

# Anchor Trust

# Trinity Fold

## Inspection report

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### 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



### Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We inspected Trinity Fold on 16 July 2014 and the visit was unannounced. Our last inspection took place on 19 August 2013 and, at that time, we found the regulations we looked at were met.

Trinity Fold is a 50-bed home and is registered to provide accommodation and personal care for older people. Nursing care is not provided. The accommodation is arranged over three floors linked by a passenger lift. All of the bedrooms have en-suite toilet facilities and there are communal lounges and dining areas for people to use. The home is located a short distance from Halifax Town centre.

The home has a registered manager who had worked at the home for eight years. A registered manager is a

# Summary of findings

person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt safe at the home and we saw there were systems and processes in place to protect people from the risk of harm. Staff had been trained and understood the safeguarding procedures. They knew about the different types of abuse and how to report any concerns.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

People we spoke with told us they liked the staff and that staff knew what they were doing. One person said: "The staff are always lovely and helpful." Another said: "I really like them. They are all so nice to me." We observed that staff were confident, competent and compassionate when they were offering care and support.

Staffing levels were not always sufficient to meet people's needs because shifts were not always being covered when people were on annual leave or sick leave. One person said: "Sometimes there aren't so many of them (staff) and I might have to wait a bit longer for things but I do understand that they are busy."

Without exception the people we spoke with commented positively about the meals and dining experience at the

home. People were very happy with the quality and variety of the meals provided. One person said; "The food is nothing like I thought it would be before I came to live here. It's more like what you'd get in a hotel."

People we spoke with told us various activities took place in the home such as quizzes and reminiscence sessions. They also said entertainers visited and trips out were arranged.

We saw from the care plans people were supported to access healthcare services such as GPs, community matrons, podiatrists and district nurses. We spoke with three visiting healthcare professionals who told us they had no concerns about the home and felt the care and support delivered was of a high standard. One person said: "If my relative needed care they would come here."

We found some records that we asked for in relation to the management of the service were not available or could not be located. We also found satisfaction surveys had been used to find out people's views about the service. However, the results of these had not been followed up.

We found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 because there were not always enough qualified, skilled and experienced staff to meet people's needs. When staff were on annual leave or on sick leave their shifts were not always being covered.

Staff we spoke with knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

Individual risks to people living in the home had been assessed and identified as part of the care planning process.

**Requires Improvement**



### Is the service effective?

The service was effective. We saw from the records staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

Records showed people had regular access to healthcare professionals, such as GPs, district nurses, community matrons and podiatrists.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005.

We found the location was meeting the requirements of the Deprivation of Liberty Safeguards.

**Good**



### Is the service caring?

The service was caring. People we spoke with told us they were happy with the care and support they received and their needs were being met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

The care records we looked at showed people were involved in making decisions about their care. We saw staff took account of their individual needs and preferences.

We saw people's privacy and dignity were respected by staff and staff were able to give us examples of how they achieved this.

**Good**



### Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative. We saw people's care plans had been reviewed on a monthly basis

**Good**



# Summary of findings

People we spoke with told us various activities took place in the home such as quizzes and reminiscence sessions. They also told us entertainers visited and trips out were organised.

We saw from the records complaints were responded to appropriately and people were given information on how to make a complaint.

## Is the service well-led?

The service was not well-led. People's views from satisfaction surveys had not been acted upon.

Accidents and incidents were not monitored by the manager and the organisation to ensure any trends were identified and acted on.

There were no clear systems or procedures in place to ensure effective maintenance of adequate staffing levels at all times. For example, there was no reliable mechanism for covering staff who were absent due to sickness or on annual leave.

Records relating to the management of the home could not be located or were not in place.

**Requires Improvement**



# Trinity Fold

## Detailed findings

### Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of two inspectors 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 the inspection we reviewed the information we held about the home. This included information from the provider, and speaking with the local authority safeguarding and contracting teams.

Our last inspection took place on 19 August 2013 and, at that time, we found the regulations we looked at were met.

On the day of our inspection we spoke with 22 people who lived at Trinity Fold, three relatives who were visiting the home, 15 members of staff, the registered manager, area manager and three visiting health care professionals.

We spent time observing care in the dining room and lounge and used the short observational framework (SOFI), which is a way of observing care to help us understand the experience of people using the service. We looked around some areas of the building including people's, bedrooms, (with their permission), bathrooms and communal areas. We also spent time looking at records, which included five people's care records, four staff recruitment records and records relating to the management of the home.

