence to show what had been put in place as a result of this.

Staff we spoke with understood the risks to people and how to minimise the risk of potential injury or harm such as minimising the risk of people developing sore skin. We saw care plans were in place that gave staff clear instructions around how to protect people. For example; we saw they outlined how to protect people where they may experience skin damage and when they may present behaviours that can challenge others. We saw the steps outlined in these care plans were understood by staff and carried out appropriately. A relative we spoke with explained, "[Person] came back from hospital with some pressure areas and I do know they are turning them at regular intervals."

We received mixed feedback about whether there were enough staff to meet people's needs. One person told us, "All you need to do is just raise your hand or call them and they will come" and a relative said, "There are plenty of staff, carers, usually regular occasionally agency." However, another relative told us, "They are short of staff sometimes, especially on a Sunday. Definitely not enough staff." A staff member we spoke with told us, "Staffing levels are low at times." On the day of our inspection, we found there were enough staff to meet people's needs. People did not wait for long periods before being supported when they asked and we saw staff spending time with people checking they were okay and asking if they needed anything. The registered manager had a staffing tool in place and this was used to calculate how many staff members were needed based on people's needs. The registered manager informed that they do use agency staff regularly at the time of our inspection due to having vacancies that they are currently recruiting for. They explained that they also have a bank staff member that they try to use as often as possible as they know

people.

People told us they received their medication on time and we observed staff giving people their medication and saw this was done in a safe and sensitive way. Staff spoke with people, explaining what they were giving and signed their medication records after the person had taken it. We saw that staff were aware of signs and symptoms of when people may need their 'as required' medication and they reported to the nurse on duty when required. Staff had been trained to ensure people received their medication as prescribed and they confirmed that they knew how to give people their medication safely. There was a medication audit in place to ensure people received their medication, errors highlighted had been developed into an action plan.

The provider had recruitment systems in place to ensure staff were suitable to work with people living at the service prior to them starting their employment. There was a check list to ensure that all staff members had been required to provide references from previous employers and complete a check with the Disclosure and Barring Service (DBS). The DBS checks helps providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people.

People and relatives told us the home was kept clean and tidy. One person said, "The cleaners are very good, they come every day and are quite thorough." A relative told us, "It's always clean throughout the home, there have been no nasty smells or anything I can think of. [Person] is always clean and well presented too." We saw there was a domestic team in place to ensure the home was clean and tidy and we observed planned and responsive cleaning during our inspection. We saw that personal protective equipment (PPE) was used appropriately to prevent infection when supporting people.

Is the service effective?

Our findings

At our last inspection in February 2017, we rated the provider as 'requires improvement' in this key question. This was because staff were not demonstrating they understood the Mental Capacity Act (MCA) 2005 in practice and there had been delays in sending DoLS applications. At this inspection we found the required improvements had not been made.

The MCA 2005 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 people lack the capacity to make 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked to see if the service was working within the principles of the MCA and whether there were any conditions on authorisations to deprive a person of their liberty were being met. Staff understood the importance of seeking consent and giving people choices. We saw that where people refused support, staff went back some time later to try again.

We looked at whether the registered manager understood her responsibilities regarding when to make an application for a DoLS. We found that where people's liberties were being restricted such as wanting to leave the home, for some people, a DoLS application had been submitted. There were some people who lacked capacity and would not be safe to leave the home on their own and staff told us they were not allowed to come and go as they pleased and must be assisted by staff or family members at all times. However, some of these people had not had a DoLS application submitted to the relevant agency. We spoke to the registered manager about this and she showed us they were on a tracker and identified as 'to be applied for'. This meant that the registered manager understood their responsibilities but these applications had not yet been applied for.

