Rehability UK Residential Ltd

Trinity House Care Centre

Inspection report

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11 November 2022
17 November 2022

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Ratings

Overall rating for this service	Inadequate
Is the service safe?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Trinity House Care Centre is a care home providing personal care and accommodation for up to 35 people. At the time of our inspection there were 12 people living at the home.

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

The provider's systems and processes had failed to identify concerns that came to light during the inspection.

Closed circuit television (CCTV) had been put in place without people's knowledge or consent. This meant people were not supported to have maximum choice and control of their lives and the policies and systems in the service did not support this practice.

Systems were not in place to analyse accidents or incidents to identify any trends or lessons to be learned. The provider's own policies and procedures had not been reviewed to ensure they were fit for purpose for this part of their business. A dependency tool in place to assess staffing levels had failed to identify the need of an additional member of staff required on the morning shift.

Audits had failed to identify information was missing from a member of staffs file and the completion of fluid charts was not robust.

People felt safe in the company of staff who supported them. Where safeguarding concerns had been raised, they were reported and acted on appropriately. Risks to people were assessed and staff were provided with up to date information regarding people's care needs.

People were supported to receive their medicines as prescribed and were protected from the spread of infection by the use of personal protective equipment [PPE].

Since the last inspection a compliance manager had been appointed and a number of improvements had been made to the service. This included ensuring people's views were sought about their care and staff worked alongside other agencies in order to meet people's care needs.

A number of quality audits had been introduced to assist the provider and manager to assess, monitor and improve the service. Staff, people and relatives spoke positively about the improvements that had been introduced since the last inspection. The manager was new in post and was in the process of induction which was aimed to provide them with the knowledge and skills required to drive improvement in the service.

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

Rating at last inspection and update
The last rating for this service was inadequate (published 08 July 2022) and there were breaches of regulation. We issued a notice of proposal to impose positive conditions on the provider's registration which meant the provider was required to submit monthly reports to us, outlining the progress made against the areas for improvement that were required. The provider appealed the notice of proposal, but their appeal was not upheld and a notice of decision to impose the conditions on the providers registration was issued on 10 November 2022.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations 12, 13 and 18. However, the provider remained in breach of regulation 17 and 11.

This service has been in Special Measures since 6 July 2022. During this inspection the provider demonstrated that improvements had been made. However, the service remains rated as inadequate overall as the domains of effective and responsive are rated inadequate and therefore the service will continue to be in Special Measures.

Why we inspected
We received a number of anonymous whistleblowing concerns in relation to the care provided by the service including allegations of physical and financial abuse. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same, based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. We found no evidence during this inspection that people were at risk of harm from these concerns.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trinity House Care Centre on our website at www.cqc.org.uk.

Enforcement
We have identified a continued breach in relation to regulation 17, good governance and regulation 11, consent.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe.	**Requires Improvement**
Is the service well-led? The service was not always well led.	**Requires Improvement**

Trinity House Care Centre

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 carried out by 2 two inspectors.

Service and service type
Trinity House Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Trinity House Care Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 6 weeks and had submitted an application to register. We are currently assessing this application.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During the inspection we spoke with 2 people who lived in the home and 6 relatives. We also spoke with 9 members of staff including the manager, the compliance manager, the head of quality and compliance, the nominated individual, team leaders, care staff, the staff trainer and the cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider-.We also spoke with 1 visiting health care professional. We reviewed a range of records including 7 people's care records and 3 people's medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection, we identified systems were either not in place or robust enough to demonstrate safety was effectively managed, people were protected from abuse and people were supported by sufficient numbers of suitably trained staff. There were breaches of regulations 12 safe care and treatment, 13 safeguarding adults and 18 staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 12, 13 and 18.

Systems and processes to safeguard people from the risk of abuse
● At this inspection, we found that systems and processes had been put in place to protect people from the risk of abuse and improper treatment. Staff were aware of their responsibilities to report and act on any concerns of a safeguarding nature.
● Where safeguarding concerns had been raised, they had been investigated and the relevant agencies had been notified of events and appropriate actions taken.
● People told us they felt safe and from our observations, we saw people were happy to call on staff for a chat or support. A relative told us, "I feel [person] is safe and staff are aware of their needs." They described how their loved one could at times display distressed behaviours, but on each occasion, staff responded to their needs "and go with the flow."

