

Care UK Community Partnerships Ltd

# Trymview Hall

## Inspection report

Southmead Road  
Westbury-on-trym  
Bristol  
BS10 5DW

Tel: 03333218354

Website: [www.careuk.com/care-homes/Trymview-Hall](http://www.careuk.com/care-homes/Trymview-Hall)

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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

Trymview is a residential care home providing personal and nursing care to 31 people aged 65 and over at the time of the inspection. The service can support up to 66 people. The home had plans in progress to deregister nursing care and provide residential care only.

The home accommodates up to 66 people in a purpose-built building. Rooms are located over two floors.

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

People and their relatives were happy with the care they received. One person told us, "the staff are nice and kind". Staff talked fondly about the people they supported and understood their needs well.

People told us they felt safe and there were clear measures in place to manage risk. This included individual risk assessments which were reviewed regularly. There were infection control measures in place to manage the risk around spread of infection. This included measures related to the Covid pandemic. Medicines were managed safely and people received their medicines as prescribed.

The service was effective, staff received training and support to carry out their roles effectively. Supervision was being prioritised by the new manager to ensure all staff were up to date and receiving good support. People were supported nutritionally and in accordance with their needs. The midday meal was a pleasant experience with people being given choice and plenty to drink.

People experienced good care as reflected in feedback from them and their relatives. We observed caring and respectful interactions between staff and people throughout the inspection; staff for example checked if people had enough to drink and asked them where they preferred to have their meal.

The service was responsive to people's needs. Planning took account of people's individual needs and preferences. Staff clearly knew people they supported well and spoke with kindness and respect about how they supported them.

The home had been through a period of disruption in relation to management. However, there was a sense that staff morale was improving. There was a new manager in post who was intending to register with CQC. It was evident that they intended to include people in the running of the service by seeking their involvement wherever possible. The home was supported by the regional director and managers from other services within the organisation. There was a programme of audits and checks to help identify areas for improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

This service was registered with us on 20 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection in order to give the home a rating.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 ●

# Trymview Hall

## 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.

#### Service and service type

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

The service had a newly appointed manager who was intending to register with the Care Quality Commission. Once registered, they and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave a short period notice of the inspection so that we could be sure there would be senior staff in place to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used information available to us, such as information shared with us from relatives and notifications. Notifications are information about specific events and incidents, which the provider is required to tell us about by law.

#### During the inspection

We spoke with four people using the service and three relatives. We spoke with the regional director, newly appointed manager, six members of staff including a nurse, team leaders, care assistants and chef. We viewed a range of records, including three people's care records, medicine administration records and complaints.

#### After the inspection

We spoke with the manager and regional director online to complete our discussions and gather further evidence. We viewed further records such as audits and staff medicines competencies.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding and knew what to do if they were concerned about a person in the home, or bad practice. Staff had access to a senior member of staff 'on call' should a safeguarding incident take place out of hours.
- Staff worked with the safeguarding team in the local authority and made notifications to CQC when there were any potential safeguarding concerns. Clear records were kept in relation to this.

Assessing risk, safety monitoring and management

- There were individual risk assessments in place for people, detailing the measures required to ensure people were safe, these were reviewed regularly to check they remained relevant. One person, for example had an allergy and there were specific measures in place to manage this.
- We observed that fire exits were free of clutter and there was information available to staff about what to do in an emergency.
- When a person experienced an accident, monitoring took place to check on the person in the period that followed. 72 hour monitoring forms were used to record the checks that took place, after a person experienced a fall. A relative told us, "Dad is prone to falls, but they tell us and he has pressure (sensor) mats in place".

Staffing and recruitment

- There were sufficient numbers of staff to ensure people's needs were met. The atmosphere during our inspection was calm and people received care and support when they needed it.
- The home was operating at approximately 50% capacity at the time of our inspection, we discussed with the manager how staffing would need to be managed against occupancy levels as numbers increased.
- The service was actively recruiting to vacant posts, which included a deputy manager, activity staff and domestic staff.
- Safe recruitment practices were followed when new staff joined the home. This included gathering references and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any previous conviction and whether a person is barred from working with vulnerable adults.

