

Newslease Limited

Trinity Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Trinity Court Nursing Home provides care for up to 50 people. The home is arranged over three floors and accommodates people with nursing care needs. At the time of the inspection, there were 27 people using the service.

People's experience of using this service and what we found

Relatives of people using the service told us their family members were safe and they had no concerns about their safety or wellbeing. Risk assessments were reviewed and updated on a regular basis which helped to ensure people's safety and wellbeing. Recruitment procedures were robust and there were enough staff employed to keep people safe. People received their medicines as prescribed. The premises were kept clean and staff followed relevant current best practice guidelines regarding infection control and prevention.

Staff cared for people in a respectful manner which promoted their independence and maintained their dignity. Person centred care plans were in place which helped staff to care for people in an individual way. People were supported to maintain relationships that were important to them. Staff communicated with people in a way that they could understand. The provider listened when concerns were raised and responded in a timely manner after carrying out appropriate investigations. People were supported according to their wishes in relation to end of life care.

Audits were in place to monitor the quality of service and there was evidence the provider was proactive in making improvements where necessary. Feedback from relatives, staff and healthcare professionals was positive, they told us there was an open culture within the home. There was good evidence of collaborative working with healthcare professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 11 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 30 April, 02 May & 03 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve fit and proper persons employed, person-centred care and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements and Key Question Responsive.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trinity Court Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Trinity Court Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by four inspectors.

Service and service type

Trinity Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 24 hours notice of the inspection, this was because we wanted to be assured that no one at the home was symptomatic in light of the COVID-19 pandemic.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed all the key information providers are required to send

us about their service, including statutory notifications. We used all of this information to plan our inspection.

During the inspection

We spoke with relatives of five people using the service. We also spoke in-person with various managers and staff who worked at the service, including the registered manager, the deputy manager, the head of operations, two nurses, five health care workers, a physio-therapist, an activities coordinator and two domestic staff.

We looked at a range of records, including five care plans, medicines records, four staff recruitment files, rotas, complaints, policies and audits.

After the inspection

We contacted five healthcare professionals with experience of working with the service. We continued to seek clarification from the provider to validate evidence found. We looked at governance audits, feedback surveys and training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection, we found people were not kept safe because staff suitability and fitness for their role was not always properly checked by the provider. This was a breach of Regulation 19 (Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People now received care and support from staff whose suitability and fitness to work in a care home had been thoroughly assessed. The provider checked the full employment history, proof of identity and right to work in the UK for all new staff. Satisfactory character and/or work references from previous employer/s were obtained and a current Disclosure and Barring Services [DBS] check was completed. A DBS is a criminal records check employers undertake to make safer recruitment decisions. These pre-employment processes were confirmed by several staff we spoke with.
- Relatives told us, "The times I have been at the home, there have been enough staff", "[My family member] isn't left waiting long for support when he asks for it" and "I think the staffing is fine. There do seem to be sufficient numbers of staff."
- The provider used a dependency tool to calculate the number of staff that needed to be on duty at any one time in the care home to keep people safe. Staff told us the care home was adequately staffed. One member of staff said, "We have plenty of staff on duty as you can see. Technically we have more staff at the moment because we have a lot less people staying here." Other comments included, "Quite good staffing levels" and, "People's care needs are met."
- Managers confirmed they currently had their full complement of staff and did not have to rely on any temporary agency staff who would not be so familiar with people's needs, preferences and daily routines.
- Staff were visibly present throughout the care home during our inspection. We observed them responding quickly to people's requests for assistance.

Preventing and controlling infection

- We were assured the service was following safe infection prevention and control (IPC) procedures, including those associated with COVID-19. This helped minimise the risk of people catching or spreading infection. Staff said the provider had managed COVID-19 well.
- Relatives said, "We have visited and were provided with masks, gloves and staff were also wearing them" and "I have visited during the pandemic and staff were wearing aprons, gloves and masks."
- Access to the care home had been restricted for non-essential visitors during the pandemic. Relatives of people receiving end of life care were still allowed to visit, along with community health and social care

professionals, providing these were pre-arranged and they followed the providers strict IPC guidelines. For example, on our arrival we had our temperatures taken, were offered a lateral flow test if we had not had a COVID test and asked to wash our hands and wear appropriate personal protective equipment (PPE).

