

Anchor Hanover Group Trinity Lodge

Inspection report

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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

About the service.

Trinity Lodge is a residential care home providing accommodation and personal care for up to 40 people aged 65 and over living with dementia. At the time of our visit, 39 people lived at the home.

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

Staff understood how to keep people safe and protect people from avoidable harm. Staff were trained in safeguarding and knew what to do if they had concerns about people's well-being.

Risks associated with people's care had been assessed and management plans were completed for identified risks.

There were safe procedures to manage people's medicines and to prevent the spread of infection.

People's needs were assessed to ensure they could be met by the service.

There were sufficient trained and experienced staff to support people's needs and keep people safe.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests.

People's nutrition and hydration needs were met. People had a choice of food, and were encouraged to have enough to eat and drink.

The managers and staff worked closely with other healthcare professionals to ensure people's health and wellbeing was promoted and maintained.

Staff knew people well, they promoted people's privacy and supported people to do things for themselves where possible.

People received care which was individual to them and was responsive to their individual needs.

Managers and staff were committed and motivated to ensuring people's needs were met, in an environment that had a positive impact on the lives of people living with dementia.

People were offered opportunities to engage in activities of interest to them and were supported to maintain relationships with important people in their lives.

The provider and registered manager understood their regulatory responsibilities and had effective processes for assessing and monitoring the quality of the service.

Rating at last inspection: Good (report published 22 December 2016)

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme for Good rated services. If any concerning information is received, we may inspect sooner.

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

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Trinity Lodge

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, a specialist advisor and an expert by experience. The specialist advisor was a qualified health professional. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Trinity Lodge is a 'care home' for people living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was unavailable on the day of our inspection. The inspection was supported by a deputy manager and a district manager.

Notice of inspection

This inspection took place on 19 June 2016 and was unannounced.

What we did before the inspection

Before the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us, about events that happen within the service, such as serious injuries. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also sought feedback from the local authority who work with the

service and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

To gain people's views and experiences of the service, we spoke with four people who lived at the home and four family members. We observed the care and support provided and the interaction between people and staff throughout our inspection visit.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help understand the experience of people who could not talk with us.

We spoke with eight members of staff including the district manager, deputy manager, a team leader, four care workers and a member of kitchen staff.

We toured the environment and reviewed a range of records. This included five people's care records, including risk assessments and care plans. We looked at how medicines were managed and how staff were recruited and supported.

We reviewed information about how the provider and registered manager monitored the quality of the service they provided. This included audits, complaints and accident/incident records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home. Comments included, "Oh yes, nice and safe here. The staff are very nice and look after me."
- Staff were trained in safeguarding, they knew how to recognise abuse and understood their responsibilities to report concerns to the managers. A staff member told us, "If I was concerned about anything I would report it to the managers straight away."
- The provider understood their regulatory responsibilities to refer safeguarding concerns to the local authority and CQC as required.

Assessing risk, safety monitoring and management

- People's needs had been assessed to identify any risks to their health and wellbeing, such as mobility, nutrition and skin damage. Risk management plans informed staff how to manage identified risks.
- Staff understood the importance of risk management and knew the level of assistance each person required to maintain their safety.
- Staff responded appropriately to keep people safe if they had fallen. A relative told us, "If someone falls in the lounge they [staff] respond quickly, they call the paramedics. Staff don't pick them up."
- People received appropriate care and treatment in accordance with their risk management plans.

Staffing and recruitment

- There were enough staff with the appropriate skills, knowledge and experience to meet people's needs and provide effective care.
- Staff told us there were enough staff on duty to make sure they worked in accordance with safe practice.
- The registered manager maintained a clear oversight of staffing levels. They reviewed people's individual risks and dependency levels to ensure people's needs could be met safely and timely.
- The provider had an effective recruitment process to prevent unsuitable staff working with vulnerable adults.

Using medicines safely

- Medicines were stored, recorded and administered safely. People received their medicines as prescribed and medicine administration records (MAR) had been completed correctly.
- People's care plans included information about how they liked to take their medicines.
- Protocols to guide staff when administering 'as required' or 'covert' medicines were in place.
- Staff administering medicines had received training in safe medicines management and their competency to administer medicines had been assessed.