Assessing risk, safety monitoring and management
● At this inspection, we found risk assessments were in place to provide staff with the information required to support people safely. Risks to people had been assessed and regularly reviewed to ensure staff were provided with the most up to date information regarding people's needs.
● Some inconsistencies were noted in the completion of fluid charts which meant the provider could not be assured people were receiving enough fluids during the day.
● At this inspection, we found staff were supporting people's pressure care needs. For example, where one person was identified at being at risk of developing a pressure sore, support and guidance had been obtained from district nurses and charts had been completed indicating the person was supported to regularly change position.
● A baseline of information was collected on a monthly basis to provide staff with indicators of people's general wellbeing. This information was used to inform staff of any changes in people's wellbeing which may require additional support. Weekly ward rounds were in place to raise any concerns regarding people's safety and wellbeing with their GP.
● During the inspection, two people told us they were cold. We spoke with the provider and were told the

temperature of the building was controlled by an external company. Electric radiators were placed in people's rooms and the provider arranged for work to be carried out on the heating system during the inspection. On the second day of the inspection, we noticed the temperature in people's bedrooms had improved and they told us they were warm and comfortable.

Using medicines safely
● At this inspection we found a number of improvements in medicines management. For example, charts were in place advising staff where to apply creams and medication was stored correctly.
● Staff were aware of when to administer 'as required' medication. However, we noted for one person their 'as required' protocol did not provide staff with enough information regarding the circumstances in which to administer a newly prescribed painkiller. Action was taken during the inspection to address this.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

At our last inspection the provider had not consistently acted in accordance with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for Consent) of The Health and Social Care Act 2008 (Regulated Activities) Regulations.
At this inspection, not enough improvement had been made and the provider remained in breach of regulation 11.

● We found the provider was not working within the principles of the MCA. CCTV had been installed in the communal areas of the home without people's knowledge or consent. There was no signage on display to alert staff, visitors and people living at the service that they were being recorded.

The provider had not ensured the principles of the MCA had been followed. This was a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of the inspection, the provider arranged for the CCTV in communal areas to be disconnected.

● Where people had restrictions placed upon them, authorisations had been applied for. Staff spoken with were aware of who had a DoLS in place and what this meant for them. We observed staff obtain people's consent prior to supporting them.

Staffing and recruitment
● A number of staff told us they felt they needed an extra member of staff on shift in the morning. There was a dependency tool in place to assess staffing levels, but it was not completed by staff on site. During the inspection we shared these concerns with the provider and an additional member of staff was then placed on the morning shift.
● People were supported by a group of permanent and agency staff and we saw attempts to recruit to

vacant posts were ongoing. One person told us they felt there were enough staff to meet their needs. However, some relatives raised concerns regarding the number of agency staff working at the home. One relative told us, "It's such a shame there's such a lot of agency staff here, [person's] face lights up when they see regular staff."

● At this inspection, we found people's care plans and risk assessments provided had been updated and reviewed to provide staff with a clear understanding of people's risks, care needs and preferences. Daily handover notes also provided care staff with 'at a glance' information regarding people's needs.

● People and their relatives confirmed they had been involved in reviewing their care records to ensure staff were provided with a complete picture regarding their care needs.

● We looked at two staff files, one of which was disorganised and difficult to navigate and only held one character reference. Another had not fully explored the reasons for the member of staff leaving previous roles. We saw Disclosure and Barring Service (DBS) checks had been completed prior to them commencing in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. They were not robust and were difficult to navigate.

Preventing and controlling infection

● We were somewhat assured that the provider was using PPE effectively and safely. Some PPE stations had been removed from communal areas to create a more 'homely' environment. These were replaced during the inspection.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was responding effectively to risks and signs of infection.

● 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.

Visiting in care homes

● Relatives told us they were supported to visit their loved ones with no restrictions. The provider followed the latest government guidance with regard to visiting arrangements.

