

Inspection Report

14 November 2023



Trinity House

Type of service: Residential
Address: 15 Kilrea Road, Coleraine, BT51 5LP
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Dermot Parsons	Registered Manager: Natasha Elder - acting
Person in charge at the time of inspection: Natasha Elder	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.	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

An unannounced inspection took place on 14 November 2023, from 10.20 am to 5.20 pm by a care inspector.

The inspection assessed progress with all areas for 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 home was bright and welcoming, residents were seated comfortably in communal areas across the home. Residents bedrooms were bright and spacious, personalised to each individuals preferred choice.

It was established that staff promoted the dignity and well-being of residents. Staff were observed interacting with residents in a respectful and compassionate manner throughout the day. For example, during personal care and toileting interventions.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas requiring improvement were identified relating to; Contemporaneous record keeping, Control of Substances Hazardous to Health (COSHH), Fire Safety, attendance at mandatory training, supervision of cleaning trolleys, management of prescribed gel creams and attendance at fire drills.

Addressing the areas for improvement will further enhance the quality of care and services in Trinity House.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoken with provided positive feedback about their experiences of living in the home. Residents told us staff were approachable and attentive to their needs. One resident said, “staff are all very pleasant”, another described staff as “very good.” Comments made by a resident regarding activities and weekend mealtime portions were shared with the manager.

Staff told us they enjoyed working in the home. One staff member said, “I love it here.” Staff told us they had adequate opportunities to complete training and that the manager was approachable.

No questionnaires were received from residents or relatives within the timeframes following the inspection. No staff completed the online survey within the agreed timeframe.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One of the compliments wrote, “thanks to the staff for my mother’s time in Trinity. She was so happy during her time here.”

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 10 th November 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Standard 29.1 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: There was evidence of a Fire Risk Assessment having been completed by an accredited fire risk assessor and action had been taken on a number of the actions identified. Some actions remained outstanding. The manager provided assurances that plans were in place to address these as soon as possible. This area for improvement has been partially met and is stated for a second time.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

A system was in place to monitor and ensure staff were registered with the Northern Ireland Social Care Council (NISCC). This evidenced that all those staff required to be, were registered with NISCC. A recommendation was made for the manager to include the date each staff member's registration requires renewal to ensure this system is robust. This will be reviewed during the next inspection.

There were systems in place to monitor staff compliance with mandatory training, however staff compliance with some mandatory training was low, for example Control of Substances Hazardous to Health (COSHH). A discussion took place with the manager and an area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role and were satisfied with the staffing levels.

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.

Staff told us 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. For example, residents who preferred to have a lie in and receive personal care later in the morning were supported to do so.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said staff were prompt in attending to their needs and if they required, felt they could speak to the person in charge if they had any issues or concerns.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were visible across the home completing their duties in a respectful and dignified manner.

Staff met at the beginning of each shift to discuss any changes in 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.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to their GP.

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.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. 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 evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was a 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 and appropriate actions taken as required, for example; onward referral to the dietician.

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. Residents care records were held confidentially.

There was evidence of some gaps in care records, for example; personal care records. A discussion took place with the manager regarding the need for contemporaneous record keeping and an area for improvement was identified.

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

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Domestic Staff were observed to be completing their cleaning duties across the home and residents commented on the cleanliness of the environment. It was observed that domestic staff did not always have their trolleys kept under supervision, this was addressed immediately by staff. A discussion took place with the manager and an area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. Bedrooms were bright, spacious and fresh smelling. Communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence of denture cleaning tablets and prescribed creams in a number of identified residents bathrooms. These were removed immediately by staff and a discussion took place with the manager. Two areas for improvement were identified.

Corridors were suitably decorated for the registered categories of care, there was evidence of an activity board on display and photos of resident's participation in seasonal activities.

There was evidence throughout the home of 'homely' touches such as flowers, newspapers, magazines, snacks and drinks available.

A number of doors were observed to be propped open during the inspection. These were removed immediately. A discussion took place with the manager and an area for improvement was identified.

A Fire Risk Assessment was completed by an accredited Fire Risk Assessor on the 22 March 2023. A number of actions identified by the fire risk assessor were not completed within the timeframes agreed by the fire risk assessor. Assurances were provided by the manager that these actions would be addressed as soon as possible. A previous area for improvement was identified relating to this, this has been partially met and will be stated for a second time.

There was evidence that not all staff had participated in an annual fire drill. Assurances were provided by the manager that those staff requiring to attend would be supported to do so the day after the inspection. An area for improvement was identified.

