Trinity House Care Home
Care Home Service

80 Craighall Road
Edinburgh
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Telephone: 01313 413 444

Type of inspection:
Unannounced

Completed on:
21 July 2022

Service provided by:
Trinity Craighall LLP

Service provider number:
SP2018013171

Service no:
CS2018368961

About the service

Trinity House is a care home for older adults and was registered with the Care Inspectorate in February 2019. It is registered for 55 places and has nurses and carers who support and care for people. The provider is Trinity Craighall LLP and is associated with other care homes across Scotland.

Trinity House is in Craighall Road, within a residential area of North Edinburgh. The home is purpose built. The accommodation includes 55 en-suite rooms of varying sizes. These are spread over three floors with stair and lift access. The second floor includes four rooms that are part of a small independent living area that shares a kitchenette. Some rooms are large enough to accommodate twin or double beds. Additional amenities include; a cinema, small dining room for fine dining and celebrations, library, central area with café/bar, a hairdresser and communal lounges with dining areas on each floor. There are secure landscaped gardens. The home benefits from being close to parks and local amenities.

The service aims and objectives, captured on their website include:

"Our whole ethos focuses on the word 'home'. It's important that Trinity House feels like home and offers all of the home comforts that you would expect, whatever that means to each individual.....We offer exemplary standards of residential, dementia and respite care."

About the inspection

This was an unannounced inspection which took place on the 13 July 2022 between 10:00 and 17:00; 14 July between 10:00 and 19:30 and 18 July between 09:30 and 11:30. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, intelligence gathered since the last inspection and feedback from questionnaires.

In making our evaluations of the service we:

- spoke with people living in Trinity House
- spoke with relatives and friends who visit the home
- reviewed feedback from questionnaires
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

• The service had embraced the Open with Care visiting guidance from the Scottish Government; recognising visits were essential for the wellbeing needs of people.

• Staff demonstrated genuine warmth and caring attitudes when supporting residents.

• Staff would benefit from more robust supervision and support to improve their wellbeing and support their development.

• The manager was very responsive to feedback and was committed to making positive changes in the home.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 4 - Good

Overall, we made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experience.

People experienced warm, respectful interactions from staff throughout the home which improved their quality of life. Staff were responsive to people's changing health needs and spoke with external professionals when these changed. This promoted better health outcomes for people.

Administration of prescribed oral medication and topical creams was well recorded. The manager audited these regularly. More detailed information was needed to guide staff on how to support people who needed additional prescribed medication to ensure this was given only when necessary (see area for improvement one).

Mealtimes were relaxed and sociable. Visual food choices were offered to support people's decisions about what they wanted to eat. People were supported to eat where they were most comfortable and offered additional portions of food if they wanted.

Staff demonstrated some knowledge of people's nutritional needs and preferences, however, were not always familiar with the words used to describe special diets documented in support plans. We suggested further training to enhance staff knowledge and confidence in this area. Sharing of information on specific dietary needs needed to improve to ensure the kitchen staff were able to support these. The chef was keen to meet with people living in the home and their families to build a tailored diet plan for people with specific dietary needs and to seek feedback on menus. We fed this back to the manager and were confident that they would take this forward. We will follow this up at the next inspection.

An activities worker was in post and a good activity plan was in place, informed by life story work and preferences of people living in the home. This enabled people to get the most out of life and explore their interests. Several people living in the home told us that they would like to get out on more day trips. The service was sharing a minibus with another local home and opportunity for its use was limited. We were aware of the service's ongoing plans to source a minibus for the sole use of people living in Trinity House which would enable more frequent day trips.

The service had embraced the Open with Care visiting guidance from the Scottish Government. Visiting was open without restriction. This supported people's emotional and physical wellbeing and protected their right to meaningful contact. The service enabled family members to continue playing an active part in their loved one's care and supported meaningful relationships for people living in the home.

People benefitted from creative and innovative ways to stay connected to family, friends and local communities, including through the use of technology, coffee mornings and links with the local school. Therapy pets visited the home regularly which positively impacted on people's wellbeing.

