

Quality Housing & Social Care Limited

Trinity House

Inspection report

105 Station Road
Hendon
London
NW4 4NT

Tel: 02082020114

Date of inspection visit:
01 December 2017

Date of publication:
30 January 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on the 1 and 6 December 2017 and was unannounced.

We carried out an unannounced comprehensive inspection of this service on 23 June 2017. Breaches of legal requirements were found. We served enforcement warning notices on the provider in respect of four breaches that had the greatest impact on people, in the areas of good governance, recruitment, infection control and premises. We also found breaches of regulations in respect of staff support and consent. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to all the breaches.

Trinity House is registered to provide care and support for up to five people with mental health needs, some of whom may have a forensic history. Trinity House works jointly with a neighbouring service, Trinity House Annex. 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 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 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 that a number of improvements had taken place since the last inspection. They enjoyed working in the home and spoke positively about the culture and management of the service. Staff described management as supportive and confirmed they were now receiving regular supervision.

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 manager at the home had been involved in reviewing and monitoring the quality of the service to drive improvement.

Recruitment practices were now safe and relevant checks had been completed before staff worked at the

home. We saw improvements in the way that medicines were managed, however, a protocol for PRN (as and when) medicines had not been completed.

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

There have been a number of improvements to the premises of the home, the home had been redecorated throughout and a garden maintenance schedule was in place. We found the home to be clean and infection control measures were in place.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest's decisions had been undertaken by relevant professionals. This ensured that any decisions were made in accordance with the Mental Capacity Act, DoLS and associated Codes of Practice.

Staff were caring and treated people with dignity and respect.

Systems to monitor the quality of the service were now in place to ensure that the quality of the service was maintained. The registered manager was now conducting regular audits to ensure the service operated effectively. However, these had not identified the shortfall found during the inspection relating to PRN medicines.

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

Overall, we found that the provider had addressed the four breaches of regulations that had resulted in us sending warning notices and the other two additional breaches of regulations.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service; however, medicines were not always managed safely for people. Protocols for PRN medicines administration were not in place.

People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom respected.

Improvements had been made to make the premises safe, clean and appropriately maintained.

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

Requires Improvement ●

Is the service effective?

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

Good ●

Is the service caring?

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 were supported to maintain their independence as appropriate

Good ●

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Support plans were person centred and 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?

Requires Improvement ●

The service was not entirely well led. There were now systems in place for monitoring the quality of the service, however, these had not had not identified the shortfall found during the inspection relating to medicines.

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

The registered manager was involved in all aspects of the home and was well regarded by his staff team.

Staff were given all the support they needed.

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.

This inspection took place on 1 and 6 December 2017 and was unannounced. On the days we inspected there were five people living in the home. 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 two inspectors, a pharmacist inspector 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 also contacted the local authority about their views of the quality of care delivered by the service.

We spoke with six people who used the service. We also spoke with the registered 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, six staff files, a range 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

We found that action had been taken to improve the safety of the service.

People told us they felt safe living at the home. Comments included, "I do feel safe" and "Staff are okay and the people are pretty safe." Staff were trained in, understood and followed appropriate safeguarding policies and procedures. They understood how to raise a safeguarding concern and were aware of the local authority protocols. They were able to 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, "We must always watch out and be aware."

At our last inspection we found that recruitment practices were not always safe. This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and served a warning notice on the provider requiring them to become compliant with this regulation by 2 October 2017.

The Registered manager had introduced a recruitment pack since the time of the last inspection. He told us it was to, "ensure that there are no gaps in the required documents." This pack had several checks, for example, there was a form to be filled in which commented on the quality of the references received. If they contained inadequate information, then a repeat request would be sent to the referee. We looked at staff records and saw that there was a safe and robust recruitment process in place. Thorough recruitment checks were carried out before staff started working at the home. This included obtaining references confirming care staffs previous health and social care experience and a completed application form confirming, their qualifications, their employment history and explanations for any breaks in employment. Records had health declarations and in-date Disclosure and Barring Service certificates [DBS], two employment references, and proof of identification. In addition, records contained evidence of the right to work in the UK and an occupational health assessment which cleared the person fit for work. The manager showed us two application forms which were waiting on DBS clearance; we were told these would not be placed on the rota until the certificates were received. This meant staff were considered safe to work with people who used the service.

