

Trinity Care & Support Services Limited

# Trinity View Care Home

## Inspection report

68 South Road  
Smethwick  
B67 7BP

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07 January 2020  
08 January 2020

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28 February 2020

### 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

### About the service

Trinity View Care Home is a residential care home providing personal care and accommodation to six people with dementia at the time of the inspection. The service can support up to eight people.

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

This was the service's first inspection since registration. Systems in place to ensure robust oversight of the service were not always effective. Although the provider took action when we brought matters to their attention, their own systems had not identified these issues. Risks had not always been fully assessed to keep people safe and protected.

Staff had received safeguarding training and knew how to escalate suspicions of abuse. People were supported by staff who knew their needs. There were enough experienced and trained staff on duty to meet people's needs and people received their medication at the right time.

Most people using the service at the time of the inspection could not tell us about their experiences of using the service. However, we observed positive interactions between people and staff and people looked comfortable with the way they were being supported. Relatives were positive about the quality of care and support provided and felt confident their family members were safe and happy when staying in the home.

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.

Staff understood and felt confident in their role. They told us they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

People were treated with dignity and respect by staff. Staff supported people to make decisions on how they spend their time. Care plans included people's likes, dislikes and preferences about their care. People could maintain friendships and contact with families, and when needed had access to advocates.

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 11 January 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the registration date.

### Enforcement

We have identified a breach in relation to good governance at this inspection. The provider responded to the concerns on the day of the inspection and provided additional information after the inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Trinity View Care Home

## 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 one inspector.

#### Service and service type

Trinity View 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 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the care

provided. We spoke with five members of staff including the provider, registered manager, deputy manager and care staff. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a cook employed at an adjacent service who provided meals for people living at Trinity View.

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

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- For one person, it had been assessed that in certain circumstances the use of restraint may be in their best interests. We identified that their care plan needed further detail about the exact methods to be used.
- Staff had received training in restraint and told us it would only be used as a last resort after other alternative methods had been considered. We identified that the records of restraint incidents needed improvement to show that less restrictive strategies had been considered prior to the use of restraint and that there was sufficient monitoring of the use of restraint. Following our inspection, the registered manager provided information about the actions they had taken to improve the systems in place.
- Staff that we spoke with were aware of the risks and what to do to support people and ensure their safety. However, for one person their care plan lacked detail about a specific health need that could pose a risk to the person's wellbeing. The registered manager took action to update the person's care records during the inspection.
- Staff kept a constant presence in communal areas to make sure people were kept safe and to respond to people's request for support. One relative told us their family member was at risk of falls. They told us, "It's well managed, every time they get up staff go with them."

### Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family member was safe living at the service.
- Staff had completed safeguarding training and the provider had safeguarding procedures in place.
- Staff told us they would report any concerns to the manager and they were aware concerns would need to be reported to the local authority.

### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs and the provider ensured people had a consistent staff team. Staff and relatives felt there were enough staff to meet people's needs. One relative told us, "There is a good staff ratio, often one to one."
- Checks were carried out on staff before they started work in the home to make sure they were suitable to work with people. This included Disclosure and Barring Service (DBS). This is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being employed.
- Some DBS checks had been completed under the company name for another service managed by the registered manager. The registered manager told us they would ensure in future the checks were done under the correct employer.

#### Using medicines safely

- People received the right medication at the right time. Medicines were stored safely and people's medicines administration records (MAR) were completed accurately.
- Staff received medicine management training and competencies regarding the administration of medication was assessed.
- One person took their medication crushed with food and the service had checked with the pharmacist and GP this was safe to do so. The service had followed a thorough procedure to agree this was in their best interests.

#### Preventing and controlling infection

- The home was clean and free from any unpleasant smells.
- Staff took appropriate steps to minimise the risk of infection. There were procedures in place and staff received training in infection control measures.

#### Learning lessons when things go wrong

- There were records of accidents and incidents. These included what happened before, during and after the incident. However, there was not always an action plan from this to include any learning. Incidents were monitored by the registered manager to identify any trends.



# 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

- Assessments had been completed in conjunction with other professionals prior to people moving to the service. The assessments included information about their health, care needs, social needs and how they liked to be cared for.
- We found the protected characteristics under the Equality Act had been considered when planning people's care, for example including who was important in their life.
- Relatives told us they were involved in this process to help identify the support needed. One relative told us, "I was involved in the assessment, they really get to know the person."

Staff support: induction, training, skills and experience

- Staff told us they felt supported and had the training and the induction they needed. One staff told us, "I had an induction and the training has been good."
- The provider had a system to monitor all staff had regular and refresher training to keep them up to date with best practice. Training methods included online and face to face.

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

- People were supported by staff to maintain good nutrition and hydration. We observed a lunch time meal and people were given appropriate support by staff.
- People who were able to share their views told us they enjoyed the food and drink. One person told us, "The food is okay, there is a choice."
- A relative told us that staff gave their family member encouragement when eating and this had had a positive effect in the person gaining weight.
- Where people were at risk of poor nutrition and dehydration, care plans detailed actions such as monitoring the person's food and fluid intake and liaising with other professionals.

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

- Staff monitored people's health, such as weighing people regularly, and made referrals to healthcare professionals if there were any concerns.
- Relatives told us that people's health needs were met. One relative gave an example of their family member having moved in with a particular health issue which had improved since being at the home.

