



Unannounced Care Inspection Report

07 February 2020



Trinity House

Type of Service: Residential Care Home
Address: 15 Kilrea Road, Coleraine, BT51 5LP
Tel No: 028 2954 8128
Inspector: Bridget Dougan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 50 residents within the categories of care detailed in its certificate of registration and 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Lindsay Conway	Registered Manager and date registered: Jayne Bellingham 10 April 2018
Person in charge at the time of inspection: Jayne Bellingham	Number of registered places: 50 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 RC-DE (Dementia).
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 48

4.0 Inspection summary

An unannounced inspection took place on 07 February 2020 from 10.00 hours to 16.00 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and risk management. Further examples of good practice were found in relation to; communication; and the culture and ethos of the home. Residents were listened to, respected and valued.

One area requiring improvement was identified in relation to care records.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, relatives and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Jayne Bellingham, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 16 July 2019

No further actions were required to be taken following the most recent inspection on 16 July 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept.

Comments received from residents and staff during the inspection is included in the main body of this report.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaire responses were received from staff within the given timescale.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule and training records
- three staff recruitment and induction records
- three residents' records of care
- three food and fluid charts

- complaint records
- compliment records
- staff, resident and resident representatives meetings
- governance audits/records
- accident/incident records
- reports of monthly monitoring visits
- fire drills and routine checks
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 16 July 2019

There were no areas for improvements made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed that staffing levels were planned and kept under review to ensure that the needs of residents were met. A review of the duty rota confirmed that the planned staffing levels were met each day and that if a staff member was unable to work their planned shift then 'cover' for them was sought. It was noted that the duty rotas had not been signed off at the end of each week by the registered manager to confirm that this was a correct reflection of staffing levels. This was discussed with the registered manager who stated that this would be actioned immediately.

The registered manager stated that there is a low staff turnover within the home. She felt this contributed to greater continuity of care and had a positive impact of residents experience in relation to their human rights such as privacy, dignity and respect.

We asked staff, residents and their visitors about staffing levels. All those spoken with confirmed that there were enough staff on duty and that calls for assistance were responded to quickly.

Residents spoken with were very complimentary of the staff. One resident stated "They're all very good and attentive, I want for nothing here."

As part of the inspection we also asked residents, family members and staff to comment on staffing levels via questionnaires. We received no responses from residents or staff. One family member stated “Our relative has been in Trinity House for almost a year. We have found the level of care to be outstanding and attention to detail excellent”.

Throughout the inspection, residents’ needs and requests for assistance were observed to have been met in a timely, respectful, calm and caring manner.

Review of documentation and discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. A review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Review of recruitment records confirmed that staff were suitably vetted to ensure they were suitable to work with the residents. Access NI and professional registration with the Northern Ireland Social Care Council (NISCC) were in place. Any gaps in employment were discussed and recorded during interviews.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the NISCC.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents’ care needs and risk assessments were obtained from the trust prior to admission and kept under review by staff.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and/or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was spacious, clean and tidy, with a high standard of décor and furnishings being maintained.

When we spoke with staff they had a good knowledge of people's abilities and level of decision making and what could be considered restrictive practices. The registered manager confirmed that no restrictive practices were in place within the home. All staff had completed training in the Mental Capacity Act (Northern Ireland) 2016 and Deprivation of Liberty Safeguard (DOLs).

A designated hairdressing room was provided, with prices and times of the hairdressers attendance displayed.

There was a good provision of infection prevention and control aids and equipment throughout the home. Information was displayed for residents, their representatives, visitors and staff on the need for good infection prevention and control practices.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

Total number of areas for improvement	0	0
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6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

A review of the care records for three residents' identified that they were individualised to the needs of the resident; included details of residents assessed needs, risks and likes/dislikes. The records viewed included referral information from a range of HSC Trust representatives and in addition included details of residents' life histories, pre-admission assessment, risk assessments and care plans.

Care plans viewed provided details of the care required by individual residents. Care is evaluated on an ongoing basis and staff record at least twice daily the care provided to residents. The registered manager stated that care plans and risk assessments are reviewed at least monthly. It was identified in one of the resident's records, that a care plan had not been developed for short term conditions, such as infection, which required treatment. This was discussed with the registered manager and has been identified as an area for improvement.