At our last inspection in we found the home was unclean with a number of areas in need of repair and redecoration. Correct food storage procedures had not always been followed. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and served a warning notice on the provider requiring them to become compliant with this regulation by 2 October 2017.

At this inspection we found the environment had been improved and had been redecorated throughout. Repairs had been made to the first floor bathroom, the window frame, new shelves had been installed in the communal lounge and cracked floor tiles had been repaired. The garden was maintained by a contactor and we saw that it was now clear of rubbish. The kitchen had been redecorated and the oven had been replaced. We saw that plans were in place to replace the existing kitchen cupboards.

The home was visibly clean and there was a plentiful supply of cleaning materials in stock. Hand sanitisers had been placed in each of the hallways. The provider had recruited a cleaner who cleaned for four hours, five days per week. Support workers took responsibility for cleaning at the weekend. Support workers were assigned tasks during handover, which were recorded. These tasks included supporting people to clean their room. We were told that there was often a level of resistance to this. The registered manager told us there had to be a balance between the level of hygiene in a person's room and how resistant they were to allowing a worker in to support with cleaning it. If there was an escalation in resistance, the registered manager spoke with the person, particularly if there was a concern about the impact of the state of the room would have on their health. We checked the hygiene levels in the fridges and freezers. We saw that all food was in date and where a food item was opened; there was a date of opening and use by date recorded. Opened food was covered and cooked and raw foods were stored on separate shelves.

People we spoke with told us there were enough staff available to meet their needs. Staff told us that they felt there were enough staff on duty to meet people's needs as most people were independent and did not require personal care. Where people required support from a staff member in the community this was accommodated. 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 and treatment 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. 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 care plans contained risk assessments that enabled them to take risks that were acceptable to them and encouraged them to be as independent as possible. There were risk assessments for aspects of people's daily living. For example, where one person smoked in their room, there were clear guidelines for staff about how to minimise related risks. Risk assessments were reviewed regularly, adjusted when people's needs and interests changed and contributed to by those who used the service and staff. We were told that risk assessments were drawn up in such a way as to minimise control and promote freedom of choice.

At our last inspection we found that medicines were not managed safely. There were a number of gaps on Medicine Administration Records (MAR) for people living at the home. We found that improvements had been made and there were no gaps on these records at this inspection. There were processes in place for the storage, recording and administration of medicines including controlled drugs. Controlled Drugs (CD) are medicines which are more liable to misuse and therefore need close monitoring. We saw that medicines were stored securely in appropriate medicines cupboards. Room and fridge temperature were monitored daily in order to ensure that medicines remained suitable for use. There was evidence that people receiving medicines that needed regular blood monitoring and dose changes were appropriately managed, also those receiving long acting medicines for their mental health were receiving them as prescribed. Administration records for those types of medicines were logged on a matrix kept in the office separate from the MAR chart. We noted on MAR charts that it was not clear what date people were given these specific medicines and when it was next due. We raised this with the registered manager as this could potentially put people at risk of medication errors if transferred to a different care setting such as a hospital in an emergency situation. Staff told us that they would ensure that accurate administration records were also kept on MAR charts. Some people were prescribed medicines to be given only when needed, known as PRN medicines. We did not see any guidelines, administration tools or protocols to inform staff when and how

these should be administered. This was not in line with the providers own medicines policy or NICE guidance. The registered manager informed us that the service was in the process of producing these protocols for all people receiving PRN medicines and was receiving guidance to assist them. We saw evidence that people were able to request their PRN medicines from staff when needed, and on occasions where a person was requesting these on a regular basis, staff had communicated with the doctor to review the need for a regular prescription. Records showed that staff responsible for administering medicines had undergone training although not all had completed their competency assessment.