Preventing and controlling infection

- The home was clean and odour free. The provider had policies and procedures on preventing and controlling the spread of infection.
- Staff had been trained in infection control and prevention and used personal protective equipment, such as gloves and aprons, when supporting people with personal care.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- The managers identified how or why the incident may have occurred and whether a referral to other health professionals was needed.
- The provider and registered manager monitored and analysed accidents, incidents and falls to identify any trends or patterns and to ensure appropriate action had been taken to minimise the risks of a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed before they moved to Trinity Lodge to ensure their needs could be met.
- Care plans were developed for each identified need and staff had clear guidance on how to meet those needs.
- Care plans were regularly reviewed to ensure they continued to reflect people's needs.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service which included training and working alongside experienced staff before working on their own. Staff were provided with information about the service, including policies and procedures and had the opportunity to read care plans to get to know what care and support people required.
- Staff were positive about their training and told us training gave them the knowledge and skills to support people's individual needs, including dementia care training. The deputy manager told us about the dementia training and how it helped staff understand how dementia affects the individual. "The dementia training covers how dementia can affect people's behaviour such as hitting others or using language that they wouldn't have done in the past, as well as sexual disinhibited behaviour. It can be distressing for family to see their loved one act in ways that are so out of character."
- The managers, and provider, monitored training to ensure staff skills were kept up to date. The provider supported staff to complete national vocational qualifications in health and social care to expand their knowledge.
- Staff received support from the management team through regular staff meetings, individual meetings and appraisals. Staff said the management team were approachable and supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough and maintain their nutrition and hydration needs. People spoke positively about the food provided. Comments included, "The food is very good, lots of choice. I can eat where I like, there are three dining rooms."
- 'Hydration stations' were available in the lounge areas for people to have drinks and snacks when they chose. We observed one person take a cake from a hydration station and try to eat it with the wrapper on. We were concerned this could have caused choking. Staff told us cakes were wrapped to keep them fresh and prevent people handling them. Following our observation, the managers informed the kitchen not to wrap cakes and to ensure hydration stations were checked regularly to ensure food remained fresh to eat.

- Mealtime was relaxed and unhurried. People were offered choices about what they would like to eat and drink and people who needed support received this in a sensitive manner.
- Records were maintained when people were at risk of malnutrition or dehydration. People were referred for specialist advice when concerns, such as swallowing difficulties were identified.
- We noted in two plans we viewed people required their fluid intake monitored. Staff supported people to have enough to drink, but daily records did not identify how much fluid people required. After the inspection the registered manager confirmed this had been rectified.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans documented people's medical and healthcare needs. Staff monitored people's health and made sure people accessed other services when their physical or mental health changed.
- People were encouraged to attend routine appointments with the dentist and optician to maintain their health and wellbeing.
- The service had developed good relationships with healthcare professions to ensure people received safe consistent care. The GP visited every Tuesday and district nurses were available to provide support as required.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were unable to make decisions for themselves, mental capacity assessments had been completed. Where necessary, best interest decisions were made on behalf of people in consultation with relatives and appropriate others.
- Staff worked within the principles of the MCA and sought people's consent before providing personal care and assistance.
- DoLS applications had been made to the Local Authority where it had been identified people were being deprived of their liberty.
- Staff demonstrated a good understanding of when to act in the best interests of people if they declined personal care. They understood how to work in the least restrictive way to ensure people's dignity was not compromised, and people were not put at risk of neglect or poor health.

Adapting service, design, decoration to meet people's needs.

- Trinity Lodge comprised of three areas where people lived and had several communal areas where people could choose to spend their time. Including a safe, dementia friendly garden area.
- Communal areas and corridors were spacious and supported people who mobilised with equipment or in wheelchairs to access these easily.
- Since the last inspection there had been several improvements to the environment to support the needs

of people living with dementia. This included additional signage in the corridors, a home cinema and bar, and three eating areas that were individually designed as a café, tea room and an American diner.

- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity: Respecting and promoting people's privacy, dignity and independence.

- People and their relatives told us they were happy with the care and support they received from staff. They told us staff took time with them and provided the assistance they needed without rushing. A relative told us, "Staff are lovely, [name] feels at home here. I worked in hospitals for twenty-five years, so I know what's good."
- Staff interacted with people in a kind and respectful way and had established warm, friendly relationships with them. We observed staff holding people's hands or touching their arm while speaking with them, to provide comfort or reassurance. One person told us, "I think they [staff] are very caring. They are all lovely here."
- People were relaxed around staff and happily asked for their assistance.
- Staff were polite and respectful and ensured people's human rights were upheld.
- The deputy manager told us nobody currently living in the home had identified as being lesbian, gay, bisexual or transgender (LGBT). The provider had information available about LGBT community groups and advised the home about Gay Pride days so they could celebrate this in the home.
- The environment promoted people's dignity by being well maintained and comfortable. It offered people and their visitor's pleasant areas to spend their time or enjoy each other's company.
- People's information was stored securely to ensure this remained private.