People and relatives said staff had the skills to support them and meet their needs. We saw that staff knew people well and supported people to move around the home safely. A health professional we spoke with told us they provided two training sessions on catheter care and explained, "Staff appear engaged and interested in training asking appropriate questions". However, we found that not all the training the provider had identified as mandatory training had been completed and this meant that staff were unable to demonstrate their knowledge when asked. For example, there were gaps in people's training in a number of areas including MCA, DoLS, safeguarding and equality and diversity. There was no oversight or monitoring of this to check when and how staff completed the training. The registered manager and the deputy manager had recently completed 'train the trainer' courses covering all areas of mandatory training. The registered manager told us their plan was to ensure all staff received face to face training within the next four weeks, although no dates for this had been organised yet.

We received positive responses in relation to the food people were given. One person told us, "There is a variety of food and you can have alternatives if needed, my favourite is jacket potato." A relative told us, "We

have seen the lunchtime meals and they look good, I think [person] has porridge for breakfast which they like." We saw that food had been a recurrent topic during residents' meetings and the registered manager and provider had responded appropriately by asking what they would like and confirming it would be added to the food order. We found that people were given options about what meal they would like and some people chose alternatives to the main meal on the menu. We found that where people had raised this as an issue previously, this had been responded to appropriately.

People who required assistance with eating their meals were supported and people who were able to be independent were supported and encouraged to do so. We saw that people's nutritional needs were met. Some people required their food to be soft due to risk of choking. We saw they were assisted and their food had been made to the required consistency. We saw that people could have their meals, snacks and drinks throughout the day when they wished, there were no restrictions around meal times.

People's health care needs were monitored to ensure any changes in their needs were responded to in a timely way. People had access to health professionals when required. We saw that when professionals had visited, they had recorded the visit and outcome in people's care plans. Staff were up to date about the changes in people's needs and what was required to meet them.

The premises were suitable to meet people's needs. There was an outside sitting area which we saw people using and enjoying. There was a lift in place which people used independently if they were able to. We saw people using the lift to come down to the lounge and go back to their rooms when they wished. We discussed with the provider about dementia friendly signage and décor around the home to help people navigate their way around. They told us they would look at implementing this. People's rooms were suitable to meet their needs and had been personalised.

Is the service caring?

Our findings

We found that whilst staff were kind and caring in their approach with people, the provider's systems and processes meant that people were not always cared for in a kind and dignified way.

People told us their privacy and dignity was respected when staff supported them. One person told us, "I always ask them to leave the bedroom door open, which they do, the carers always knock before coming in." We saw that staff addressed people by their preferred name and spoke discreetly when asking people about personal care. However, one person had not had curtains up for approximately six months. This person's room was situated where members of the public could potentially see into their room from a distance and it was confirmed that they were supported to have wash whilst in bed. Therefore, their privacy and dignity was not being maintained. We asked the registered manager about this, they told us this was because the person had pulled them down multiple times and so they had not put them back up. The registered manager had failed to look at other options to maintain the person's dignity such as velcro curtains or moving the person's bed away from the window. We discussed this with the registered manager told us they would deal with this.

People and relatives spoke positively about staff and said they were kind and caring. One person told us, "The carers are all quite nice." A relative we spoke with said, "The carers and staff are always polite and talk to everyone, they seem happy." Another one told us, "You can tell the carers are fond of [person] and there is a good relationship between them."

We saw that staff were kind and caring in their approach and they offered reassurance where required. For example, one person was becoming upset during lunch time, a staff member noticed and bent down to their level, touched their arm and spoke with them calmly. We saw the person was visibly calmer and was no longer upset in response.

The home had received written compliments from relatives about the care provided. For example, one relative had sent a card saying, "Thank you really doesn't seem enough, you are all angels in disguise".

Staff had worked at the service for a long time and had developed relationships with people and knew them well. We saw staff had the time to sit with people and speak to them about their history and family. People looked happy and were smiling and laughing with staff members. People's care records included information about their history, likes, dislikes and preferences so staff knew how to meet people's individual needs. We saw staff understood these preferences and used the information to support people in a person-centred way. Staff promoted equality and diversity within the home and communicated with people in their preferred way.