- We observed staff using PPE correctly and in accordance with current guidance. Staff had received up to date internal and external training in relation to COVID-19, IPC and the wearing of PPE. The service had adequate supplies of PPE, which staff confirmed. One member of staff told us, "The managers make sure we had enough PPE from the very beginning of this crisis and are always walking around the building to check we're wearing our masks properly." Another staff member said, "There is good practice here around infection control."
- The premises were kept hygienically clean. Additional cleaning schedules had been introduced, including the routine cleaning of high touch points, such as door handles, handrails and light switches. A domestic staff told us, "We've kept the same number of cleaners on despite having a lot less residents, and thank goodness they did. We've all been needed to do more and keep constantly cleaning everything in the care home to stop this horrid virus spreading."
- The service was engaged in the 'whole home' testing programme, which meant everyone who lives and worked in the care home is routinely tested for COVID-19. This was confirmed by staff we spoke with. One member of staff said, "We must have a lateral-flow test every time we come on shift, in addition to weekly COVID tests." The managers also told us eighty percent of people currently living at the care home and sixty percent of staff working there had been vaccinated against COVID-19 in 2021.
- The service implemented isolation and zoning appropriately after people living or arriving in the care home tested positive for COVID-19. People who were symptomatic were isolated in their single occupancy bedroom together in a designated unit/floor within the care home. People isolating on this floor were not permitted to meet others or share communal areas, lavatories and bathrooms. Staff demonstrated a good understanding of the principles of isolation and zoning.

Assessing risk, safety monitoring and management

At the last inspection, we made a recommendation to the provider to review all risk assessments to ensure they are an accurate reflection of people's care and support needs.

At this inspection we identified there were up to date risk assessments in place.

- People were kept safe as the provider had considered what risks they were at harm from and had plans in place to try and minimise those risks.
- Risk management plans were in place to help identify the risks that people might face. These were reviewed every month and there were associated care plans in place to help manage those risks. For example, care plans identified who had or was at risk of developing pressure sores or at risk of falls and what actions were to be taken to minimise those risks.
- Staff demonstrated a good understanding of these identified risks and how to prevent or manage them. For example, one member of staff knew they had to regularly reposition/turn people who had or were at high risk of developing pressures, what pressure sore relieving equipment they needed, and who they needed to immediately liaise with if these wounds deteriorated.
- Relatives of people using the service told us they felt their family members were safe from risks. Comments included, "[Family] is safe as the risk of falls isn't there. She's safe emotionally and physically."
- Throughout our inspection we observed staff following the guidance in place. For example, providing one-to-one care to people requiring additional staff support and using appropriate equipment as detailed in risk management plans.
- An in-house physiotherapist was employed to support people at risk of falls and to provide expertise to staff.

Using medicines safely

- People received their medicines as prescribed from staff who were competent to do so.
- Relatives told us, "I do know what medicines [my relative] is on and I do have contact with the GP" and "I know what medicine [my relative] is on. They only give her the medicine she needs, and I am consulted on it."
- Medicines were kept secured. Medicines that needed to be refrigerated and had a limited shelf life were labelled with the date of opening and stored appropriately.
- Medication Administration Record (MAR) charts were completed in a timely manner and were properly maintained.
- Monthly medicine audits were completed which ensured medicines practices was safe and in line with national guidance.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems and procedures in place to keep people safe.
- Relatives said their family members were kept safe from harm and they had no concerns. Comments included, "The service have kept me well informed due to Covid-19 and I do think she's safe" and "Yes definitely protected against abuse, he is a strong character and won't accept any abuse."
- Staff were familiar with safeguarding procedures and understood how to keep people safe and to raise concerns if they suspected abuse or neglect had occurred. Records showed that staff had received up to date training in safeguarding adults.
- All staff we spoke with said they felt able to raise any concerns with senior staff or the managers. One staff member said, "I did raise a concern. They dealt with it really well." Another staff member said, "I'm very confident to report. I would talk to the manager or owner. If I send them emails, they always respond."
- At the time of the inspection there were no open or pending safeguardings.

