Trinity House Care Limited

Trinity House Care Centre

Inspection report

Mace Street
Cradley Heath
West Midlands
B64 6HP

Tel: 01384634350

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09 February 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Trinity House Care Centre is registered to provide accommodation for up to 35 older people who require nursing or personal care. Some people who lived at this service had a physical disability. At the time of our inspection 29 people were using the service.

Our inspection was unannounced and took place on 09 February 2017. This was the first inspection since the provider had taken over in October 2016.

There was not a registered manager in place and the provider was standing in as acting manager whilst recruitment was being undertaken in order to appoint a new registered manager. 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.

Quality assurance audits were carried out, but they were not comprehensive and did not show the action that had been taken where concerns arose. We were not notified of incidents or accidents as required. Records were not always kept appropriately. People were happy with the service they received. Staff were supported in their roles and felt that their views or opinions were listened to.

There had been a delay in submitting applications related to the Deprivation of Liberty Safeguards (DoLS). Staff gained the consent of people before assisting or supporting them. Staff assisted people to access food and drink and encouraged people to eat healthily.

Risk assessments had been completed to minimise risk to people. People felt that they were cared for safely and staff understood the procedures they should follow if they witnessed or suspected that a person was being abused or harmed. People felt that a sufficient number of staff were available to them. People received medicines when they required them and the administration of medicines was carried out safely.

Staff had the skills and knowledge required to support people effectively. Staff received an induction prior to them working for the service and they felt prepared to do their job. Staff could access on-going training and regular supervision to assist them in their role.

People were involved in making their own decisions about their care and their own specific needs. People felt listened to, had the information they needed and were consulted about their care. People told us that they felt that staff cared for them in a dignified and respectful way. People were encouraged to retain their independence.

Staff understood people's needs and provided specific care, people's preferences had been noted and staff were aware of the history of the person. Regular activities were undertaken and people were encouraged to

maintain friendships. People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

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.

Risk assessments were in place.

Staff recruitment was carried out safely.

Medicines were given, stored and recorded appropriately.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not always aware of people's wishes related to the principals of the Mental Capacity Act.

Where people's liberties were being restricted there had been a delay in ensuring applications had been submitted to the appropriate agency.

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Staff were provided with an induction before working for the service, on-going supervision and support.

Is the service caring?

Good

The service was caring.

People felt that staff were kind and caring towards them.

People were involved in making decisions about their care and how it was to be delivered.

Relatives were made welcome.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs.

Staff considered people's preferences when carrying out care.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance audits were carried out, but no action was taken to identify patterns or trends.

There was no registered manager in position and we did not receive notifications of accidents and incidents as required.

People were happy with the service they received and felt that the home had a good atmosphere.

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.

Our inspection was unannounced and took place on 09 February 2017. The inspection had been brought forward due to information of concern that we had received. It was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with six people who lived at the home, four relatives, three staff members and the provider. We viewed care files for four people, medicine records for seven people, recruitment records for three staff and training records. We looked at complaints systems, completed provider feedback forms and the processes the provider had in place to monitor the quality of the service.

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 to us.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt the service was safe. One person told us, "They [staff] keep me safe and look after me well. [Staff member's name] gives me a good wash, but keeps me safe whilst doing it". A relative said, "[Persons name] is doing much better here than at home, they are much safer". A staff member told us, "We try our best to keep people safe, I think they are".

One person told us, "If I pull the cord when I want something they [staff] come fairly quickly". We heard the alarm buzzer ringing for extended periods of time, sometimes up to twenty minutes without being switched off and the provider told us that this was probably linked to the front door opening and no staff members disengaging the alarm. However this would mean that should a person then call their buzzer it may go unnoticed because the alarm was already ringing and we saw some people waiting for assistance as a result. We spoke with the provider about this and they said that they would remind staff that the alarm should be disengaged once any concern had been dealt with or the entrance used.

One person told us, "There used to be a lack of staff but there have been some new starters recently. I think there are enough staff to keep us safe". A second person said, "There are lots of day staff and there are enough staff on at night. They change over at about 8pm and come and say hello". One relative told us, "There are more than enough staff to see to my [person's name]". We spoke with some relatives who did not think that enough staff were on duty during the night shifts. One of these relatives told us, "I don't think there are enough staff at night. [Person's name] waits a long time to be taken to bed". We spoke with the provider about this and were told that night checks had been carried out and it was found that no difference was made by having three care staff and a nurse as opposed to two care staff and a nurse

Staff understood how to report any concerns and described the procedures to follow if they witnessed or received any allegations of abuse. They were knowledgeable about the types of potential abuse that people may experience and spoke of physical abuse, financial abuse and emotional abuse. Staff told us that they would go to either the provider or to the deputy manager if they had concerns that abuse was taking place. Staff had received training on how to protect people from abuse and the provider told us that this training would be updated in the near future.

