

Quality Housing & Social Care Limited

Trinity House

Inspection report

105 Station Road
Hendon
London
NW4 4NT

Tel: 02082020114

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 8 January 2019 and was unannounced.

We carried out an unannounced comprehensive inspection of this service on 1 December 2017 where one breach of legal requirement was found. The provider failed to have safe medicines protocols in place for medicines that were to be given "as and when needed.". At this inspection we found the provider had addressed this breach.

Trinity House 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.

Trinity House is registered to provide care and support for up to five people with mental health needs. Trinity House works jointly with a neighbouring care home, Trinity House Annex, run by the same provider. The building is a detached house in a residential street in Hendon and is well served with local transport, shops and parks. There are four bedrooms on the first floor and one on the ground floor. Three rooms have an en-suite facility consisting of a shower, toilet and there are washbasins in each room. The staffing structure consists of the registered manager, deputy manager and support workers, providing 24-hour support. The stated aims of the home are, 'To promote independence, self-determination and to contribute to the rehabilitative process. This enables service users to attain their optimum quality of life, and to move on to more independent living, in a home of their own'.

There were four people using the service at the time of our inspection.

There is a long standing 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.

People told us they were very happy with the care and support they received.

Staff working at the home demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences.

Staff told us they enjoyed working in the home and spoke positively about the culture and management of the service. Staff described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

The manager and deputy manager provided good leadership and people using the service and staff told us they promoted high standards of care.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were supported and staff listened to them and knew their needs well. Staff had the training and support they needed. There was evidence that staff and managers at the home had been involved in reviewing and monitoring the quality of the service to drive improvement.

Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people with complex needs in the home.

Staff were caring and always ensured they treated people with dignity and respect.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on.

People participated in a range of different social activities and were supported to attend health appointments. People were supported to maintain a healthy balanced diet.

Person centred care was fundamental to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated.

The service was well led. There was a clear set of values in place which all the staff put into practice. The management team had developed quality assurance checks, to make sure standards of care were maintained. There was an open culture and staff said they felt well motivated and valued by the registered manager.

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.

Staff understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

The service ensured the proper and safe use of medicines, and protected people by the prevention and control of infection

Sufficient numbers of suitably qualified staff were deployed to keep people safe.

Is the service effective?

Good ●

The service was effective.

People received care from staff that were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing.

People were supported to eat healthily.

The manager and staff had a good understanding of meeting people's legal rights and the correct processes were being followed regarding the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People told us they felt involved in the care planning and delivery and they felt able to raise any issues with staff or the registered manager.

Staff knew people's background, interests and personal

preferences well.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

Care was planned and delivered to meet the individual needs of people.

There was a complaints procedure in place.

Is the service well-led?

Good ●

The service was well led.

People and staff spoke highly of the registered manager; they found them to be dedicated, approachable and supportive.

People living at the home, and staff were supported to contribute their views.

There were systems in place to monitor the quality of the service

Trinity House

Detailed findings

Background to this inspection

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

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 inspection team consisted of one inspector, a specialist mental health advisor 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.

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts.

We spoke with six people who used the service. We also spoke with the registered manager, the deputy manager and four support staff.

During our inspection we observed how staff supported and interacted with people who used the service.

We also looked at a range of records, including; six people's care records, staff duty rosters, four staff files, arrange of audits, the complaints log, minutes of various meetings, staff training records and Medicine Administration Records (MARs) for all the people using the service.

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments included "Yes I am safe," and "I feel safe here."

Staff demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. Staff had received training in safeguarding people. They could describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "The safety of the resident and keeping them happy and safe is my main priority. We also do rehabilitation work like cooking and we have to ensure that they are safe when they go out. We also assess that others are safe ". Staff told us they were careful to observe the people using the service for any changes in temperament which might indicate they had become unhappy.

People we spoke with told us there were enough staff available to meet their needs. One person told us "There are enough and I like the staff." A support worker told us. "We always have enough staff as people here are quite independent and don't require support with personal care." During the course of our inspection, we observed how at no time staff appeared to be under pressure whilst performing their role. There was a calm atmosphere in the home and those who used the service received staff attention in a timely manner.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that people's risks were identified in respect of their mental health. Indicators of deterioration in people's mental health were set out in people's files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals. Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to help keep people safe. Staff showed an understanding of the risks people faced.

People's needs were assessed taking into consideration general and specific risks. Care plan files covered areas such as, physical health conditions, activities and signs that showed if someone may be becoming unwell either physically or mentally. There were clear and detailed examples of how risk assessments were tailored to each person as well as risks that were common for all people. For example, people's daily activities in the home or relating to their mental health condition at any given time. Risk assessments were reviewed regularly and were updated when people's needs changed

Staff had fully completed medicines administration record charts (MAR). These indicated that people had received all their medicines as prescribed at the correct times of day. We checked these people's medicines stock and found these were correct.

