



Unannounced Care Inspection Report 12 February 2019



Trinity House

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

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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.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 50 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Linda Wray	Registered Manager: Jayne Bellingham
Person in charge at the time of inspection: Jayne Bellingham	Date manager registered: 10 April 2018
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 50 which includes 34 RC-I and 16 RC-DE

4.0 Inspection summary

An unannounced care inspection took place on 12 February 2019 from 10.20 to 14.00 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

This was a focused inspection to review the provision of meals and mealtimes and also reviewed and assessed compliance with the one area of improvement identified following the last care inspection.

Evidence of good practice was found in relation to observations of care practices and how residents' needs were being met and in particular with regard to meals and mealtimes. Good practices were also found in relation to care documentation pertaining to meals and the environment.

No areas requiring improvement were identified during this inspection.

Feedback from residents and two visiting relatives was all positive. Many residents were keen to express their praise and gratitude for the provision of care, the kindness and support received from staff and the provision of meals.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jayne Bellingham, registered manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 June 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with 24 residents, two residents' visitors, five members of staff and the registered manager.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

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

- Staff recruitment checklists
- Three residents' care files
- Complaints and compliments records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Individual written agreements
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 most recent inspection dated 13 June 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 13 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 19.2 Stated: First time To be completed by: 13 August 2018	The registered person shall devise and put in place a checklist to confirm that individual staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and confirmation details of Access NI disclosure.	Met
	Action taken as confirmed during the inspection: Checklists of staff recruitment were maintained.	
Area for improvement 2 Ref: Standard 8.2 Stated: First time To be completed by: 20 June 2018	The registered person shall ensure that a review is made of how details of an assessed need pertaining to an identified resident with cognitive impairment are recorded in the progress records.	Met
	Action taken as confirmed during the inspection: An inspection of care records confirmed this to be in place.	

6.3 Inspection findings

6.3.1 Meals and mealtimes

A varied and nutritious diet is provided which met the individual and recorded dietary needs and preferences of the residents. The menu is rotated over a three weekly cycle. It was also advised that this is revised on a six monthly basis to take account seasonal availability of foods and residents' views. The menu offered a choice of meal each mealtime.

Residents are involved in the planning of menus. This is a standing item on the agenda of residents' meetings.

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 dietitians 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.

Two menus were displayed in suitable formats in prominent positions in the home, so that residents and their representatives know what was available at each mealtime. Discussions with residents found that they were knowledgeable about the planned meals.

Meals were provided at conventional times throughout the day with drinks and snacks available in between. Residents can also have a snack or drink on request. Fresh drinking water was readily available.

Meals are available for special occasions. Home cooking was in place at the time of this inspection.

The dinner time meal was appetising, wholesome and hearty. The dinner room was nicely facilitated as were the tables with choice of condiments. There was a nice ambience in place for residents to enjoy their meal. Staff assisted residents in an organised, unhurried manner. There were adequate numbers of staff present to assist with residents' needs. The meal was served in suitable portion sizes.

Discussions with residents throughout this inspection confirmed that they were very satisfied with this area of care. Some of the comments made included statements such as;

- "The dinners are absolutely lovely. There is always a great choice available"
- "The meals are the best. You couldn't ask for better"
- "The desserts are especially good. I look forward to them"

Discussions with staff confirmed that they were aware of matters concerning residents' eating and drinking as detailed in residents' care plans. An inspection of a sample of three residents' care records pertaining to eating and drinking was undertaken. These records were maintained in informative detail with good account of prescribed needs and evaluations of care.

A record also was kept of the meals provided in sufficient detail of each resident's dietary intake.

The catering facility was tidy and well organised.

6.3.2 The environment

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were comfortable and personalised. Communal areas were comfortable and suitably facilitated.

The home was appropriately heated and fresh smelling.

The grounds of the home were well maintained.

There were no obvious health and safety risks observed in the internal and external environment.

6.3.3 Residents' views

The inspector met with 24 residents at the time of this inspection. All confirmed/indicated that they were very happy with their life in the home, their relationship with staff, the provision of meals and the overall general atmosphere in the home.

Some of the comments made included statements such as;

- "The care here is excellent in every-way. The staff are all exceptionally kind"
- "I am very happy here. I couldn't be looked after any better"
- "I couldn't praise the staff enough"
- "There is a lovely peaceful atmosphere here, yet there is plenty to participate in"
- "I love this home"
- "The staff are all brilliant"
- "There is a great feeling of safety and comfort here"

The inspector also met with two visiting relatives. Both relatives spoke in complimentary terms about the provision of care in the home and the kindness and support received from staff.

6.3.4 Care practices

Discreet observations of care practices evidenced residents being treated with dignity and respect. Care duties and tasks were organised and unhurried. Staff interactions with residents were polite, friendly, warm and supportive.

Residents appeared comfortable, content and at ease in their environment and interactions with staff.

A programme of planned activity was in place. This activity involved Valentine's Day craft work with local primary school children. Those residents who choose to participate in this activity clearly enjoyed this. One resident describe how she preferred not to actively partake in activities in the home but found great enjoyment from observing this varied programme.

Discussions with the activities co-ordinator found that she had great enthusiasm for her role and that she was well supported by staff and management to fulfil same.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the residents. Staff spoke positively about their roles and duties, training and managerial support. Staff also advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management. Some of the comments made by staff included statements such as;

- “It is a great place to work. I really love my job”
- “The care here is exceptionally good”
- “There were two new baths installed with bathrooms redecorated, to simply make good the bathing experience”

Catering, housekeeping, maintenance and administrative staff were on duty daily to meet the needs of the residents and to support the care staff.

Areas of good practice

Evidence of good practice was found in relation to observations of care practices and how residents’ needs were being met and in particular with regard to meals and mealtimes. Good practices were also found in relation to care documentation pertaining to meals and the environment.

Areas of improvement

No areas requiring improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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