Supporting people to express their views and be involved in making decisions about their care

- People made decisions about their daily lives, were listened to and supported by staff. One person told us, "I can do what I want, staff help me if I need it."
- People were able to choose what they wanted to wear, eat or drink. Staff showed people options available, so they could make decisions themselves.
- People's communication needs were documented in their care records. Staff understood people's communication skills and involved them in decision making. A relative told us about their family member, "He communicates with them, they understand him."
- People and family members were involved in care reviews and felt listened to. One person told us, "We have care meetings, they get my wife in for them," A relative of a person who recently moved to the home said, "[Deputy manager] did a care review on Monday. That's twice so far."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: Supporting people to develop and maintain relationships, avoid social isolation, follow interests and to take part in activities that are socially and culturally relevant to them.

- People received individualised care and support from staff that understood their needs, preferences and interests.
- Staff followed people's personalised care plans to ensure they received the care and support they needed.
- Care plans were regularly reviewed and updated when people's needs, and abilities changed.
- Staff were responsive to people's needs and requests for assistance. People and relatives said staff responded to call bells and sensor alarms. A relative told us, "He has a call bell and sensor on his wall. I have heard bells ringing and staff answer quickly."
- People were offered opportunities to engage in activities and events they were interested in.
- Several people told us about the activities that were available and mentioned enjoying the 'Oomph' exercise class and daily newspapers that were provided. One person said, "There are lots of things to do. Something every day." A relative told us, "[Name] does some gardening, he likes that. They have a cocktail time. He likes dominoes and cards, he does jigsaws. They have a pantomime, singers, all in all it's very good."
- The deputy manager told us how they had recently implemented 'Music for the Mind' and had formed a choir where people chose the songs they wanted to sing. The deputy manager also told us, "[Name] team leader is an activity champion and goes above and beyond to do things with customers, She arranges pub lunches, birthday parties and outings."
- Family members and friends were made welcome when they visited. Relatives told us there were no restrictions on visiting, "You can come when you like."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided to people in a format they could understand, such as large print. Information could be made available in other languages if needed.

End of life care and support

- The service provided support to people who chose to spend their final days at Trinity Lodge.
- People were supported to make decisions and plans about their preferences for end of life care.

- Where people had made decisions, such as DNAR (Do Not Attempt Resuscitate) this was recorded in their care plan.
- At the time of our inspection no one was receiving end of life care.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for dealing with any concerns or complaints. This was clearly displayed and available to people, their relatives and other visitors.
- Systems were in place to record, manage and respond to any complaints or concerns raised.
- Complaints were shared electronically with the provider and reviewed locally by the managers. Any learning from complaints was shared with staff and used to make improvements to the service.
- People and their relatives knew how to raise concerns and were confident action would be taken to resolve any concerns raised. No one we spoke with had concerns about the service provided.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The focus of the service was providing high quality care for people living with dementia and this was reflected through staff practice. Person centred care was evident in the interactions between staff and people and in the care documents we looked at.
- People and relatives were happy with the service provided and the way the home was run.
- The registered manager and provider had made several improvements to the home to make this more dementia friendly and to provide an environment for people to enjoy. This included, a safe, dementia friendly garden area, and a cinema and bar area, where people could enjoy eating popcorn and 'pick and mix' sweets while watching a film. Additional signage in the corridors so people could identify their rooms and family knew who people's designated staff members were.
- The provider and registered manager understood their responsibility to be open and honest when things had gone wrong.

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

- The provider and registered manager understood their responsibilities and the requirements of their registration. For example, the registered manager had submitted notifications as required, their latest CQC rating was displayed in the home and was available on their website.
- There was an experienced management team, led by the registered manager. Staff spoke highly of the managers and their leadership. One told us, "We are a good team, the managers are really supportive, they are committed to providing a good standard of care and they expect the staff to do the same."
- Managers and staff understood their roles and responsibilities and enjoyed working in the home. A manager told us, "We all work well together, we have a fantastic team of staff. It's a home from home, I would really be happy for my dad to move here."
- Staff were supported to be effective in their roles through a handover meeting when they came on shift and regular individual and team meetings.
- Quality checks were completed in key areas of the service such as medicines, care plans, infection control and accidents and incidents.
- Care plans were regularly reviewed to ensure staff had up to date information about people's needs and risks. We found three people's plans required more information about how specific conditions were managed. The registered manager confirmed after the inspection that this information had been added.

- The provider routinely assessed the quality of the service and measured these by standards that reflected our (CQC) key questions.
- The registered manager continually looked for ways to improve the service. Learning from concerns and incidents contributed to ongoing improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Feedback from people, relatives and staff was encouraged through meetings, reviews of care and surveys.
- Feedback was used to support continuous improvement. People told us they were able to share their views and felt listened to.

Working in partnership with others

- The registered manager continued to develop community links with a view to further improving care and support for people and to enhance people's life experiences.
- The management and staff team had developed positive working relationships with health and social care professionals which assisted in improving outcomes for people.