Medicines were managed consistently and safely in line with national guidance. People told us they had confidence in the staff that supported them with their medication. One person told us "I trust the staff to give me my tablets." Those that needed depot injections, received them on time and there was good communication with mental health services. We observed staff being patient and kind during medication administration. People received their medicines safely.

Medicines were managed by staff who had received the relevant training and who underwent annual

assessments of their competency. Appropriate management systems were in place to ensure medicines were managed safely. Medicines were kept securely in locked trolleys and rooms, and administered by trained staff. Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines.. There were checks of medicines and audits to identify any concerns and address any shortfalls. Staff followed the guidance which was now in place on managing PRN 'when required' medicines for each person and documented the reasons why they had administered the medicines. The service monitored that people were complying with their medicines regime and liaised with mental health services if this was not occurring.

Appropriate recruitment practices were in place. All the relevant checks had been completed before staff began work; including Disclosure and Barring Service checks, previous conduct where staff had been employed in adult social care and a full employment history.

Accident and incident events were documented and regularly reviewed by the registered manager to identify any trends.

The provider had arrangements in place to deal with other common potential emergencies such as risk of fire or other environmental health and safety issues. Fire alarms were tested regularly and other safety checks, for example gas and electrical safety, were being carried out. People were discouraged from smoking in the building and risk assessments were in place regarding this, as well as people being challenged if they were smoking in their room.

Staff were aware of infection control practices such as washing hands and the importance of good hygiene. On the day of our inspection the home appeared clean and free from unpleasant odours.

Is the service effective?

Our findings

People were supported by staff with appropriate skills and experience. The staff told us they received training and support to help them carry out their work role. For example, all new staff worked alongside experienced support staff for a period, depending on experience. New staff completed a comprehensive induction and one member of staff spoke highly of the support, training and guidance given to them. Staff told us they were encouraged to pursue additional qualifications and were supported to do this by "being given time and working flexibly."

Staff told us that they felt supported by the management team and had regular formal and informal supervision. Regular staff meetings were also taking place at the home to facilitate communication, consultation and team work within the service.

We looked at the training records and saw that each member of staff had completed training the provider considered mandatory. This included safeguarding adults, medication, health and safety, manual handling, fire safety and first aid. We saw that staff had also completed training on the Mental Capacity Act 2005 (MCA). In addition to this, staff had also completed specialist training which reflected the needs of those whom they supported. For example, they had completed training in mental health matters, conflict management and dealing with aggression. One member of staff told us, "we talk about training needs in supervision and I am reminded of any training I need to refresh."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. 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). There was a DoLS in place for one person using the service. This had been subject to the required authorisation which was held on the person's care plan file.

Staff we spoke with demonstrated thorough knowledge of how to apply them to ensure people's human rights were respected. Each person who lived in the home had signed a 'statement of capacity and consent to treatment' as part of a community treatment order (CTO). This is an order granted under the Mental Health Act that allows people with mental health concerns, to be treated safely in the community rather than hospital. This had also been signed by the consultant psychiatrist. We also saw evidence that some people had signed a consent form to allow the service to provide information to health and social care agencies and professionals involved in their care.

People were supported to maintain good health and had access to health care support.. People also had access to a range of other health care professionals such as a drug and alcohol specialist services. The manager told us there was good contact with the local Community Mental Health Team, whose advice was frequently sought and followed as required.

Each week a menu was developed by the people who used the service with staff support. We saw this was displayed in the kitchen area. The menu offered a good variety of healthy meals. Staff told us they prepared evening meals with a group of people who used the service, and people could also choose to cook for themselves if they wished to. Guidance, including advice, for example from a specialist diabetic nurse, was provided on how to do this and cooking lessons were also provided. One person told us, "They cook for us - vegetarian and they cater for my needs." The provider supplied milk and supplies for all meals including fresh fruit and vegetables and dry stocks such as rice, pasta and condiments. We saw that people had weight monitoring charts in their records to ensure they maintained a healthy weight.

Is the service caring?

Our findings

People we spoke with told us they were happy with the approach of staff. One person told us, "Yes they are kind, especially x (the Registered manager) he always gives respect to people." We observed staff communication with the residents was warm and friendly, showing caring attitudes. Relationships were good between team members. Support staff were courteous, well mannered and friendly. Residents enjoyed talking to staff. All staff appeared to be enjoying their work.