The provider told us that should they have any safeguarding concerns they had a process to follow in order to inform the local safeguarding team and we saw the written policy. We saw that where required body maps were used to record any concerns about marks on a person's skin. One person told us, "They [staff] ask if they can check you as soon as you come for any bruises".

We found that risk assessments had been completed to minimise potential risk to people and we saw that these covered mobility and moving and handling, falls, communication, hygiene, sleep and eating and drinking amongst others. We found that the risk assessment paperwork was currently being transferred from that used by the previous provider to the current provider, so some files were more comprehensive than others where they had been updated. The provider told us that as each person's file was being transferred to the new paperwork all areas of risk would also be updated.

We saw that the risk assessment considered the person's level of ability and any related risk, in most cases this was done on a system of points scoring. If the score was high then the person may be watched more closely, supported by staff, referred to professionals or actions put in place. For example where there were concerns around how much people were drinking, fluid monitoring was carried out to assist in reducing the risk. We saw that where a dependency profile was in place, and where people required the use of equipment, this was assessed by the nurse in charge. We found that the equipment noted in the file was in place for the person to use, such as a low profile bed (bed that lowers to the floor) or crash mat. Where we saw people being hoisted, we saw that this was done effectively and with care and that staff offered people re-assurance whilst they were being moved.

We found that each person had a specific evacuation plan in case of emergency or fire and that staff were aware of this and the procedure to ensure that people remained safe.

We found that effective recruitment systems were in place. Staff confirmed that checks had been completed before they started work. We looked at three staff recruitment records and saw that pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. We saw that staff members had provided a full work history. We found that disciplinary procedures were dealt with appropriately.

There were safe systems in place for managing medicines. One person told us, "My medicines are always on time and given when needed". A relative told us, "[Person's name] receives their medicines with no problem, always on time". We saw that the staff member giving medicines checked the running balance of the medicines as they were administered. The staff member explained to people in an understandable manner what their tablets were for. We found that medicine administration records were completed fully without any unexplained gaps and confirmed that people had received their medicines as prescribed. Where people required medicines, 'as and when' a protocol was in place to inform staff how to give them correctly and staff were knowledgeable on who required PRN medicines and when.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that where people's liberties were being restricted, such as wanting to leave the home DoLS applications had been completed in readiness to submit to the relevant external agency. Staff were aware of the people who were having their liberty restricted. The provider told us that there had been a delay in submitting these applications due to the recent changes in management and that these would be dealt with as a matter of urgency.

Staff were able to speak with us knowledgably about people's mental health needs and they told us that they had received MCA and DoLS training. However we found that they did not always work within the principals of the MCA. An example of this being; on our arrival we found that an ambulance had been called for a person who was receiving care at the end of their life and was not for resuscitation (DNACPR). On arrival the ambulance crew agreed the decision in place and left. The provider told us that staff would be reminded that where a DNACPR was in place no ambulance would be called only the person's doctor, to limit any distress to the person who did not wish for an ambulance to be called.

People told us that staff asked for their consent with one person saying, "The staff always tell me what they are going to do before they do it and they ask my permission". A relative told us, "From what we see [person's name] is always asked for their consent about everything". We saw staff asking for people's consent when assisting them up from their chair and when asking if they would like to be involved in activities. A staff member told us, "We always ask for consent, people make their own minds up here".

We saw that new employees were provided with an induction that had been devised by the provider, which included basic training, familiarising themselves with the providers policies and procedures and shadowing a more senior member of staff before taking on their role fully. A staff member told us, "My induction taught me what I needed to know". Staff members told us that they had completed training, but that a lot of courses were due to be updated. The provider told us that the majority of training undertaken by staff members was through the previous provider and that a new training matrix to plan forthcoming training had been developed, which we were shown. The provider added that upon speaking with staff they discovered that most staff members felt they would learn better from group sessions rather than online training and the provider was in agreement.

Staff told us that they received regular supervision and that there was an open door policy within the home where staff members could speak with the provider or the deputy manager at any time. Staff had received appraisals annually and had used the opportunity to look at previous practice and set goals for the coming year.