Review of care records and discussion with the registered manager evidenced that falls were audited and analysed on a monthly basis. A falls prevention programme was in place, in consultation with other relevant professionals. The registered manager stated that the HSC Trust falls prevention nurse had recently been invited to the home to speak with residents and staff on strategies to prevent falls. This is good practice and is commended.

There was evidence that residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Signatures of the participation in this process were included in the care records.

We observed the serving of the lunchtime meal. The atmosphere in both dining rooms was calm and relaxed. We saw that adequate staff were available in the dining rooms during the serving of the meal. We observed residents being offered the choice of having their meal in the dining room or in their own bedroom. On the day of the inspection, the home was celebrating the Chinese New Year and a selection of Chinese foods was available as well as local fare. Residents were offered a choice of meals. Some residents required staff support when eating their meal and we observed staff providing support in a discrete and sensitive manner. A number of residents we spoke with stated that the food was good and they are always given a choice as to what they would like to eat.

The dining rooms were observed to be clean, organised and well presented. Tables were nicely set with napkins, condiments and Chinese themed centre pieces. Staff were observed to be wearing appropriate protective clothing in accordance with good food hygiene practice when serving the meal.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

One resident told us that they required a gluten free diet and explained how the chefs were very careful to ensure their food was cooked separately to avoid coming into contact with any traces of gluten. The resident confirmed that their meals were varied and appetising.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident and their representative meetings were reviewed and found to be satisfactory.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home. In discussion with residents they also advised that the registered manager always takes time to speak to them individually.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders, the management of meals and meal times and the management of falls.

Areas for improvement

One area was identified for improvement in relation to care records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observation and discussion with the registered manager and staff confirmed that the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, and accidents and incidents, where appropriate.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff and residents confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and an action plan was made available for residents and other interested parties to read.

Discussion with staff, residents, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents enjoyed taking part in the activities included in the activity programme such as the live music session which was held in the home on the afternoon of the inspection, the visits by local school children, and the various games and entertainment provided on a daily basis. Residents also enjoyed watching television in the lounges or their bedrooms. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Comments received from residents during inspection were as follows:

- “This is a very good place to live, I’m happy here.”
- “The food is of a very good standard.”
- “There’s plenty of choice of meals.”
- “I’m happy here. My bedroom is nice and clean, I get good food and the staff are all very good and kind to me.”
- “I enjoy the entertainment, there’s always plenty to do.”

Comments received from staff during inspection were as follows:

- “I’m working here a number of years and really enjoy my work. I find the management to be very supportive.”
- “I love my work. Every day brings something different, I wouldn’t work anywhere else.”
- “I’m changing roles within Trinity House and have had the opportunity to shadow a member of care staff recently. This helped confirm for me that I would like to move into the caring profession.”
- “There’s plenty of support provided for me to organise a good variety of activities. The local community are also very good at donating items to the home which can be used for the activities programme.”

One completed questionnaire was returned to RQIA from a resident’s representative; they described their level of satisfaction with all aspects of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registered manager outlined the management arrangements and governance systems in place within the home. The registered manager stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home.

Discussion with the registered manager and review of records indicated that any complaints received by the home since the previous inspection had been managed effectively. Complaints are audited monthly as part of the quality monitoring process.

The home retains compliments received, for example, thank you letters and cards, and there were systems in place to share these with staff. Comments received included:

"I was very impressed with your facility when I called to visit and the staff are very caring. Thank you".

The registered manager confirmed that there was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

There was a system to ensure safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regards to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

Visits by the registered provider were undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. Action plans were developed to address any issues identified which include timescales and person responsible for completing the action when required.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. Staff spoken with said they were felt supported by the registered manager.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and would be offered support.

Observation and discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

There were open and transparent methods of working and effective working relationships with internal and external stakeholders. There was a good atmosphere in the home, observation of interactions between staff and residents was good and mutual respect was evident.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jayne Bellingham, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 06 March 2020</p>	<p>The registered person shall ensure that care plans are developed for short term conditions such as infections which require treatment.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Completed - all short term conditions now receive an individual short term care plan in place for duration of condition.</p>
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Please ensure this document is completed in full and returned via Web Portal



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