

Inspection Report

11 October 2022



Trinity House

Type of service: Residential
Address: 15 Kilrea Road, Coleraine, BT51 5LP
Telephone number: 028 2954 8128

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

| | |
|--|---|
| Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Mr Lindsay Conway | Registered Manager: Mrs Jane Bell Date registered: Pending |
| Person in charge at the time of inspection: Mrs Jane Bell | 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 in category RC-DE (Dementia). |
| Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. | Number of residents accommodated in the residential care home on the day of this inspection: 45 |
| 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. | |

2.0 Inspection summary

This unannounced inspection took place on 11 October 2022, from 10am to 2.25pm by two care inspectors.

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. This area of improvement was seen to be met.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

It was evident that staff promoted the dignity and well-being of residents. Staff were knowledgeable and well trained to deliver safe and effective care.

Staff provided care in a compassionate manner and care was seen to be delivered in a person centred manner.

One area requiring improvement was identified during this inspection. This was in relation to the need to obtain a current fire safety risk assessment.

Residents said that living in the home was a good experience and praised the staff for their kindness and support..

RQIA were assured that the delivery of care and service provided in Trinity House was safe, effective, and compassionate and that the home was well led.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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.

The findings of the inspection were discussed with Mrs Jane Bell at the conclusion of the inspection.

4.0 What people told us about the service

Residents said that they were very happy with their life in the home, their relationship with staff, the provision of meals and the provision of activities.

Two visiting relatives spoke with praise and gratitude for the standard of care provided for.

Staff spoke in positive terms about the provision of care, their roles and duties, staffing levels, teamwork, training and managerial support.

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 2 August 2021 | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 30 (1) (c) Stated: First time | The registered person shall ensure that any accident that results in medical intervention or medical consultation is reported to RQIA. | Met |
| | Action taken as confirmed during the inspection: Review of accident and incident reports confirmed that these events are reported to RQIA. | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Staff recruitment is managed by the organisation's human resources department, with the Manager's oversight. On appointment the Manager receives a checklist from the human resources department confirming that the staff member has been recruited in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. These checklists were readily available for review and a sample of one of these confirmed that the staff member was recruited in accordance with legislation.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NICSS). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. Review of a staff member's assessment found this to be comprehensive in detail to account for the responsibilities of this role.

Staff said that there was enough staff on duty to meet the needs of the residents. It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. It was also observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Two residents made the following statements; "They (the staff) are all lovely and polite here. I am very happy." and "It couldn't be better. No complaints. I can't see you finding any."

There were systems in place to ensure staff were trained and supported to do their job. A range of mandatory and additional training was completed by staff on a regular basis. Staff spoke positively about their training as well as their induction received when newly appointed.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be pleasant, polite, friendly and warm. One resident said; "All is lovely here. I am cared for very well."

Residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

Some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care, through up-to-date audits and care planning.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

The dining experience was an opportunity of residents to socialise and the atmosphere was calm, relaxed and unhurried. Tables were nicely set with choice of condiments. The menus were suitably and accessibly displayed. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, residents were kept of what residents had to eat and drink daily. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Discussions with staff, including catering staff confirmed knowledge of these assessments. Staff training on dysphasia was scheduled for in November 2022.

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; and included any advice or recommendations made by other healthcare professionals.

Care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them.

Daily progress records were kept of how each residents spent their day and the care and support provided by staff. These records were well maintained with good detail of the resident's well-being. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and, fire safety drills.

The home's most recent fire safety risk assessment was due to be reviewed in April 2022 but had not taken place. An area of improvement was made for this assessment to be updated. Assurances were received following this inspection from the Manager that this would be acted upon without delay.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

5.2.4 Quality of Life for Residents

Residents were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. It was observed that staff offered choices to residents throughout the day which included food and drink options, and where and how they wished to spend their time. Residents said that they were encouraged to participate in regular resident meetings which provided an opportunity to comment on aspects of the running of the home, such as, planning activities and menu choices.

Two residents said the following statements; “I love it here. I am very comfortable.” and “I have no problems whatsoever. Everything is very good.”

The genre of music and television channels played was appropriate to residents’ age group and tastes.

The atmosphere in the home was relaxed and homely with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Programmes of organised activities were in place for which residents were seen to be in enjoyment from. A planned service was in place in the afternoon of this inspection, for those residents who wished to partake in.

5.2.5 Management and Governance Arrangements

Mrs Jane Bell is the Manager of the home. Staff commented positively about the Manager and described them as supportive, approachable and always available for guidance.

Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. There were good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The organisation has its own designated safeguarding champion.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents’ next of kin, their care manager and to RQIA.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained.

There was a comprehensive system of audits and quality assurance in place. These included the annual quality assurance audit with residents on May 2022, which formally obtained their views and opinions about the home. Review of this document found it contained positive feedback. Other audits included; monthly falls audits, food safety audits, infection prevention and control audits and care equipment audits.

The home was visited each month by a representative of the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

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' Minimum Standards (August 2011) (Version 1:1)**

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 0 | 1 |

The one area of improvement and details of the Quality Improvement Plan was discussed with Mrs Jane Bell, 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 Minimum Standards (August 2011) (Version 1:1) | |
| Area for improvement 1 Ref: Standard 29.1 Stated: First time To be completed by: 11 November 2022 | <p>The registered person shall seek to put in place an up-to-date fire safety risk assessment with a subsequent action plan to address any recommendations made from this assessment.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: A Fire Risk Assessment was completed on 24.10.22.</p> <p>An auditing system is in place to track future fire safety risk assessments and ensure they are completed in line with annual compliance.</p> <p>Fire Safety Risk assessment will be reviewed by Regional Manager as part of monthly monitoring arrangements.</p> |

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