# Is the service safe?

## Our findings

We asked people living in the home if there were enough staff on duty to meet their needs. People's views varied; they said sometimes there were but at other times they wondered if they were short staffed. One person said: "Sometimes there aren't so many of them and I might have to wait a bit longer for things but I do understand that they are busy."

The area manager told us there was a management tool in place to make sure the home had enough staff to meet the needs of people living there. However, when we spoke with staff they told us when staff were sick or on annual leave their shifts were not always being covered. This meant on some shifts staffing numbers were reduced. This meant the remaining staff were extra busy.

On the day of our visit the activities co-ordinator and one of the house keeping staff were on annual leave. No staff had been organised to cover their shifts. This meant the two housekeepers on duty were also covering additional cleaning, but were not working additional hours. We noted a reminiscence activity should have taken place during the morning but this did not happen. We spoke with the area manager who told us they were in the process of recruiting more staff. However, at the time of the inspection they told us they were not currently able to provide cover for all sickness and annual leave. This breached Regulation 22 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the provider had failed to maintain appropriate staffing levels.

We looked at the recruitment records for four staff members. We found that recruitment practices were safe and that relevant checks had been completed before staff had worked unsupervised at the home.

All of the people we spoke with said with confidence that they felt safe. One person told us: "One of the things that I

like is that I feel safe here – I don't have to worry about anyone getting in or anything like that. I was a bit nervous at home but not here. I like that." Another person said: "I feel very safe here and don't have to worry about anything."

Staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the home if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and raise concerns.

We asked people if they had any concerns regarding anything that they had seen or heard in the home: people unanimously told us they had not. One person said: "It doesn't matter who they are talking to, the staff are always lovely." People told us if they did have concerns they would talk to a member of staff. One person said: "If I thought something should be done differently I'd think that the staff would listen. They are all easy to talk to."

We saw staff had received training about the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). We spoke with one staff member who was able to tell us the details about an application that had been made to deprive someone of their liberty. This had been put in place as the home had an open door policy and this individual had been considered to be at high risk should they leave the building unaccompanied. A plan had been put in place to ensure the least restrictive practice was used and to make sure staff at the home enabled the person to go out with support.

We looked at five care files and saw risk assessments had been completed in relation to moving and handling, falls, nutrition and tissue viability. These provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

# Is the service effective?

## Our findings

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff we spoke with told us they received training that was relevant to their role and told us their training was up to date. We looked at the home's training matrix / records which confirmed what staff had told us. One person said: "We get refresher training quite often. If there is anything that I think I need training in I ask for it – we do a lot of e-courses." Another person said: "If there is someone new and they have a need we've not come across before then we get lots of information about how to help them properly. If I've been on holiday and anything has changed I'd be told in a more intensive briefing that we get when we come back."

Staff also confirmed they received supervision where they could discuss any issues on a one to one basis. Some staff told us they had received appraisals and the manager told us they were working their way through these.

We asked people how well the staff knew them and whether they felt that people knew how to look after them properly. One person told us: "They all know what they are doing. All of them." Another person compared their experience now to recollections from their professional life. "They look after us really well. I used to work in a care home thirty years ago and it was just a lot of people sitting in a big circle and people were often not very nice to them. There's nothing like that here, I was quite relieved."

We looked at five care plans and saw people's preferences in relation to food and drink had been recorded, together with any special dietary requirements. When we spoke with them they told us staff knew about their preferences and they received meals they enjoyed.

Where people had been assessed as being at risk of losing weight we saw they were receiving appropriate support to maintain healthy weights. We saw records were kept to enable staff to monitor people's weights. Staff told us when people had lost weight they would contact the GP and request a referral to the dietician.

When we spoke with the catering manager they confirmed staff kept them up to date about people's dietary needs and preferences. They also explained there were always snacks and home baking available for people. We saw homemade cakes and biscuits were available mid morning and mid afternoon.

All of the people we spoke with were uniformly enthusiastic about the food. They told us there was always choice and that the standard was very high. One person said; "The food is nothing like I thought it would be before I came to live here. It's more like what you'd get in a hotel."

We saw tables were set with tablecloths, condiments and table decoration and observed discreet, but caring and patient interaction from staff during meal times. This gave the impression of a restaurant, and people appeared very contented at meal times. Staff were observed asking people if they would like some more and asking whether they had enjoyed the meal.

During lunch we observed one person respond to the choices by saying they did not want either. After a brief discussion with the chef the person was offered a choice of three sorts of sandwich and was quite happy with this.

