

Trinity House Care Limited

Trinity House Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Trinity House on 27 November 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our previous inspection on 21 August 2018 had been made. The team inspected the service against two of the five questions we ask about services: is the service well led and is the service safe. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

At our previous inspection on the 21 August 2018, the provider was found to be in breach of Regulations, 13 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 and was rated as requires improvement overall. This was because the provider's audits and systems did not identify the shortfalls that we did, there was no oversight of staff training and allegations of abuse had not been reported appropriately. At this inspection we found that these regulations had been met. However, further improvement was required and therefore the provider's overall rating has not changed.

Trinity House is a care home with nursing. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Trinity House is registered to provide accommodation for up to 35 people. At the time of inspection there were 31 people living at the home. Trinity house is arranged over three floors. Some of the people who lived at Trinity House were living with dementia and some had a physical disability.

There was a registered manager in post but she was on maternity leave at the time of this inspection. 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 felt safe. Risks to people were individually assessed and guidance was available to staff on how to reduce these risks to people. Staff had a good understanding of safeguarding and where to report concerns to and referral to the local authority were made appropriately. people told us there was enough staff to meet their needs. People received their medication as required. The home was kept clean and tidy.

The provider had audits in place. However, they had not always identified the shortfalls that we did. There was a system in place to ensure oversight of staff training. Staff told us they felt supported. People's feedback was sought. However, there was no evidence that this was used to drive improvement within the

home. The provider explained they were in the process of implementing a 'You said, we did' board which would identify the areas highlighted by people and relatives for improvement and what the service has done as a result.

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.

People's individual risks were assessed and staff demonstrated a good knowledge of people's needs.

People told us they felt there was enough staff to meet their needs. People received their medication as prescribed.

People were protected from the risk of infection because the home was kept clean.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider's systems had not identified the shortfalls that we identified.

People told us when their feedback was sought, action was not always taken.

People, relatives and staff spoke positively about the management team.

Trinity House Care Centre

Detailed findings

Background to this inspection

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

This inspection was to check if the provider had made improvements and met the legal requirements. The inspection took place on 27 August 2018. The inspection team consisted of one inspection and one assistant inspector.

When planning our inspection, we reviewed information we held about the service, this included information received from the provider about deaths, accidents/ incidents and safeguarding alerts which they are required to send us by law. We also reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people, three relatives, one professional, four staff, the provider, deputy manager and acting manager. As some people were unable to share their experiences of the care provided, we completed a Short Observation Frame for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of the people who could not talk with us. We also looked at six care records, people's medication records, staff recruitment files and records held in relation to quality assurance.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 21 August 2018. At our previous inspection, we found the provider had not appropriately referred allegations of abuse. This resulted in a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that where incidents had occurred, trends were not identified to reduce the risk of reoccurrence. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

People told us they felt safe. One person when asked if they felt safe said, "Yes, staff are really nice". A relative told us, "Yes, certainly. Every time I visit I am physically let in by a member of staff and have to sign in."

People's individual risks were assessed and staff were aware of these risks and how to minimise them. We saw that people's care plan included guidance for staff on how to reduce risks to people. For example, one person was at high risk of falls, they had a falls risk assessment in place and care plan detailing what footwear they should wear, how they move around the home including the possible need for a hoist if tired and what assistive technology was in place.

At our previous inspection we found that lessons had not been learnt in relation to accidents and incidents. The provider had not identified trends to reduce the risk of reoccurrence. However, at this inspection, we saw that there was a document in place to highlight trends such as how many people had fallen at similar times and in the same place.

Staff demonstrated a good knowledge of types of abuse and how to report concerns of abuse both within the service and externally if they felt this was required. We saw that where an allegation of abuse had been made, the appropriate referrals had been made.

People and relatives told us and our observations confirmed there was enough staff to meet people's needs. One person said, "Someone is always here...staff normally come quite quickly [when call bell is pressed]." A relative told us, "On the two occasions I have been here when she has used it [call bell] it has been a good response, normally within a minute. There are two members of staff to help [person] with her mobility." However, we received some feedback from relatives and staff in relation to staffing levels being too low during the night. The provider uses a dependency tool to calculate the staffing they required based on people's needs. We discussed the issues that were raised with the provider and they also informed that when the staffing levels were determined in 2016, they also completed night inspections to determine a safe staffing number.

People received their medication as required. We saw staff explained to people what their medication was for and supported them to take it in a sensitive way. Some people had 'as required' medication prescribed, we saw there was protocols in place to provide guidance for staff on when these medications may be required.

The provider had recruitment systems in place to ensure staff were suitable to work with people living at the service prior to them starting their employment. Since our last inspection, there had only been one new employee. We saw the appropriate checks had been carried including a Disclosure and Barring Service (DBS) check. The DBS checks helps providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people

The home was kept clean and tidy, we saw there was a domestic team in place and they completed both responsive and planned cleaning. We saw that staff wore personal protective equipment (PPE) when required and had access to this.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 21 August 2018. At our previous inspection, we found the provider's audits had not identified the shortfalls that we did, records were inaccurate and did not reflect people's current needs and there was no system in place to ensure staff training was up to date. This resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was no longer in breach of this regulation. However, further improvements were required.

The provider had audits in place for areas including; medication, care plans, kitchen and infection control. We found there had been improvements to people's care plans and the guidance within them that was available for staff. They provided accurate information about people's needs and detailed clearly how staff could reduce the risks to people and how best to support them. However, we found there was still issues in relation to charts being in place as outlined in the care plan. For example, at our last inspection, one person's care plan we looked at, stated they did not have a buzzer and instead had an hour checks record in place. We found this had not been implemented at this inspection. We also found that where people had a fluid chart in place, there was no target on these to make it clear if there was a concern that needed to be raised.

The provider's medication audits had failed to identify the medication recording errors that we highlighted. For example, when people had medication left over, this has not been carried forward on the person's medication administration record (MAR). This meant that the amount left was not accurately reflect on the MAR.

We saw that regular residents and relatives' meetings were held. However, people told us that they felt issues raised did not always get acted on. One person said, "Always asked to meetings but never any good. Nothing ever gets done or only rarely." We discussed this with the provider and they informed they currently did not have any information recorded in relation to actions taken as a result of the meetings but were in the process of implementing a 'you said, we did board'. The idea of this is that anyone living at the home or visiting can see what has been raised and what has been done as a result.

At our previous inspection, we highlighted that there was no system in place to monitor staff training and the completion of this. as a result, staff had not received up to training in a number of areas including mental capacity and Deprivation of Liberty Safeguards (DoLS). At this inspection we found there had been an improvement, there was oversight of the online training system and in-house training had also been organised.

The provider had links with the local community including the Clinical Commissioning Group (CCG), local safeguarding teams, social workers and the local church.

We asked people and their relatives how they found the current management team as the registered manager was not currently at work. They spoke positively about them and we saw that people had good

relationships with them, looking relaxed and at ease when speaking to them. relatives told us they knew who the current management team were and found it was working well. One relative said, "The manager is currently on maternity leave and [acting manager's name] is covering but they have been here a long time. We have been kept up to date with the information needed."

Staff we spoke with said the transition to the new management team has been good and they feel it is working well. One staff member said, I could go to management with any concerns and it will be addressed." Another one told us, "[manager's name] and [manager's name] have carried on as normal, smooth transition.

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

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was open in their approach to the inspection and any feedback was received positively and acted upon.