People told us that they enjoyed the food and we saw a positive lunchtime experience. One person told us, "Every morning I have breakfast in my own room with a cup of tea. We have a wonderful cooked meal each day and sandwiches for tea, also plenty to drink, it's like being in a hotel. I can also have a gin and tonic if I want one". A relative told us, "The food is lovely, the smell of it is so appetising". We saw staff assisting people at lunchtime if they required help and one person who had chosen to eat in the conservatory area alone wasn't forgotten by staff who popped in and out to keep them company whilst they ate. We saw that an eating and drinking assessment looked to see if people had any allergies or swallowing difficulties that may mean that they required specific foods and staff were able to talk knowledgably about people's needs, such as who required a pureed meal.

We saw that people had a drink available to them at all times and that most people had a hot and cold drink on the table near to them. One person told us, "The staff never say no if you want a cup of tea". We saw that where required fluid and food intake monitoring was undertaken appropriately.

We found that people were able to access healthcare provision in order to promote their well-being. One person told us, "If I need the dentist or the doctor they are called straightaway". A second person told us, "I have had on-going medical problems but they have been getting better since I have been in here. They [staff] take me to all appointments regularly". A relative told us, "When [person's name] isn't well they [staff] get the doctor immediately and let us know". Records showed people were supported to access a range of healthcare professionals such as opticians, podiatrists, dentists and doctors.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person said, "The staff are very kind and caring there is not one that you could fault". A second person said, "[Staff member's name] is an angel nothing is too much trouble". A relative shared with us, "The staff are so kind and they are always busy putting the people here first". We saw good interactions between staff and people, for example when assisting people to move, it was done with a gentle manner and a smile for the person. We saw that staff members knew people by their names and that they stopped when they could to chat with people.

People told us that they were able to make their own choices, with one person saying, "I choose what to wear and go to bed whenever I want to. I watch all the soaps on the television before I go to bed and if I am watching a film I will stay up later". A second person told us, "With the meals we always get a choice, we are asked the day before, but we can change our minds". A relative told us, "[Person's name] gets up when they want to and has the choice to have breakfast in bed and then come downstairs, they make all their own choices".

People told us that they were encouraged to be as independent as possible and one person said, "The staff encourage me to be independent, I can put my own slippers on so they get me to do it". A relative told us, "[Person's name] is encouraged to do things for themselves, we were concerned they would lose skills coming in here, but they haven't". A staff member told us, "We know what people can and can't do and wouldn't push them too much, they have to be comfortable with what they do, but it is good to see somebody being independent when they can".

People we spoke with told us that staff respected their dignity. One person told us, "They [staff] cover me up when I have help to get changed and they look away when they should". A staff member told us, "We are aware of people's feelings and show them dignity".

A person said, "My family are made very welcome when they come in, they are offered a cup of tea and we can find a nice quiet area if we want to chat". A family member told us, "We are always welcomed at any time". Staff confirmed that visiting was unrestricted but relatives were asked to be mindful of visiting at mealtimes. We observed positive interactions between staff and visitors.

The provider told us that specific advocacy agencies were not promoted within the home, but if a person was thought to require an advocate the local authority would be contacted and advice would be sought from professionals to direct people to the appropriate services. Advocates assist people to understand their rights and to express their views regarding decisions made about them.

Good

Is the service responsive?

Our findings

People told us they or their relatives had been involved in expressing their views about their care and support needs. One person told us, "My son did my care plan, but it's all about me". A second person said, "I was involved in putting my care plan together with the staff". A relative told us, "The staff asked us what kind of care [person's name] needed and it has been carried out well".

We saw that care plans included information on people's needs including, mobility, hygiene and personal care, medicines, activities, likes and dislikes and a history of the person was provided. We found that some files had more content than others due to the changeover between providers and work was in progress during our visit to update files. We found that people's preferences were recorded in the care plan and that this reflected the care they received. For example one person's care plan said that they liked to read a specific newspaper and we saw the person enjoying that paper. People were also asked if they had any cultural or religious requirements and people told us that if they wanted to access their religion they were able to. Staff we spoke with were aware of people's personal care needs and people told us that they received care in the way they wanted.

People told us that they were encouraged to maintain friendships and we saw staff assisting people to sit with people that they got on with well. One person told us, "I like to have a chat with the others here, they are all happy". A second person told us, "We are the three musketeers, me and [friend's names].I have been here a few years now and have had some very good friends".