The above issues demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked how the service ensured that people had regular physical health checks and medication reviews. Staff told us that the local GPs proactively booked people for health checks and that medication reviews were done on routine GP appointments. We saw evidence that the registered manager had contacted the relevant GP for some people that had not yet received an annual physical health check to action this.

Is the service effective?

Our findings

At our last inspection we found that some staff had not received regular supervision and training in key areas. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We found that improvements had been made and people were now supported by staff with the appropriate skills and experience. One person told us, "Staff are well trained they know what they are doing." Staff told us they received training and support to help them carry out their work role. Staff received induction and mandatory training that was comprehensive and included core training aspects such as safeguarding, infection control, basic life support, conflict management, mental health awareness, food hygiene, equality and diversity and the person centred approach. Staff told us that they felt supported and confirmed that they had attended training in a number of key areas since our last inspection. A support worker told us, "We get lots of training now, especially on mental health and challenging behaviour." However, current records showed some inaccuracies. We were told that this was due to a changeover in training programmes; from e-learning to face to face delivery. We saw that staff had completed those courses as e-learning and so it was not registered on the current system as it was not face to face. The registered manager told us the new trainer had identified these anomalies and had booked in a rolling training programme to ensure that staff completed their mandatory training face to face. We saw e-mails which confirmed the next training sessions (managing challenging behaviours and equality and inclusiveness) were booked in for the week following this inspection.

We saw that staff were supervised every eight weeks and that a supervision schedule was now in place. Supervision notes recorded decisions and these were reviewed at the next supervision session. Staff told us they valued their supervision sessions, one staff member told us, "[Supervision] is very helpful; it is a chance to talk things through."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. Mandatory training for all staff included The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with demonstrated a thorough knowledge of how to apply them to ensure people's human rights were respected. People currently using the service had capacity and were able to make decisions about their care and support. 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. Where there were concerns people were referred to appropriate health professionals. We saw evidence on care records of multi-disciplinary work with other professionals and in particular consultation with psychiatrists and community psychiatric nurses. We also saw that people were supported to go to their GP and the registered manager told us that the local optician did an annual home visit. The registered manager told us they signposted people to the dentist and the local drugs and alcohol project. The registered manager told us there was good contact with the local Community Mental Health Team, whose advice was frequently sought and followed as required.

People were encouraged to cook for themselves and were supported to do so if required. 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. One person told us, "The food is very good, mostly. It's hygienic and nutritional. They provide fruit [bowls] for the house, but we could always do with more to make up the five portions a day. The portions are big enough. I've never had dinner and felt hungry afterwards. In the morning we can have Weetabix, Shredded Wheat, Shreddies, porridge and coffee."

Is the service caring?

Our findings

At our last inspection we found that the service was not consistently respectful of people's choices. We found that people were not always given a choice in relation to having access to the kitchen. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection we found that people now had free access to the kitchen area. People told us they were happy with the approach of staff and felt they were treated with dignity and respect. Comments included, "The staff do listen to you. They can be caring and compassionate" and "They do tend to respect you though. They help to maintain your dignity." Staff told us that they always treated people with dignity and respect. One staff member told us, "We always give people choices; if they don't want to do something then we provide alternatives." Another staff member told us that sometimes they had to prompt people to do things like clean their rooms but that "It's important to give people choice and not take over."

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 were able to identify possible triggers that caused people to become anxious. We observed occasions where workers noticed when people had the potential to become anxious. Staff members were able to use 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 were able to tell us about people's different moods and feelings, and reacted swiftly when they identified that people needed extra support.

People using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day. Staff told us they encouraged people to be as independent as possible. One person told us, "I'm mostly independent. The staff do help me clean my room."

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 belief were recorded in their care plan.

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. They were retained safely and kept in individual care files. The information was easy to locate, as the files were separated into individual sections for ease of access.

Care plans were reviewed each month with the person during their keyworker sessions. Each person had an assigned keyworker who was responsible for reviewing their needs and care records. Staff told us that they kept people's relatives, or people important in their lives, updated through regular telephone calls or when they visited the service. Relatives were formally invited to care reviews and meetings with other professionals.