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

- The premises provided people with choices about where they spent their time. We saw people had access to communal areas as well as their bedrooms.
- Access to the building was suitable for people with reduced mobility and the environment had some adaptations to support the needs of people living with dementia. For example, doors to people's bedrooms were all a different colour to help people identify their room.
- Staff used technology and equipment to meet people's care and support needs. For example, where people were at risk of falls, sensors alerted staff when they were out of bed and may need support.
- At the time of the inspection, the service did not have its own laundry and fully equipped kitchen, these services were contracted to an adjoining care home. The registered manager told us plans were in progress to install a laundry and that consideration was also being given to having their own kitchen.

#### 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.

- Staff had received relevant training and had adequate understanding of the requirements of the MCA.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.
- Where people did not have capacity to make decisions, they were supported to have as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- We observed interactions between staff and people were friendly, discreet and kind. Staff asked for consent before any interventions.

# 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

- From our observations we could see that people were comfortable in the company of staff and were treated with respect. One person told us, "It's very nice here, staff all look after me."
- People received care from staff who developed positive, caring and compassionate relationships with them. Each person had their life history and individual preferences recorded.
- Relatives were complimentary about the care staff and told us they were kind and caring. A relative had submitted a compliment to the service which recorded, "[Name] life has been transformed."
- People's diverse needs were respected, care plans identified people's cultural, religious and spiritual needs.
- People had their own rooms which were personalised and contained their own personal possessions.

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

- We saw staff engage actively with people about their care. For example, people were asked about what food they wanted, activities and how they wanted to spend their time.
- People and relatives were involved in care planning.

Respecting and promoting people's privacy, dignity and independence

- Care staff protected people's privacy and dignity while completing tasks such as personal care. A relative had submitted a compliment to the service which recorded, "Staff never fail to respect dignity."
- People were encouraged to do as much for themselves as possible. Care plans showed what aspects of personal care people could manage independently and which they needed staff support with.
- People's confidentiality was respected, and care records were kept securely.

# 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

- Staff demonstrated a good understanding about people's individual needs and were able to tell us about these. One relative told us, "There is a good level of care and staff respond flexibly to his needs."
- Care records included information about people's likes, dislikes and what was important to them. Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

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 take part in a range of activities within the home. We observed people taking part in activities they enjoyed. We observed people sitting at a dining table, playing games and interacting with staff.
- Staff spent time on a one to one basis with some people, chatting and undertaking activities. One member of staff was chatting with a person about their previous job and looking with them at relevant pictures to aid the discussion.
- Relatives told us that suitable activities were on offer. One relative told us, "There are lots of practical things. [Name] has been brought to life."
- One person was happy to relax and watch a television programme. They had been given the remote control by staff so that they could choose what they wanted to watch.

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.

- The registered manager understood their responsibility to ensure that important information would be given in accessible formats.
- People's care records included information about how they should be supported with meeting their communication needs.

Improving care quality in response to complaints or concerns

- The service had received no written complaints since registration, but relatives were confident the service would respond to any concerns they had.
- The provider had a system in place to ensure any complaints received would be logged, investigated and

responded to and any learning used to improve the service provided. The registered manager told us that any complaints would be viewed as a constructive way to improve people's care.

#### End of life care and support

- The service was not currently supporting anyone with end of life care at the time of the inspection.
- Care plans contained information in relation to people's wishes regarding their end of life care.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Improvements were needed to ensure the systems in place for monitoring the service were fully effective. Audits undertaken had failed to identify the issues we found on inspection and in some instances, for example in relation to the use of restraint there was no evidence of effective monitoring systems in place.
- There were systems in place to monitor some care records. However, these had not identified that some records required improvement. For example, one person's care records lacked detail about a specific health need and confirmation that the condition of their skin had been monitored.
- Some records were not dated and for some records there were delays in locating them. The registered manager told us they had already identified that improvement was needed, and that recruitment of an administrator was underway.
- There were systems in place to monitor the safety and environmental risks to people. However, these had not identified an issue with the external lighting to the premises. Action was taken during the inspection to rectify the lighting issue.
- The registered manager had not always been clear about the regulatory requirements relating to events that the CQC should be notified about. One safeguarding issue that had been reported to the local authority prior to the inspection but not notified to us. The registered manager submitted the notification retrospectively.
- The registered manager responded positively to the inspection process and took immediate action on feedback issues raised during the inspection. However, this was a reactive approach. An effective quality monitoring system would have identified these issues and addressed any shortfalls in a timely manner.

The provider did not have effective systems and processes to assess, monitor and improve the safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had been consulted about the service, however plans were in place to improve this so their views and the views of other relevant people were gathered and used to improve the service.
- People, relatives and staff were actively encouraged by the registered manager to raise any concerns.
- One relative told us they had raised an issue which had been quickly addressed.

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 registered manager was aware of their responsibilities under the duty of candour and told us relatives would be informed of any concerns or issues.
- We found the registered manager and provider to be open throughout the inspection about what the service does well and what areas needed further improvement.

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

- Staff reported positively about working for the service. Staff told us they felt listened to by the management team and encouraged to make suggestions about ways of changing the service. One staff told us, "The manager is very supportive, I can always get hold of him if needed."

Continuous learning and improving care; Working in partnership with others

- The registered manager and nominated individual were receptive to feedback and proactive in making improvements.
- The registered manager and care staff worked in partnership with other professionals and agencies, such as community health services and social workers to ensure that people received the care and support they needed.

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 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems and processes to assess, monitor and improve the safety of the service.