We asked a number of people if they had been able to influence the menu. One person told us they had found some food not to their taste on arrival. They said: "It used to come with gravy already poured onto it, which is something I don't like. I told the staff and now it comes separately, which I really prefer." Another person told us: "We have regular meetings and we do suggest things that we would like to see on the menu, or things that we would like to see less of." We asked a member of staff whether people had any say in the selection of meals. They told us: "They do – they let us know at the meetings that we have. I can't remember off hand any examples, but they do tell us and we listen."

In the five care plans we looked at we saw people had been seen by a range of health care professionals, including, GPs, specialist nurses, community matrons and podiatrists. People who lived at the home told us access to external healthcare professionals was easy. One person said; "I think it's easier to get an appointment than it was when I lived at home. The doctor is based just across the road and is very nice. I've never had a problem getting to see them. I think that there are chiropodists and others that come but I've never needed to see them."

Trinity Fold is taking part in a new initiative called 'Quest for Quality.' This is a service provided by Calderdale and Kirklees NHS Foundation Trust to provide an increased level of support to people living in care homes. Care workers have been provided with new technology and training so they can, for example, take people's blood

## Is the service effective?

pressures. The results are sent automatically to a clinical team and if anything untoward is identified a healthcare professional would be alerted. For example, on the day of

our visit one person living in the home was feeling dizzy. Using the new technology a care worker took their blood pressure and the individual was seen later on in the day by the community matron.



# Is the service caring?

## Our findings

We asked people who lived at the home whether they felt that the staff knew them well – who they were and the kind of things that they liked and disliked. One person told us: “The staff spent time talking to me about what I do and don’t like. I told them I can’t stand being called Mrs (name) and that they should use my first name. They always do and that’s just how I want it.” Another person said: “They’ve got me weighed up and know what I like.”

People we spoke with told us they liked the staff that cared for them. One person said: “The staff are always lovely and helpful.” Another said: “I really like them. They are all so nice to me.” We observed that staff were confident, competent and compassionate when they were offering care and support. We saw a ‘Thank You’ card that had been delivered on the day of our visit from someone that had used the service and their relative which included the following comment: “I cannot compliment the home enough for the dedicated, caring and sensitive professionalism of the staff.”

Staff we spoke with were able to tell us about people’s care needs and the support they provided to people. They demonstrated an in-depth knowledge and understanding of people’s preferences and routines.

We saw people were able to express their views and were involved in making decisions about their care and support. We saw some people had signed their care plans to show they agreed with the plan. People we spoke with understood the concept of care planning, and most were

able to confirm that they had participated in the process. However, they did not cite any examples of being involved in any review. One person told us: “They talk to me all the time, I think if something had changed we’d just talk about it or they’d already know.”

During our visit we spoke with a community matron, podiatrist and pharmacist who told us they had no concerns about the home and felt the care and support delivered was of a high standard. One of them said: “If my relative needed care they would come here.”

We saw people looked well cared for. People were wearing clean clothing and their hair had been brushed or combed. Some of the women were wearing jewellery and the men were clean shaven. This showed us staff had taken time to support people with their personal appearance. When we looked in people’s bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy showing staff respected people’s belongings. One relative commented about how good the laundry service was as everyone’s laundry was done individually.

Staff had been trained in how to respect people’s privacy and dignity and understood how to put this into practice. Throughout our visit we saw and heard staff respected people’s privacy and dignity when supporting people with personal care. For example, we observed staff knocking on doors or ringing the doorbells when wanting to access people’s rooms. We also saw members of staff discreetly encourage people who needed assistance to the toilet.

# Is the service responsive?

## Our findings

People's care and support needs had been assessed before they moved into the home. We saw people's life history, personal preferences, interests, likes and dislikes had been recorded in their care plan. People and their relatives had been involved in discussions about their care and associated risks. Care plans were reviewed on a monthly basis to check with people whether they wanted any changes made to the way their care and support was being delivered.

The manager told us the activities co-ordinator worked 30 hours per week, although they were on holiday at the time of our visit. People told us various activities took place in the home such as quizzes and reminiscence sessions and entertainers also visited.

We saw the complaints procedure was on display in the entrance hall. People we spoke with told us that they felt that they could take any concerns directly to staff and felt their concerns would be acted upon.

We looked at the complaints and concerns log and saw what action staff had taken to resolve any issues that had arisen. This meant staff were recognising complaints and taking action to resolve them.