Using medicines safely

- We found no concerns with medicines. Medicines were stored safely and temperatures checked regularly to ensure they were stored at safe temperatures.
- Medicines requiring additional storage were secured.
- An electronic system was used to support administration and recording of medicines.

- Staff competencies were checked to ensure they were able to administer medicines safely.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. We did feedback that on occasion we observed staff with masks that had slipped or weren't fitted securely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- There was a system in place to record accidents and incidents. These were analysed on a monthly basis to identify any themes in the kind of incidents occurring. We saw how this led to action being taken when concerns were identified. For example, one person was noted as having increased falls. This led to the person being discussed in clinical meetings and action taken to try and reduce the number of falls occurring.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- An assessment of people's needs was carried out prior to them living in the home. This helped inform care planning and provided information about the ways in which people wanted to be supported.

Staff support: induction, training, skills and experience

- Staff were positive about their training and support. They told us it met their needs and gave them the skills and knowledge required to carry out their work. One staff member commented that training was "Very good".
- The manager told us that due to some previous disruption in the management arrangements for the home, not all staff were up to date with supervision. This was something they were planning to address.
- New staff had an induction period, in which they had opportunity to shadow more experienced staff and get to know the people they supported.
- There were opportunities for staff to develop and gain new skills. We were told for example about a 'future leader' programme.

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

- People were supported to eat and drink in accordance with their needs. People were positive about the food served. Comments included, "The food is very good, there is usually a choice of two at lunchtime and sandwiches and a cooked at tea time" and "The food is lovely".
- We spoke with the chef, who had good knowledge of people's dietary needs. They met regularly with staff to ensure they were up to date with people's likes, dislikes and dietary requirements.
- People's needs in relation to nutrition were included in their care plan. One person for example was required to carefully manage their fluid intake and this was outlined in their care plan. We did note that this care plan hadn't been updated when there had been a change in the person's support. This was fed back to the manager.
- Fluid balance charts were used where there was a need to monitor intake.
- The midday meal was a positive experience. People were given choices and were supported to make a choice by being shown plates. People had plenty to drink and we also noted that people had jugs of water available in their rooms.

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

- The home environment was clean, spacious and suited to the needs of people living there. For example, the ground floor had access to a large garden.

- The indoor environment was painted so that people could identify their rooms.
- There were lounges available to encourage people to socialise.

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

- Staff liaised with healthcare professionals as necessary to ensure people's healthcare needs were met. For example, staff had liaised with the Parkinson's nurse in relation to a person who experienced a number of falls.

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

- Staff were aware of the principles of the MCA. One member of staff commented, "I ask them if they are happy with what I am doing, if they are not, I won't do it." Another staff member said, "Never assume they don't have capacity unless it is proven... its about the least restrictive option"
- The manager told us four people had authorised DoLS in place and two of these had conditions attached to 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives gave positive feedback about the care they. Comments included, "Staff are very nice", "They have been here since March, they are being really well looked after" and "Staff are friendly, very nice, I have no complaints about that."
- During our inspection we observed and heard positive interactions between staff and people. For example, staff checked with people if they had enough to drink and asked where they wanted to eat their midday meal.
- The manager told us they had spent time on the floor during their first few days in post and had witnessed good care and kind interactions.
- It was clear that staff were dedicated to providing good quality care and support. They had worked tirelessly throughout the pandemic to ensure people continued to receive the care they needed.
- It was clear that staff knew people's personalities very well, describing aspects of their care that were important to them. It was evident that staff were passionate about their work and had genuine affection for the people they supported.