People were complimentary about the activities arranged and one person told us, "I thought that when I came into one of these places that was it and I would have to stop in bed all day, but not here, it's the best of the lot. We have singers and entertainment and we are always doing something like bingo, bowling or games". A second person said, "Activities are always going on, sometimes I get involved, sometimes I don't". A third person said, "I love to do the keep fit in our chairs once a fortnight, it tires me out but I love it". A relative told us about the activities that they had witnessed and said, "Recently somebody brought in World War Two memorabilia, such as helmets and gas masks, [person's name] loved it. We could see the other people opening up and they were talking, telling us all about the war, they really enjoyed it". A staff member told us, "It is important to get people stimulated and interested in things, they shouldn't be left to sleep all day". We saw after lunch a person was enjoying being sat in the garden on a bench, wrapped up warm for the weather. We saw lots of activities carried out throughout the day.

People and their relatives told us they were aware of how to make a complaint and we saw that a complaints policy was kept in every bedroom. People told us, "I would never be afraid to voice any concerns to them [staff]. I would feel comfortable in telling staff about any problems, but I haven't had to" and, "They [staff] would listen but I have had no complaints". We saw that where complaints had been made they were addressed appropriately, with an investigation carried out and the complainant notified of the outcome. Any action to be taken as a result of the investigation was done appropriately.

The provider showed us positive feedback received from people. We saw that surveys had been sent out and

since the inspection the provider has sent us copies of positive feedback received. The provider told us that an analysis of responses was fed back to people at 'residents' meetings and one person confirmed this by saying, "We told them that we didn't like the colour of the lounge wall and in the meeting they told us they are going to repaint it and we can choose the colour".

Requires Improvement

Is the service well-led?

Our findings

We saw that although the provider was carrying out a basic quality assurance, such as recording numbers of trips or falls, there was no action being taken with regards to the data collected. The provider told us that they would set out a more comprehensive system whereby any concerning patterns or trends were noted and action taken, such as professionals' notified or further support offered. Quality assurance such as random staff checks during the day and night had been carried out, with people and staff confirming these to us, but no checks had been written up or recorded so the data was not available. The provider told us that this would be rectified immediately. The provider informed us that an external agency had been booked to visit to carry out a comprehensive medicines audit and following that they would introduce their own monthly audit.

We found that recording of the repositioning of a person with concerns around their skin viability went from hourly to three hourly with no consistency shown. The deputy manager informed us that the person would have been moved, as they were showing some improvement, but that the recording was inaccurate. The deputy manager and the provider told us that they would make staff aware of the importance of both turning the person and recording it accurately.

We found that where incidents and accidents had occurred we had not been notified in order to see how staff responded to the concerns. However the provider told us that this had been an oversight on their part due to lack of consistency in the management team. There had been a lack of registered manager for some weeks early on in the provider's ownership of the home and due to this the provider had recently stepped in as acting manager. The provider told us that we would receive notifications from this point on and we have received some notifications since the inspection.

Of the provider and acting manager one person told us, I haven't seen much of him, he is here but doesn't say much to us, I would like him to come and talk to us". We told the provider of this and he said that he would make it a priority to chat with people living in the home and obtain their views. A relative told us, "Communication can be a problem, we experienced it during the changeover of providers and now we haven't been given any clarification on the management position". We spoke with the provider who told us that communication had only been withheld when it would have been an inappropriate time to share the information. He said that people would be notified when it was the correct time to do so. Staff spoke positively of the changes inputted by the new provider and told us of how there had been Christmas lights for the first time outside of the home and a very well received bonfire party. The garden had also been greatly improved. One staff member told us, "There have been lots of positives since this provider took over, it will be a long road to get things right, but I think he has the right attitude".

People told us that they were happy to be living in the home and one person said, "I love it here, it has a lovely atmosphere and it does not smell at all and is spotless". A second person told us, "I would always recommend it here to other people". A relative told us, "There are always lots of friendly people everywhere here".

We were told by people and staff about the links that the home had with the wider community. We found that visitors came from local religious groups and children from the nearby primary school visited at Christmas and Easter.

Staff told us that they felt supported by the provider. A staff member told us, "The provider is always here and answers our questions". Staff told us that they attended regular staff meetings where they felt able to raise issues.

Staff told us that they would whistle-blow if they witnessed any practice that they felt was unacceptable. One member of staff told us, "I would not hesitate to follow the process we have been given if I saw anything concerning". We saw that a whistle blowing procedure was in place for staff to follow.