

Inspection Report

2 August 2021



Trinity House

Type of service: Residential
Address: 15 Kilrea Road, Coleraine, BT51 5LP
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Presbyterian Council of Social Witness</p> <p>Responsible Individual: Mr Lindsay Conway</p>	<p>Registered Manager: Mrs Jayne Bellingham</p> <p>Date registered: 10 April 2018</p>
<p>Person in charge at the time of inspection: Mrs Claire Duffin, deputy manager</p>	<p>Number of registered places: 50</p> <p>A maximum of 34 residents in category RC-I (Old age not falling within any other category) and a maximum of 16 residents in category in category RC-DE (Dementia)</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 48</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 50 residents. The home is on a ground floor level, with spacious accommodation in terms of communal sitting rooms and dining rooms.</p>	

2.0 Inspection summary

An unannounced inspection was conducted on 2 August 2021, from 9.40am to 3.30pm by a care inspector.

The inspection assessed progress with the one area of improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The one area of improvement identified at the last inspection was reviewed and met.

The home was clean and tidy, with a good standard of décor and furnishings.

Staff were seen to be professional and polite as they conducted their duties and told us they felt that the provision of care was good.

Residents were seen to be well cared for. There was clear evidence of attention to personal care and dressing, and those residents who required assistance with mobility and assistance with meals and fluids were seen to be attended to by staff in a prompt and compassionate manner.

Feedback from residents indicated that they were very satisfied with the care and service provided for in Trinity House.

One area of improvement was identified in respect of notifications of accidents to RQIA. Good assurances were received at the time of this inspection by the deputy manager to confirm that these matters would be acted upon immediately.

RQIA were satisfied that the delivery of care provided for in Trinity House was safe, effective, compassionate and well-led.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Residents told us that felt safe and that they were satisfied with the care delivery in the home. They described staff as "friendly and helpful" and "wonderful." and said that there was enough staff available and that they get help and assistance when they need it. One resident made the following comment; "This is the best home in the country. My family and I are very happy with the care here in every way." Observation during the inspection indicated that residents' needs were met.

Staff spoke positively about the provision of care and advised there was good team work within the home. Staff further advised that they feel supported by the manager. Two staff expressed issues with the turnover of staff and increased resident dependencies.

No responses to the resident/relative questionnaires or staff questionnaires were received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 8 June 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that nutritional care plans for residents prescribed a modified diet are reflective of the current SALT and IDDSI guidance. Records of prescribing and administration of thickening agents including the recommended consistency of fluids should be maintained	Met
	Action taken as confirmed during the inspection: These records were found to be appropriately in place.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

All staff working in the home were provided an induction appropriate to their roles and duties. There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses provided for on an eLearning platform and courses with practical elements delivered face to face.

Staff said that they felt they were adequately trained to perform their roles and duties.

Review of records provided assurances that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 period. The manager's hours were stated on the rota and the senior in charge at each shift in the absence of the manager was highlighted. Staff told us that they knew who was in charge of the home at any given time.

The deputy manager confirmed that safe staffing levels were determined and/or adjusted by on-going monitoring of the number and dependency levels of residents in the home. It was noted that there was enough staff available in the home to respond to the needs of residents.

Residents told us that they were satisfied with the delivery of care and the kindness and support received from staff. Two residents made the following comments; "It's very good here. The staff couldn't be better, always friendly and helpful" and "You won't find any problems here. I can't praise it enough."

Staff told us that they were satisfied with the staffing levels in the home and described the care as being "fantastic" and the home being "a wonderful place to work". Two staff raised issues they had with the staffing levels and increased resident dependencies. These issues were brought to the attention of the deputy manager who gave good assurances that these matters were being proactively dealt with. This was further evidenced with review of the duty rotas and evidence that the aligned Trust had been consulted about particular resident dependencies.

Staff were seen to attend to residents' needs in a timely manner and to maintain resident dignity by offering personal care discreetly and ensuring resident privacy during personal interventions. Residents were offered choices throughout the day, for example, from where and how they wished to spend their time and their foods and fluids.

In summary, assurances were provided that staffing arrangements in the home were safe and staff conducted their jobs in a professional and polite manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff were seen to seek residents' consent when delivering personal care with statements such as: "Would you like to..." or "Can I help you with..."

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs. These include any advice or directions by other healthcare professionals. Residents' care records were held confidentially.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, measures such as alarm mats were in use, where deemed necessary. Resident areas were free from clutter, and staff were seen to support or supervise residents with limited mobility. Those residents who were at risk from falls had care plans in place.