It was clear that the person's care needs were discussed and any changes were mutually agreed. For example where there were concerns raised about a person's low weight, we saw this was discussed with the person. A mood chart was initiated with a person who frequently presented with behaviours which challenged. The registered manager told us this was to try and understand triggers for this behaviour. It helped staff to understand how best to approach the person at times when they were particularly unsettled. This had the effect of reassuring other people in the house and diffusing potentially aggressive situations. A healthcare professional told us that the provider worked really well with people who were difficult to engage and had a mix of vulnerabilities for example, forensic histories, dual diagnosis and drug and alcohol dependency.

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

People had participated in a range of different social activities individually and as a group and were supported to access local community activities. We saw that some people had recently been on holiday together with staff support. Staff told us that they also supported people with 'travel training' as it was often difficult to engage people in the home with participating in activities. We saw that staff had recently attended a workshop that was run by the local authority to assist them with key working and engaging clients in this area.

A person using the service told us, "They have an art group, local gym, pool table, and darts. Some people have jobs. I'm into music. I play the guitar, keyboard, and I write music. I started but didn't finish a degree in Music Tech at [name of university]. I have mates in Hemel and St Albans who I like to see. I go to concerts two or three times a year."

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. People told us they knew what to do if they were unhappy about anything. Comments included, "I have no complaints. If I did complain I would go to the House Manager." There had been no complaints since our last inspection.

Is the service well-led?

Our findings

At our last inspection we found there were no records of audits undertaken by management to ensure that the service was running appropriately and areas were identified for improvement. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and served a warning notice on the provider requiring them to become compliant with this regulation by 2 October 2017.

At this inspection we found the registered manager had made significant improvements. The home was clean and well maintained, staff were receiving regular supervision and training and staff recruitment procedures were now safe.

The registered manager had set up a number of comprehensive audits, these included housekeeping, maintenance, infection control, care plans, risk assessments and medicines management. There was also a system set up to spot check each person's room on a regular basis. We saw that audits had started two months before our inspection in line with their action plan and that staff had signed to show they had been completed. However, the audits failed to pick up the shortfall with medicines management in relation to PRN protocols. The registered manager was working closely with the local authority quality in care team who told us that the provider was engaging well with them, to improve the quality of the service and confirmed that he was seeking advice regarding PRN protocols.

The registered manager told us that in order to sustain the changes made since the previous CQC inspection, "the changes must come from me." They also told us, "I work on the premise that I don't give up on our service users; I know there is a way to maintain them in the community." He also told us that he was going to create a deputy manager's post in order to free him up from the day to day management and focus on improving and developing the service.

The registered manager was known to people, their relatives and staff members. People were positive about him and staff members felt that the registered manager was always friendly and approachable. They also told us that he made sure things got done and could see that they were working to improve the service.

The Registered manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, and staff meetings. Regular staff meetings were taking place at the home to facilitate communication, consultation and team work within the service. The registered manager told us that recruiting staff with the right values helped ensure people received a good service. During our meeting with him and our observations it was clear that he was familiar with all of the people in the home and was very 'hands on' in his interactions with the people who used the service.

Discussions with staff found they were motivated and proud of the service. A member of staff told us, "He is a good manager; we have all worked hard to make improvements since the last inspection." We found that staff turnover was kept to minimum ensuring that continuity of care was in place for people who used the

service. Staff also told us that they were supported to go for promotion and were given additional training or job shadowing opportunities when required. A staff member told us, "He gives us advice on career progression." The registered manager told us, "It's difficult to find good staff, so you must find ways to keep them."

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. We saw the minutes of the last meeting where items discussed included food, health and safety, equality and diversity. People and their relatives were sent questionnaires during November 2017 asking them their views, The registered manager was in the process of analysing the results.

People told us the service was well run. One person told us, "He is a very likable man and the staffs are good here. Another person told us, "The manager is approachable and you can talk to him anytime."

Staff spoke highly of the registered manager and comments included, "He is a good manager, he knows what he is doing, he knows all the ropes and is very patient."

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.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to have safe medicines PRN protocols in place. This meant that people did not always receive medicines as and when required according to people's needs.