Learning lessons when things go wrong

- Appropriate records were completed when incidents and accidents took place. These include what had happened, the actions taken and who was notified.
- Analysis of incidents took place and audits were completed to try and prevent them from occurring in future.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
At the last inspection, we found there was a lack of person-centred information such as preferences or needs in care plans. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Person centred care plans reflected people's preferences and showed that they, or their relatives were involved in making decisions about their care. This information helped staff to care for people according to their individual needs.
- Relatives told us, "I think because they are with my relative all the time, they know her emotions. They know how she is feeling" and "I do have a lot to do with the care plan, I tell the service her preferences and we review it together. I do have input into the care plan. The care plan [I last saw] does reflect her needs."
- Personalised 'map of life' notices were displayed outside peoples' bedroom doors which gave essential information about an individual's life history. These notices set out who was important to each person, places where they had lived, jobs they had done, the languages they spoke and what they liked to talk about, what their hobbies were and where they liked to go on holiday. For example, one person's plans talked about their family, their preferred diet and their favourite music.
- Care records included a section called "Who am I?" which included routines and things that were important to people, what they liked to talk about and what made them anxious or upset. Emotional support care plans included information about how best to support people during Covid-19 when they were not able to see their loved ones as regularly as before. It was noted that there was some inconsistency in completing all sections of the 'who am I' information. We fed this back to the managers at the end of the inspection who assured us they would continue to include comprehensive information about people's needs during care plan reviews.

We recommend that the service continues to personalise people's care plans ensuring all sections are completed by their keyworker or other responsible member of staff.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives praised the way staff cared for their family members. Comments included, "The staff are absolutely caring and compassionate", "The staff have been so lovely towards my relative, they really care

about her. My relative smiles at the staff and that's really sweet to see" and "My relative is so well looked after."

- We observed some nice examples of staff supporting people with care and empathy. For example, we saw two staff respond immediately with great patience to help a person who needed reassuring because they had become disoriented and anxious about not being able to find their way back to their bedroom. People looked at ease and comfortable in the presence of staff throughout out inspection and conversations between people and staff were characterised by kindest and warmth.
- Staff told us they acted as key workers for people using the service and were able to tell us about the people they worked with. One staff member told us about a person's likes and dislikes, their sense of humour and how they were when not feeling so good. Another staff member told us how one person liked to spend their day.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected by staff. Relatives told us, "I've never come across anything untoward, they [staff] do respect her dignity", "They do respect [my relative's] decisions and they do definitely treat her with dignity."
- People were encouraged to maintain their independence. Where people had mobility support needs, care plans were documented in a way that promoted their independence. For example, through the use of appropriate equipment to maintain their independence whilst at the same time keeping them safe from harm. Relatives said, "The staff try to help her be independent. They try to get relative to be part of things, they try to get relative to participate in things and help her independence", "They ask relative for his opinions and respect his decisions" and "The staff really do try to support relative to be independent, but he can be rather difficult."
- Staff told us how they ensured people were treated with dignity and respect. And their independence promoted. Their examples included knocking on doors, holding up clothes to facilitate choice, making food menu choices and respecting peoples wishes to stay in bed for a lie in.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Individual care plans were in place which covered areas of support such as maintaining a safe environment, medicine, mental capacity, nutrition/hydration, oral and personal care, sexuality and sleeping amongst others. These were reviewed every month and included the care need, the planned outcome and the action needed to help them achieve their stated goals.
- Relatives said they were involved in care planning. They said, "Yes, the staff have gone through the care plan with me. I think the care plan meets her requirements and it gets updated all the time. The service will always tell me when they want to make changes and we will discuss it" and "We saw one when relative first moved in, they do inform us if there have been any changes. They are good at letting us know what is going on."
- A healthcare professional told us, "The staff are friendly and responsive and work hard to deliver excellent care; maintain up to date records; and all staff are responsive when residents' health changes as they contact the GP swiftly."
- Staff demonstrated good awareness of people's individual support needs and preferences. For example, a member of staff who was providing one-to-one support to someone they spoke the same first language and knew where this person had been born, what they had done for a living and how long they had lived in this country and where. Furthermore, the activities coordinator knew the dates of everyone's Birthday who they were supporting to engage in activities in the main communal lounge during our inspection.
- People were supported to maintain positive relationships with people that were important to them. Alternative arrangements had been developed to help people maintain social contact with their family members and friends during this pandemic. For example, relatives and friend who were not permitted to visit the care home were allowed to see their family member through a window from the safety of the garden before the current lockdown restrictions were put in place. In addition, the service supported people to use phone and video calls. Comments included, "I have visited during lockdown and I met relative in the conservatory", "It has been so sweet that I'm being sent photographs of [my relative] painting, rolling pastry and knitting" and "A carer does call and message me. We have tried video call and that's working quite well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were in place which documented people's support needs and how best to communicate with them. Staff that we spoke with were familiar with these needs.
- Easy read notices were on display in relation to activities provision, infection control practices and person-centred information was in easy read formats.
- Relatives told us, "Staff can read the nonverbal signs of relative. They respect her decisions" and "The staff do understand [relative's communication style], they communicate with her closely. They do adapt to communicating in a way she understands. They do use physical touch to communicate."