Learning lessons when things go wrong

● Accidents and incidents were reported, recorded and acted on appropriately. However, there was no process in place to review these events for any patterns or trends. This meant opportunities to learnt lessons were lost. The provider advised they would update their policies to ensure that any accidents or incidents would be analysed for any patterns or trends in future.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider remained in breach of regulation 17.

- The provider's systems and processes had not identified the concerns found on inspection. For example, CCTV had been put in place without obtaining people's consent, audits had failed to identify missing information in staff files, work was required to ensure people's rooms were kept warm and charts recording people's fluid intake were not consistently completed.
- There was no system in place to analyse accidents or incidents for any trends or lessons to be learnt. The provider's own falls policy had failed to identify the need to analyse this information in order to minimise the risk of reoccurrence and drive improvement in the service.
- We continued to have concerns regarding the provider's understanding of their regulatory requirements. For example, the provider had failed to review their existing policies and procedures (from another part of their business) to ensure they were fit for purpose for the service and remained effective.
- The provider's dependency tool that was used to establish staffing levels had not been updated since September 2022. It was not linked to the most up to date information regarding people's needs and the manager and compliance manager had no input into this document.

The provider's quality assurance systems and processes had not enabled them to effectively assess, monitor and consistently improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They made the decision to disconnect the CCTV and review their policies and procedures to ensure they were relevant and effective. An additional member of staff was introduced on the morning shift.

● There was a new manager in post who had started their application to become registered manager. Staff, people and relatives all spoke positively of the new manager and the impact they had already had on the service. One person told us, "[Manager's name] is absolutely wonderful. Nothing is too much trouble."
● A number of audits had been introduced to provide oversight of the service. For example, there were daily walkarounds and heads of department meetings with the manager to establish any areas for improvement or action that needed taking.
● Since the last inspection, the service had removed nursing from its registration. This meant some staff who had previously been led by nurses, had been promoted to team leader roles. They told us of the challenges they faced in their new positions but felt well supported by the manager and compliance manager. One of them told us, "It was difficult moving to the team leader role, but we got the training and support we needed."
● Information was available for all staff advising of their roles and responsibilities on shift. The manager told us they had identified the new team leaders required additional support and training and this was an area they were concentrating on.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● At the last inspection, we were not assured the provider was acting in line with their responsibilities including the need to be open and honest with people when care had not gone to plan. At this inspection we found the provider had been open and transparent and acted on and reported events as required.
● A number of whistleblowing concerns had been raised prior to the inspection and each concern had been investigated and reported on. We found no evidence during the inspection to substantiate the anonymous concerns that were raised. Relatives confirmed they were kept informed of any concerns. One relative told us, "They keep me informed of every little thing."
● Staff spoke positively about the new manager and the compliance manager who supported the service. They told us they felt fully supported in their role and could approach either of them with any concerns they may have. A member of staff told us, "We have a manager who everyone loves, and (compliance manager's name) has been so supportive as well. I can see the changes that have been made since the last inspection."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others
● At the last inspection, we were not assured the provider was involving people using the service. At this inspection, we saw meetings had been arranged to reassure people and their loved ones of actions taken in response to the concerns identified at the last inspection. Relatives told us they were impressed by the compliance manager and one said, "[Compliance manager's name] has been involved us in meetings and has been spot on" [ensuring their loved one's care needs were met].
● People's care records indicated staff had worked alongside other healthcare professionals to ensure their healthcare needs were met. However, in one file, a professional's details and their recommendations had not been fully recorded. The manager had identified this information was missing and was taking action to ensure the information was recorded fully and staff were aware of the importance of recording these details.
● We saw surveys had been completed and a 'you said, we did' noticeboard in place identifying actions taken. For example, people asked for more involvement in planning their support. One person confirmed they were fully involved in their care plan and were happy to show us their contributions to this. They told us, "Staff are supporting me to do things in the way I like to live my life. They have read it [their care plan] and I've talked about it." They went on to tell us, "[Cook's name] should have a restaurant; they know all my likes and dislikes and are quite creative with my meals."

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 11 HSCA RA Regulations 2014 Need for consent The provider had failed to obtain people's consent regarding the use of CCTV in communal areas.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems and processes had not enabled them to effectively assess, monitor and consistently improve the quality and safety of the service.