People attended regular monthly meetings with their keyworkers and discussions and outcomes were recorded. Keyworkers are members of staff who are allocated to coordinate the care planning and updates of each person's progress. Care plan files showed the discussion topics which were in line with their agreed care plan. People's independence was promoted and it was an aim of the service that people learned and regained their abilities to be independent, often after long periods undergoing treatment for addiction and mental health difficulties. We saw that staff communicated with people about their activities for the day and meetings or other events happening for them.

People's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff could identify possible triggers that caused people to become anxious. We observed occasions where workers noticed when people had the potential to become anxious. The staff members used techniques to distract people or support them to manage their anxiety before it escalated. We observed staff interacting with people using the service throughout the day. At all times staff were polite and caring. Staff could tell us about people's different moods and feelings, and reacted swiftly when they identified that people needed extra support.

We saw that staff did as much as they could to support people to maintain contact with their family. People had their religious and cultural needs respected and people's spiritual beliefs were recorded in their care plan. All the staff we spoke with had undertaken training in equalities and diversity and understood that racism, homophobia or ageism were forms of abuse. Staff gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs and gave us examples in relation to food preparation and preferences.

One member of staff told us caring was about "offering to help them but without being intrusive for example if we help them with cleaning their room", "and another told us they knocked when entering a person's room and they always explained what they were doing in the room, "for example, if I am putting their laundry away, I say that is what I am doing."

Is the service responsive?

Our findings

Care records contained a comprehensive pre-admission assessment. The care and support people received was responsive to people's needs. Care plans were detailed, person centred, and provided good guidance to staff about how people's care and support needs should be met.

Care plans covered personal, physical, social and emotional support needs, and progress was updated regularly by each person's key worker. They were updated as frequently as required, for example after any adverse incidents that may have occurred. Care plans included details of discussion with people using the service and reflected their views.

During the staff afternoon handover, which we observed, staff were all able to have detailed discussions about people's progress and current needs. Staff were aware of people's care plans and signs to look for that indicated people's mental health condition may be deteriorating and required a response from them. The service was in regular contact with community mental health teams and some people were subject to the Care Programme Approach [CPA]. The care programme approach is designed to reduce the amount of time people spend in hospital and continue their treatment, often lasting a number of years or the rest of a person's life, within the community. Some people were subject to certain legal restrictions, for example, Community Treatment Orders, and where people were not complying with these the service took steps to involve community mental health teams. The treatment conditions were recorded in care plans.

Since our last inspection the service had recruited an activities coordinator. They told us "We found that there was a good range of recovery based activities on offer. These included trips out to the cinema, pub or football. There were also in-house activities like film nights and there was lots of information on notice boards regarding recovery colleges and other rehab services. There was also a snooker table for people to use. One person commented "Yeah, pool, oh boy, all I do".

The service had a clear complaints procedure. A leaflet about how to make a complaint was displayed on the notice board in the communal hallway. A suggestion box was available for people and their relatives/visitors to give their views/suggestions about the service. There had been no complaints since our last inspection.

Is the service well-led?

Our findings

There was a clear management structure including a registered manager who had been in place since the service began operating.

It was clear from the feedback we received from people who used the service, and staff, that manager of this service had developed a positive culture based on strong values. We saw that the values of the organisation such as promoting independence, rehabilitation, respect and caring, were put into practice on a day-to-day basis. The registered manager spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership.

Our discussions with staff found they were highly motivated and proud of the service. A staff member told us, "we work in a very lively and challenging atmosphere but everyone is supportive, it's a fantastic team."

Staff were very complimentary about the registered manager. Comments included "He is an excellent manager. He really cares about staff and residents" and "Staff and residents all feel comfortable around x (register manager) we all get what we need."

The staff praised the culture and support they received at the service and felt really valued whatever their role. Staff felt that morale was very good and communication throughout the home was effective.

There were effective systems in place to monitor all aspects of the care people received. The registered manager had conducted audits regularly and there was continual oversight by the deputy manager. These had assessed areas such as the cleanliness and safety of the environment, the accuracy of people's care records and the management of people's medicines. Regular spot checks were also carried out of people's rooms to ensure they were clean and well maintained.. The registered manager worked in the home each day. This meant they could observe staff practice, check on people's bedrooms, medicines, meals, activities, housekeeping and care plans to ensure a continuous drive for improvement.

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular resident meetings were held. One person told us, "We have meetings to talk about things." Regular surveys were sent out to all the residents, relatives and staff. We saw that the last survey had been sent out in October 2018 and that the responses were positive.

The service worked in partnership with other agencies to support care provision and development. This included, the community mental health team, drug and alcohol services, local colleges who offered 'getting back to work training' and volunteering projects.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. The manager told us that they had access to a maintenance man and that there was no delay if repairs to the building were required.

The provider had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.