Improving care quality in response to complaints or concerns

- The provider had an effective system in place to record, investigate and respond to complaints.
- Relatives told us the provider listened when they raised any concerns and were confident any issues could be resolved. Comments included, "I used to have long chats with the manager and have never had a need to make a formal complaint", "No need to complain, I suppose I would talk to the senior nurses of management team if I needed to complain", "I am aware of the complaints, I have no reason to make a complaint" and "I have made a complaint; written complaints and I have had them answered satisfactorily and it was resolved very quickly."
- There had been two complaints received in the past year. These were resolved in a timely manner.

End of life care and support

- People's end of life care needs were documented in end of life care plans. These included people's resuscitation status, their end of life care needs and the support that staff needed to give to people to enable them to have a comfortable end. One person had recently been admitted for palliative care with required assessment documentation obtained.
- Comments from relatives included, "The home has discussed end of life care with me. Relative's views are recorded and has been updated" and "We review the end of life plan regularly and there is a DNAR in place. I'm happy with what we have in place at the moment."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, we found quality assurance audits were not always effective in identifying areas of improvement in place in relation to the quality of service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Regular governance audits took place to monitor the quality of the service. These included audits for medicines, infection control, and incident such as falls and pressure sores.
- The provider regularly monitored and audited compliance with the infection prevention and control measures they had put in place. For example, managers routinely carried out daily tours of the building to check the premises were kept clean and staff wore their PPE correctly.
- Monthly medicines audits helped to ensure medicines practice was in line with good clinical practice.
- Incidents were analysed on a regular basis and there was evidence the provider used this as a learning tool to make improvements to practice or to minimise the incidents from occurring in future. For example, a falls analysis report showed the measures the provider had taken to try and reduce the number of occurrences through increased supervision during the night, reviewing the existing falls prevention measures in place reviewing risk assessments.
- Other audits that took place were quality control visits which looked at the care plans, staff recruitment and training files, a review of the kitchen and meal arrangements and a walkthrough. An action plan was in place to record and track any areas of improvement identified during these visits. These were updated by the managers as they were acted upon.
- There were a range of policies and procedures which had been reviewed and updated since the pandemic started. These included contingency plans for managing adverse events, such as COVID-19 outbreaks and related staff shortages.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems in place to involve and engage with key stakeholders. Some of these had been adapted in response to the pandemic.

- Relatives told us that the provider kept them informed about their family members during the pandemic whilst they were restrictions on visitors to the service. Comments included, "I can't fault the home, they are very informative and I am quite happy", "I have no concerns at the moment, the service are working in difficult conditions" and "When I was in the home they would regularly give me a questionnaire to complete. Since the pandemic they haven't given me one" and "The service do call me when relative is unwell, they let me know if the GP is visiting."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from relatives, staff and health professionals was that the service was inclusive and there was an open culture.
- Relatives said, "I think the service is well-run. They let the staff run it and the management are there to help and support the staff team well. You can always speak with the management as they are available", "I really do like the management team and I can call and they will always speak with me" and "[The registered manager] is very good. She acted very quickly at the beginning of the pandemic. I can ask her questions and she is very good at responding."
- Feedback from staff was positive when we asked about the management of the service. One staff member said the manager was "always there for them." Staff felt able to speak to the provider and felt listened to by them. Staff spoke positively about how the team worked well together and that, despite the stress of the last year, team working had improved. One staff member said, "Staff have worked better together recently."
- A healthcare professional said, "All the managers within the business are excellent and empathic people."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the regulatory requirements under duty of candour. Records showed that the relevant people, including next of kin, and other professionals were informed if there were any incidents or accidents. One relative said, "There haven't been any recent incidents but when there has been they have let me know straight away [even if nothing is wrong] and I trust they will continue to inform me. They tell me what caused it, why and what they will be doing about it."

Working in partnership with others

- One healthcare professional told us, "There is an ongoing and regular Multidisciplinary team (MDT) meetings which does support the care home staff, GPs and other professionals with supportive care and updates for the clients identified." Another said, "There is enhanced support now available with care home in reach teams, advanced nurse practitioners which Trinity are making use of and able to refer to directly. MDTs have facilitated supporting patients and staff and identifying patient needs and learning needs."
- There was evidence of partnership working within the care plans. Correspondence and input from healthcare professionals showed that advice was sought and acted upon, for example, with occupational therapists and district nursing teams.
- Regular home visits from professionals took place.