We asked people who lived at the home how easy it was to keep in touch with family and friends. One person said: "I don't think there are any times when someone couldn't come but I wouldn't know for certain – it hasn't ever come up." The majority of people we spoke with mentioned recent or planned visits by family or friends. Nobody mentioned using a telephone to keep in touch, though we did notice a payphone on a trolley in the corner of the main

living room. There was a laminated notice in large print giving the incoming number for the phone, which suggested staff had made it easy for people to request someone to call them back if they wished.

People seemed happy that there was space for them to spend time with their visitors. One person told us: "We can see them in here (the living room) or we can go to our rooms." A member of staff showed us the friends and family room and told us: "Residents can come in here to spend time with their families or for any meetings they might have – with a social worker or accountant for example." There was a table and chairs in the room along with more informal seating, a kettle and cups for making drinks. The member of staff told me "They can either make their own drinks or we'll bring them some."

During our visit we saw there were a number of visitors who were all made to feel welcome and offered a drink. We asked people whether they had the opportunity to attend meetings with the staff and management of the home, and whether any such opportunities had value. One person said: "We have a number of committees and we try and get as many opinions as possible before a meeting. We suggest things for the agenda and have a discussion. We may discuss what entertainment we would like, or what food we would like to have on the menu – we can also discuss any complaints that we have." Another person told us: "I do think the meetings have value, yes. We get to have our say and I think we are listened to."

We looked at the minutes of residents meetings. These showed us changes had been made following discussions and suggestions at these meetings. For example, menus had been changed and a trip to the Town Hall for afternoon tea had been arranged.

# Is the service well-led?

## Our findings

At the time of our visit there was a registered manager in post who had been employed at the home for eight years.

We saw 14 people living in the home had completed a survey in February 2014 asking them to comment on the service being provided. Whilst we saw the majority of the comments were very positive we noted three people had expressed concerns about the care and support they were receiving. On one survey we saw the following comment had been written by staff on 14 April 2014 “(a person) said some carers do and some don’t support her and care like they should.” We asked the registered manager what they had done to address the concerns people had identified. They told us no action had been taken and no report on the results of the survey had been completed.

We looked at the accident and incident reports. We saw there had been a high number of falls in May and June 2014. We asked for the analysis of accidents and incidents but this could not be produced. There was just a list which just gave names and numbers. This meant no one was looking at the overview of accidents and incidents to identify any themes or trends and then identifying any actions that needed to be taken.

We asked to see the duty rotas so we could look at the staffing levels. However, no weekly rotas could be produced. There was a printed four week rota and then names in a diary of who was due to work on each date. This made it impossible for us to establish who had worked on specific days. We did note the deputy manager (care manager) had been off sick since April 2014 and cover for their post had only started at the beginning of July 2014. The home only had one member of ‘bank’ staff that could be called on at short notice to cover shifts, but they were working regular shifts.

This breached Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked to see audits that were completed in the home. We saw four care plan audits and some monthly medication audits. We asked if any other audits were available but nothing else was given to us. Staff told us there may be others but they didn’t know where they were but said the deputy manager (care manager) who was off on sick leave would know where they were.

We asked to see the minutes of staff meetings. These could not be produced because the deputy manager (care manager) was the only person who could access them.

This breached Regulation 20 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the provider had failed to maintain records in relation to the management of the home that could be located promptly.

We asked staff whether they thought the home was well-led and if they felt well-supported and found they had mixed views. Some staff told us they did not feel valued or felt their skills were not always being recognised. One member of staff told us; “Not everyone is as prepared to speak up as others, but I know the people that I work with and if they didn’t feel they could do it themselves they would go straight to someone that would. We look after each other.” Another staff member told us: “I think some people worry that they will be treated differently if they raise any concerns.” Staff we spoke with understood what was meant by whistleblowing and what they should do if they felt concerned about anything in the home.

People living in the home had no concerns about the way the service was managed. People knew who the manager was and one person said: “Oh yes, we see them about here and there during the day.” People cited the team leaders as people they saw most frequently and who dealt with any day to day issues.

## 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>10.(1)(a) Systems were not in place to regularly assess and monitor the quality of the services</p> <p>10.(1)(b) Risks to the health, safety and welfare of people who used the service were not identified, assessed and managed.</p> <p>10.(2)(c)(i) An analysis of incidents that resulted in or had the potential to result in harm did not always take place.</p> <p>10.(2)(e) The views of people who used the service or those acting on their behalf were not acted upon</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>20. (1)(b)(ii) Records in relation to the management of the home had not been maintained</p> <p>20. (2)(a) Records could not be located when required</p>