We saw that people were supported to remain as independent as possible. People were encouraged to eat independently and where required people were assisted. We saw that people had choices over their daily routine. For example, we saw that staff asked people if they wanted to go into the lounge or stay in their

room. Some people had chosen to stay in bed. We heard them say "I've had a lie in this morning".

We saw people's family and friends visit throughout the day and there were no restrictions on when they could visit. The atmosphere within the home was relaxed and homely.

Is the service responsive?

Our findings

We received mixed views in relation to the activities that were provided for people. Some people told us they were happy with the activities and explained, "I shall be playing skittles today and this afternoon I shall go to the salon upstairs and have my hair done." Another person told us, "There are two activities people, they do their best and the work hard to get residents to join in." People told us they enjoyed singers and entertainers coming into the home and they enjoyed trips out but these were not frequent enough. Staff also told us that there was not a budget for activities. We discussed this with the provider, they explained they had entertainers come in four times per year which is paid for but when people want to go out on days out locally or to the cinema, they have to pay for this themselves or they fundraise. People also told us there is no budget for people to follow their individual interests unless they can fund this themselves. Throughout the day we saw staff encouraging and supporting people to join in activities and people looked happy playing games and were stimulated. This meant that people had daily stimulation but what some people were requesting could not be provided due to issues with funding.

People's needs were assessed and reviewed on a regular basis. People, relatives and healthcare professionals were kept updated about any changes where required and were actively involved. A relative we spoke with told us, "They [staff] will always tell me if anything occurs or if [person] needs anything." Staff had a good knowledge of people's current needs. A health professional we spoke with told us, "Staff appear to have a good understanding of the residents and their requirements." We saw on the day of inspection that the people and their relatives spoke with staff and the registered manager about the care they were receiving and any issues they may have.

We saw that plans were in place to support people at the end of their life to receive the care they wanted. We saw that relatives had been included in this discussion and the person's wishes were documented. Staff were supporting people receiving end of life care to be as comfortable as possible.

People were supported to follow their faith and maintain religious beliefs. The local church visited twice a month for people who wanted to be involved. There was not currently anyone living at the service that followed a different religion or culture. However, the registered manager explained they had previously supported people that did by ensuring that the service and staff were aware of their needs in relation to their religion and culture and how to meet them. for example, ensuring they follow the correct diet. The registered manager told us they were not aware of anyone using the service that identified as being Lesbian, Gay, Bisexual or Transgender (LGBT). However, we saw there was an equality and diversity policy in place which included LGBT and the registered manager told us they would be protected from any form of discrimination.

People and relatives knew how to raise concerns and felt confident doing so. A relative explained that when they had an issue, "It was dealt with by management." We saw that people and their relatives frequently approached the registered manager's office to discuss any queries or concerns and the registered manager responded appropriately. We saw there was a complaints system in place which showed were complaints had been raised, they had been dealt with in an open and honest way. Although people had an understanding of how to complain, we saw that the complaints information was not available in other

formats. We discussed this with the registered manager who said they would look into this.

Is the service well-led?

Our findings

At our previous inspection in February 2017, we rated the provider as 'requires improvement' in this key question. This was because actions were not being taken as a result of information collected and recording of information was not consistent. At this inspection we found that the providers governance systems to monitor and audit were ineffective in driving the required improvements.

The registered manager had audits in place for areas including; care plans, medication, falls and infection control. These audits were used to identify errors and an action plan had been developed to address these where required. However, these audits had not been effective as they had not highlighted the shortfalls that we identified during our inspection. For example, whilst we saw that most people's needs were met, the provider's systems had not identified and ensured that care plans were accurate in terms of people's current needs and some of them had contradictory information in. One person's care records said that they required two staff members to support with personal care and then also said one staff member required. Another person's care plan documented that they did not currently have any broken or sore skin. This was incorrect and therefore their risk assessment score was lower and inaccurate this placed the person at risk of harm.