Life story work had taken place which helped staff understand what and who is important to people. This helped staff to support people in maintaining personal connections. We suggested that life story work could be developed into photo books for reminiscing and talking about people's lives.

Staff followed infection prevention and control (IPC) guidance when delivering direct care and used personal protective equipment (PPE) appropriately. This helped to protect people living in the home from the risk of infection. Staff were knowledgeable about cleaning schedules and procedures in line with current guidance, although felt that extra domestic staff would help ensure they could maintain high standards of cleanliness. We fed this back to the manager and were assured they would take appropriate action.

Areas for improvement

1. To ensure that people are supported with their medication needs, the provider should ensure medication protocols contain clear and accurate information on when as required medication should be administered. Protocols should include strategies to put in place before administering medication. Records should also be improved to make sure they accurately reflect the reason for and outcome of administering as required medication.

This ensures care and support is consistent with the Health and Social Care Standard, 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice"

How good is our leadership? 4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service had a variety of good quality assurance systems in place which gave good management oversight. Senior staff completed regular internal audits which identified areas requiring action. These did not always clearly identify the specific documents audited. We recommended that managers add these details during audits to measure progress more effectively. This would ensure auditing is more meaningful and effective to further improve outcomes for people living in the home.

Leaders had the skills, capacity, and systems in place to identify risks to people and make plans. Regular meetings took place to support effective communication among the staff team, discuss changes in people's care needs and focus on people's outcomes.

The manager was very responsive to any issues identified on inspection and we were confident that they would further establish robust quality assurance processes. The manager was aware that observations of staff practice had fallen behind while prioritising delivery of care during staff absences related to Covid-19. They had an action plan to ensure regular observations of practice took place to identify and encourage areas of good practice and support staff development.

How good is our staff team? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff in all roles practiced respectful, dignified care which enhanced the experiences of people living in the home. Staff knew residents well and newer staff felt confident calling on support from those who had been in post longer. People living in the home spoke positively about the staff team. Comments included "they treat me as a person"; and " all staff are kind and caring".

Several staff described morale in the team as "low". Due to the impact of Covid-19 on staffing, the service had recently increased the use of temporary staff provided by care agencies. Many staff described feeling increased pressure from guiding and directing staff who were unfamiliar with the service: "It's hard when you're running with agency, sometimes I feel like I am carrying the shift". Despite this, we saw that staff consistently promoted the wellbeing of people living in the home to ensure they had positive experiences and outcomes.

We emphasised the importance of support for staff to ensure their own health and wellbeing to enable them to continue to deliver high quality care. While there were regular informal opportunities for staff to participate in reflective discussion through team meetings and guidance from senior staff, more opportunities were needed for staff to access one to one supervision and appraisal with their supervisor. Content of supervision needed to improve to include more opportunity for reflective discussion to allow staff the opportunity to consider their impact on the lives of people living in the home (see area for improvement one).

Areas for improvement

1. To ensure people experience high quality care, the provider should ensure that staff have regular opportunities to reflect on their practice through formal supervision with their manager. Discussions should be reflective and incorporate feedback on observations of practice, learning from training and areas for development.

This is in order to comply with the Health and Social Care Standards which state: " I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14).

How good is our setting? 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People living in the home benefitted from being able to access all parts of the home, including outdoor space. Different floors were accessed by lift, which several people living in the home operated independently. The service had produced an action plan to ensure that people using the lift could readily access support in the event of any difficulty, to promote their independence. This was important to people who valued being able to move around the home freely: as one person living in the home told us "I come and go as I please, and that's how I like it".

Garden areas were safe, accessible, well-kept and welcoming. The garden had raised flower beds and pots tended to by people living in the home. When weather permitted, activities were often held outside which enabled people to feel more connected to their local community.

Signage was used to support people to clearly identify areas they used, such as bathrooms. We suggested that the service regularly reviewed the location of signage to ensure that the environment remained responsive to people's needs as these changed or health conditions progressed.

People were, where possible, involved in a meaningful way in decisions about
the layout of the setting and how the space was used. For example, at the request of people living in the

home there was a piano in the café/ bar area which some people played, and many enjoyed singing along to. This encouraged people to keep as active as possible and supported friendships to develop.