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

- As part of our discussion with the new manager, it was clear they understood the importance of keeping people at the centre of the running of the home. They expressed a clear intention to seek people's view and opinions in all areas of the service. Building a programme of activities was a priority for the service and the manager told us this would be in full consultation with people and what they wanted.
- One relative did express the view that they were given good feedback when they requested it but would prefer staff to be more proactive at giving information. We fed this back to the manager.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of encouraging people's independence, one staff commented about a person they supported, "I encourage her, she can make her own cup of tea".
- People were treated with dignity and respect. Staff commented, "We knock on doors, we cover people when we do personal care, we treat them as if they are one of our family".
- Some people had a preference for the gender of member of staff supporting them. Staff were aware of this and respected their choice.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives were involved in creating their own care plans and discussing their support needs.
- Support plans covered a range of people's needs, including for example moving and handling needs, oral hygiene and nutrition.
- Plans were reviewed regularly and updated when necessary if there was a change in a person's needs.
- People had information about their previous history included in their care documentation. This helped staff provide personalised care. One member of staff commented, "knowing their life history shapes how you care for them".
- It was evident that staff knew people well and understood what was important to them. One member of staff for example told us about a person who liked a particular drink; they told us they made this drink for them each shift.

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.

- Staff understood people's communication needs and information was provided in a suitable format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to stay in contact with relatives and loved ones in accordance with guidelines set out as part of the pandemic.
- The manager told us activities were a priority for them to improve; they told us they would involve people in deciding the kind of activities and entertainment they would like to have in place. One person commented, "Everyday I go for a little walk in the garden".

Improving care quality in response to complaints or concerns

- A record of complaints was kept. We saw that an initial response letter was sent setting out timescales for a full response and then a further letter was sent on completion of the investigation.
- There was information on display in the home about how to make a complaint.

End of life care and support

- People's end of life wishes and needs were discussed with them and outlined in a care plan. This included

any spiritual/religious beliefs and any treatments the person wished to have or would decline.

- Staff had good knowledge of end of life care, for example when to involve other healthcare professionals and use of anticipatory medicines.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an electronic system in place for recording information and care plans. Information was also kept in paper files. We did find some discrepancies between the two and some difficulty finding the information we required. For example, in one person's file we saw a photo of a wound but there was no accompanying information to give context or explanation. On further investigation, this information was available on electronic recording systems. For another person, in their paper file, it was recorded that their fluid intake needed to be monitored carefully and that the person had capacity to do this for themselves. In discussing this with staff, it was evident that this person's needs had changed but information in their care records hadn't been updated to reflect this. We fed back our findings in relation to records, to the manager and regional director.

We recommend a review of recording systems to ensure they are updated as required and all information is easily accessible.

- There were systems and processes in place to monitor the quality and safety of the service. For example, we saw that matters relating to health and safety were checked and discussed in meetings. People who had experienced falls were discussed and action taken as appropriate. Other audits such as medicine and documentation audits also took place. These generated action plans to drive improvement.
- The regional director for the home had regular contact with the service to check on performance.

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

- The manager and staff had a strong person centred approach to their work. They talked about including people in decisions about the home and keeping them at the centre of planning care.
- Staff told us that working through the pandemic had been difficult and at times they had not felt supported by senior staff. However, there was a sense that morale was improving and staff were working well together. One member of staff said morale was, "Not too bad, I don't mind coming to work, it's a lovely building and a great staff team. We have a relief manager she is happy, smiling and she communicates".
- Newsletters were produced to keep people and their families up to date with what was going on in the service. The manager also told us they wished to start a resident forum as a means of engaging people and including them in the running of the service.

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 provider understood the need to be transparent and honest when aspects of the service weren't working well. The manager and regional director were proactive in sharing their thoughts on what needed to improve and their priorities for improving the home.
- Notifications were made to CQC in line with legal requirements. Notifications are information about specific events, which the provider is legally required to tell us about.

Continuous learning and improving care

- The manager and regional director were open and transparent about the areas of the home they wanted to improve. This included better monitoring and tracking of DoLS applications, keeping staff supervision up to date and continuing to improve daily activities for people in the home.

Working in partnership with others

- The manager had support from other managers within the provider's homes. This included sharing best practice and knowledge.