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

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.

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 stay up late to watch TV. Could attend Church services or read books in their rooms. There was evidence of planned activities taking place on the day of inspection and a number of residents were participating in this quiz in the communal area. Residents told us would have liked more opportunities for activities. The manager provided assurances that a new activity co-ordinator has commenced post which will ensure ongoing planned activities are organised with ongoing input from residents. This will be reviewed during the next inspection.

Residents told us that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents were well presented; clean, neat and tidy, dressed appropriately for the time of year.

5.2.5 Management and Governance Arrangements

Mrs Natasha Elder has been the manager in Trinity House since 10 February 2023 and is currently planning to progress her application to register as manager with RQIA.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

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 head of service, Jackie Devlin was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Residents spoken with said that they knew how to report any concerns and said they were confident that the Person in Charge would address this appropriately.

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.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA. An allegation of misconduct had not been reported to RQIA. There was evidence that this had been managed appropriately. A discussion took place with the manager and an area for improvement was identified.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

Staff commented positively about the manager and described her as approachable.

The home was visited each month by a representative of the registered provider 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.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	4	5*

* the total number of areas for improvement includes one standard that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Natasha Elder, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (1) (a) Schedule 3 (k)</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2023</p>	<p>The registered person shall ensure that a contemporaneous record is kept of the care delivered to each individual resident, with particular reference but not limited to:</p> <ul style="list-style-type: none"> • Personal care • Bed linen changes <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A contemporaneous record of daily care is being maintained. This was discussed at a care staff meeting held on 19/12/23 and is part of daily staff huddle discussions. Records are being reviewed by the person in charge of each shift and monthly by Manager/Deputy Manager</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2023</p>	<p>The registered person shall ensure that all areas of the home to which residents have access are kept free from hazards to their safety. This is with specific reference to:</p> <ul style="list-style-type: none"> • The safe storage of denture cleaning tablets • The safe storage of prescribed creams <p>Ref: 5.2.3</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (d) (i) and (v)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure the practice of propping and wedging doors is ceased immediately.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Risk assessments have been completed relating to all toiletries, prescribed creams and denture cleaning tablets. These items are now stored individually and securely for all residents. Staff have been reminded of arrangements at staff huddle and team meetings. The Manager or person in charge will check arrangements during daily walk arounds of the home</p> <p>Response by registered person detailing the actions taken: Addressed immediately during inspection. The 2 identified resident's rooms will have door closure system replaced. Staff have been made aware of risks and requirement to have ongoing vigilance and to report problems with fire doors. The manager or person in charge will check for door wedges during the daily walkaround.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 30 (1) (g)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure all allegations of misconduct are notified to RQIA in a timely manner.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Notifications procedure will be revisited with manager and staff. Manager or person in charge will be notifying RQIA of all misconduct allegations. These will be monitored during monthly monitoring visits.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 29.1</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</p>	<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: 5.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Up to date fire risk assessment in place. Actions completed within timeframe. Fire doors being fitted with intumescent strips and smoke seals to ensure no gaps and now meet the fire safety requirements. Monthly monitoring visits review the risk assessment actions</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2023</p>	<p>The registered person shall ensure staff compliance with mandatory training.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: As of 14/12/23 90% of staff had completed COSHH training-target of 100%. Training plan in place. Staff had attended face to face training of mandatory modules in Feb/March 2023, staff are availing of new online learning platform.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure the home is maintained in a safe manner, this is with specific reference to the need for supervision of cleaning trolleys.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Through staff meeting, housekeeping staff are aware of risk of leaving cleaning trolleys unattended. This will be reviewed each day during walk around and during monthly monitoring visits. Feedback from inspection has been shared at staff huddles</p>

<p>Area for improvement 4</p> <p>Ref: Standard 33</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that prescribed gel creams are managed and care planned for in accordance with the prescribing practitioner's instructions.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: 28 November 2023</p>	<p>Response by registered person detailing the actions taken: Prescribed creams are now kept in locked treatment room and these are managed by senior staff. care plans for prescribed creams have been reviewed and updated. Monthly care plans are reviewed by senior carers who are allocated keyworkers for residents. Manager/Deputy Manager completes monthly audit of care plans</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person shall ensure all staff have participated in at least one annual fire drill and that a record is maintained.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Most recent fire drill completed 15/12/23. Manager completes drills at different times of day in order to capture different staff members. Record maintained of drill complete with staff names in order to ensure all staff attend a drill at least once a year.</p>

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