How well is our care and support planned? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Personal plans contained up to date, relevant information but were not all completed to the same detailed standard. People's needs were assessed and contained some good, personalised information and captured people's life histories. Most support plans were informed by risk assessments.

Personal plans for people who lived in the home permanently had a different format than those for people staying for short breaks. This made it difficult to find relevant information quickly. The service had recently implemented a new electronic care planning system and work was ongoing to make information more accessible for people living in the home, their families and care staff. We will follow this up at the next inspection.

Support plans were reviewed monthly, however often lacked meaningful evaluation on people's outcomes and changing support needs. Not all care plans included information on people's wishes and preferences for end-of-life care, however when completed they were done to a high standard. The service should further develop support plans and reviews of care to ensure that they are clear, accessible, and completed to a consistently high standard (see area for improvement one).

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that all support staff have access to clear, up to date information about the person they are supporting and ensure all support plans are of a consistently high standard. This should include, but is not limited to, ensuring that:

a) all support plans evidence that the care planned and provided meets peoples' assessed needs
b) all support plans are easily accessible and contain the necessary information to guide staff to support individual need and outcomes, including preferences for end of life care
c) support plans are regularly reviewed with people and/or their family/friends/carers as appropriate, and reviews evaluate how well support is meeting individual needs and outcomes
d) all staff involved in planning and documenting care and support are provided with appropriate training, time and support for this.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To reassure people that staff caring for them are knowledgeable and have enough time to care for them; training and care practices should be regularly reviewed. This could include, but not be limited to;

i. Staff undertaking/refreshing their training needs around dementia;
ii. Aiming to have more staff trained at the excellent level of the Promoting Excellence Framework for Dementia;
iii. Reviewing and improving moving and handling that reflects best practice;
iv. Having clear documentation for all staff about those on special diets to ensure they receive the correct diet;
v. Updates on pressure relieving equipment and instructions for staff about how to choose and set equipment;
vi. Evaluating the training which should include observation of practices and seeking feedback from people experiencing care about how well staff are caring and supporting them; and
vii. Reviewing any further training needed after evaluation.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state that, 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14), 'My needs are met by the right number of people.' (HSCS 3.15), 'People have time to support and care for me and to speak with me.' (HSCS 3.16), 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17) and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.18

This area for improvement was made on 10 July 2019.

Action taken since then

Most staff had started their training in Promoting Excellence in Dementia Care. Moving and handling training had taken place, with refreshers scheduled for those staff who needed this. There was a moving and handling trainer based within the home. Dietary needs were documented in care plans, and we emphasised the need for all staff to feel confident in supporting these. Documentation of pressure relieving equipment needed some improvement to ensure all care plans were of a consistently high standard. As noted in the report, we identified that improvements could be made in observations of staff practice and opportunity for staff to discuss their training needs. Outstanding areas are captured in the new areas for improvement under key question 3 and key question 5.

Previous area for improvement 2

To make sure people's planned care reflects their needs as well as their wishes and aspirations the plans should include, but not be limited to detailing care and support around:

i. any identified need determined through the assessment/risk assessment processes and reviews undertaken with people; for example relating to pressure ulcer, nutrition, moving and handling, distress, and

continence;
ii. agreed interventions, care and support for identified needs, demonstrating involvement and negotiation with the person about how their needs are supported;
iii. clear and specific actions to address peoples' needs, for example reasons for interventions, what the interventions are, key dates for update/change of interventions and/or equipment and/or clinical procedures to meet peoples' needs;
iv. instructions for staff about how to use equipment needed by people, for example settings on pressure relieving mattresses;
v. information about special dietary needs, for example diabetic and fortified diets; and
vi. evaluations of care and support implemented to meet peoples' needs, including feedback from people.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that, 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.' (HSCS 1.15), 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change.' (HSCS 1.12), 'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14) and 'I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made.' (HSCS 3.22)

This area for improvement was made on 10 July 2019.

Action taken since then

The service has made some progress to improve support plans, as discussed in key question 5. This area for improvement is partially met, with unmet areas captured in a new area for improvement under key question 5.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	5 - Very Good
4.2 The setting promotes people's independence	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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