Governance systems to assess, monitor and mitigate the risks relating to service user's safety were not effective. We found that there was a system in place to record accidents and incidents but this had not been used to identify trends and reduce reoccurrence. For example, we identified one person who had multiple falls during the current year. Systems in place had not identified this and therefore steps had not been taken to reduce the risk to the individual. During the inspection we saw the person was unsteady on their feet and there was no care plan or effective risk assessment as to how to protect person from risk of falls. We found that systems to monitor and audit had failed to identify that a safeguarding incident had not been acted up on appropriately.

The systems to monitor and audit had failed to identify that where care plans outlined that incidents involving behaviours that could challenge should be recorded, we found this had not been done.

The systems to audit had failed to identify that fluid charts did not have the target recorded on them for staff to know if someone had sufficient amounts to drink or whether there were concerns. We discussed this with the registered manager and they told us they would correct this.

The systems in place to monitor staff's attendance at the training the provider considered to be mandatory to enable them to people's needs were ineffective. Not all staff had received training or refresher training as required in areas such as MCA, DoLS, safeguarding and equality and diversity. Where staff mandatory training had not been completed, we found there was no system in place.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Although regular staff knew people well, the registered manager confirmed that they use agency staff on a

regular basis currently due to vacancies. They informed us that they try and use regular agency staff that know people and have been before. However, if there was a new member of permanent or agency staff, the up to date information regarding people's needs and how to meet them would not have been available to them.

As part of the inspection process, a Provider Information Return (PIR) was sent to the provider to complete and return to us. The PIR included the areas identified for improvement at the previous inspection as well as what the service does well. We found the information in the PIR did not always reflect what we saw on the day of our inspection. For example, it stated that accidents and incidents would be analysed to record trends and surveys completed by people and their relatives would be reviewed by the registered manager to highlight any actions required. However, where people's feedback had been gathered, the provider told us that someone at head office completed the analysis and sent it to the registered manager. When we asked for this information, it was not provided.

There were regular residents' meetings held for people and their relatives to attend. The minutes of these was kept via an audio recording and the registered manager explained they listened back and put actions in place where required. We found from these meetings that people felt able to have their say and give feedback on what could be improved. The registered manager and provider responded to any questions or feedback appropriately during the meetings and we saw that some actions had been put in place as a result of the meeting.

We found that whilst people were involved in there day to day care planning, there had not been any formal review including the person and their family. However, we saw that a process was being developed for this at the time of our inspection.

We found that the service had links with the community and professionals such as; GPs and the clinical commissioning group (CCG). They also had links with the local church and schools to provide activities for people.

People and relatives knew who the registered manager was and spoke positively about the them. One person told us, "[Registered manager] comes around regularly and says hello." A relative we spoke with said, "The manager usually comes to me if there have been any problems or if they need to inform me of anything." We saw that the registered manager regularly spoke with people and their relatives and knew them well.

Staff we spoke with said they felt supported by the registered manager and liked working at the home. One staff member said, "[Registered manager] is very approachable. Very open, has a good outlook. Spends time talking to the residents". Another one told us, "The manager is hands on, they have a good relationship with everyone." Staff told us they had staff meetings and regular handover to keep up to date with information and found this useful. One staff member said, "There was a staff meeting two weeks ago and before that a month. We discuss problems & how to resolve them. We get good information and handover."

All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The registered manager had ensured this was on display within the home. The provider had correctly notified us of any significant incidents and events that had taken place.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider had been open in their approach with us during

the inspection and received any feedback positively.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment |
| Treatment of disease, disorder or injury | People were not protected from the risk of abuse because the local safeguarding policy had not been followed. |

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 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | The provider's governance systems were ineffective in driving improvement. Care records were not always accurate and complete to ensure staff had the information required to meet people's needs. Feedback was not used to drive improvement. |

The enforcement action we took:

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