Records confirmed that in the event of a resident falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral, where required, such as Occupational Therapy or the HSC Trust's falls prevention team. A monthly falls analysis is carried out to establish if there are any patterns or trends and to determine if there are other measures that can be put in place to reduce the risk of falls.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was a choice of meals offered; the food was attractively presented and smelled appetising, and portions were generous. There was also a variety of drinks available. This resulted in the lunchtime meal being a pleasant and unhurried experience for the residents. Two residents made the following comments; "The food here is very good. A great choice and the staff know what I like and don't like." and "The meals are delicious and never any bother to get what you like."

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were also kept of what residents had to eat and drink daily.

In summary, there were no concerns identified in relation with the care delivery or record keeping.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy, with a good standard of décor and furnishings. It was also well-ventilated and well-lit with no malodours.

Corridors were clean and free from clutter or inappropriate storage.

Residents' bedrooms were tastefully furnished and personalised with items of importance to each resident. One resident made the following comment; "The home is spotlessly clean. You only have to look around you. They (the staff) are all great here."

Bathrooms and toilets were clean and hygienic. Cleaning products were stored safely and securely.

The grounds of the home were well maintained with good accessibility for residents to avail of.

The home's most recent fire safety risk assessment was dated 27 January 2021 and had corresponding evidence in place to confirm actions taken in response to any recommendations made.

Fire safety training and drills were maintained on an up-to-date basis as were fire safety checks in the environment. Fire doors were seen to be free from any obstruction.

Feedback from the deputy manager and observation of the environment confirmed that there were systems and processes in place for the management of risks associated with COVID-19 and other infectious diseases.

Inspection of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) had been provided.

There was a plentiful supply of PPE. Hand sanitising gels were at the entrance of the home and other accessible areas throughout. Signage was also displayed relaying information on IPC and COVID-19.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health and IPC guidance.

Systems were in place with regard to IPC management and visiting arrangements were in keeping with current regional guidance.

In summary, there were effective systems in place to manage the safety of the environment and infection prevention and control.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or reside in areas of choice. Residents were observed to be comfortable and at ease in their environment and in interactions with staff. Depending on the assessed needs of the resident, we observed additional support being provided by staff as required.

Residents commented positively on the activity provision in the home. A planned programme of activities was in place. Those residents who choose to partake in these activities were seen to be having enjoyment and fulfilment with same. Those residents who choose not to partake in or who were less able to, were seen to be attended to on an individual basis by staff so as to ensure their social well-being needs were met.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting and Care Partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

The genre of music played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

In summary the home supports residents to have meaning and purpose to their day.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection, with Mrs Jayne Bellingham has been the manager since 10 April 2018.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern with the manager.

A system of quality assurance audits was in place in the home to help the manger monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, actions plans were in place with associated timeframes for completion.

An inspection of the record of complaints together with discussions with the deputy manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were robustly managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff. A number of accidents resulted in on-call doctor being notified. These events were reported to the resident's representative and aligned named worker but not RQIA. An area of improvement was made in respect of this.

Monthly visits on the Responsible Individual's behalf are conducted and result in a monthly report which focuses on the quality of services and care provided within the home. Any concerns or corrective actions were noted within the reports. Where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance.

In summary there were effective systems to monitor all aspects of the running of the home. There was a clear organisational structure and staff were aware of their roles within the structure.

6.0 Conclusion

Residents looked well cared for in that they were well dressed, clean and comfortable. There was a nice atmosphere and ambience in the home and it was clear that residents and staff had a good rapport with one another.

Feedback from residents was all positive and warm. Residents also stated that they knew the management team, they got on well with them and they would have no hesitation in reporting to them any concerns.

Good assurances was received from the deputy manager that issues related to staffing resources and resident dependencies were being proactively dealt with.

As a result of this inspection, one area of improvement was identified in respect of notifications of accidents to RQIA. Details can be found in the Quality Improvement Plan included.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager and management team.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The one area of improvement and details of the Quality Improvement Plan was discussed with Claire Duffin, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30(1)(c) Stated: First time To be completed by: 3 August 2021	The registered person shall ensure that any accident that results in medical intervention or medical consultation is reported to RQIA. Ref: 5.2.5 Response by registered person detailing the actions taken: This has been advised to all Senior Staff and we will do so going forward.

Please ensure this document is completed in full and returned via Web Portal



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