

Trinity House Care Home Care Home Service

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Edinburgh
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Type of inspection:
Unannounced

Completed on:
30 September 2024

Service provided by:
Trinity Craighall LLP

Service provider number:
SP2018013171

Service no:
CS2018368961

About the service

Trinity House Care Home is a care home for older adults, situated in a residential area of north Edinburgh, close to main bus routes and local amenities. The home is set within its own well-maintained grounds with private parking.

The home is currently registered to provide a care service to a maximum of 55 older people. The provider is Trinity Craighall LLP and is associated with other care homes across Scotland.

Accommodation is provided over three floors with the upper levels accessed by lifts or stairs. All bedrooms have en-suite facilities and some 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.

At the time of the inspection, 52 people were living at Trinity House Care Home.

About the inspection

This was an unannounced inspection which took place on 24 September between 09:30 and 17:00 and 26 September between 08:00 and 14:00. The inspection was carried out by two 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 and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 12 people living in the home
- spoke with people's relatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documentation
- spoke with visiting professionals
- considered questionnaire responses from people using the service, relatives, visiting professionals and staff

Key messages

- People were treated with genuine warmth and compassion by staff.
- Mealtimes were relaxed and sociable and people were provided with tasty, nutritious food.
- People were supported well with their health and wellbeing needs, although we identified improvements around the recording of people's changes of position.
- Individual preferences for end-of-life care should be discussed with people and their relatives and documented in their personal plans.
- People benefitted from support provided by stable and consistent staff teams.
- Staff deployment was managed well and was flexible according to people's needs.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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 staff team?	5 - Very 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

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

People experiencing care benefitted from kind and compassionate interactions with staff. Staff knew people well and displayed genuine warmth and care when offering support. People's preferred communication methods were respected throughout all exchanges with staff. People and their relatives said staff were 'friendly', 'supportive' and 'you can have a good laugh with them'. This supported people to feel respected and comfortable in Trinity House.

The home had established good links with external healthcare services including GPs and pharmacists. Communication between staff and health professionals was good, with regular updates provided to support people's wellbeing. People could be confident of having the right support to help maintain their health.

Effective processes were in place to monitor people's health. People were supported promptly to access the right care and treatment, including when their health and wellbeing needs changed. Most care was provided in line with assessed needs and we saw evidence of good practice around people's skin integrity. We identified some inconsistencies however, in staff's completion of charts relating to people's changes of position. Improvements are needed to ensure all care is monitored in line with people's assessed needs and outcomes.

(See area for improvement one.)

Personal plans contained a good level of detail about people's health and wellbeing needs. The plans were easily accessible to staff, however people's preferences for end-of-life care were not always documented. The manager explained plans were in place for this to be completed by the end of the year. As this was an unmet element from an area for improvement made at the last inspection, we are reiterating this for review at a future inspection.

(See area for improvement two.)

Records of administration of prescribed medication were well organised and accurately completed, with good oversight from senior staff to help maintain high standards. When medication was given to support people experiencing stress and distress or pain, this was recorded well. Topical medication was administered as prescribed, however not all staff were signing the template in place. We spoke with the manager and senior staff, who agreed to address this immediately. Overall, people could be confident that they were supported safely with their medication needs.

People benefitted from creative, committed catering staff who involved them in discussion about their preferred meals, snacks and drinks. Staff were knowledgeable about people's specific dietary requirements and offered a visual choice. People were served food as soon the hot trolley arrived and they didn't have to wait. Food was tasty and well presented, including meals for people who needed a soft or pureed diet. Snacks were available throughout the day and we suggested fresh fruit could be prepared and offered to people as a healthy option. Overall, mealtimes were relaxed and social which encouraged people to maintain a good nutritional intake.

Areas for improvement

1. To support people's health and wellbeing needs, the manager should ensure recordings of people's changes of position is undertaken to evidence good practice. Records should be maintained in line with people's planned care and support needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

2. To promote best outcomes for people, the manager should ensure personal plans contain the necessary information about people's preferences for end-of-life care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:

'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14).

How good is our staff team?

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.

Staff knew people very well, understood their needs and wishes and were clear about their professional roles. Staff deployment across the home was managed effectively and each unit had clear leadership arrangements in place. People could be confident in staff teams who were well organised and provided stable, consistent support.

The provider had a process in place to assess the required staffing levels in relation to people's needs. The assessments were reviewed monthly by the manager and were updated to reflect changes in people's individual needs. People benefitted from staffing arrangements which were flexible and took into account the layout of the home.

The home had a warm and friendly atmosphere where people shared very good relationships with staff. Activities were organised every day and people were encouraged and supported to remain active, with interesting things to do. Staff in all roles played an important part in the home and worked very well together to ensure people experienced a good quality of life.

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 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".

This area for improvement was made on 21 July 2022.

Action taken since then

Protocols were in place for 'as required' medicines. They contained a good level of information about the purpose of the medication, steps to take before administering the medicine and the expected outcomes. Protocols included clarification of a GP review would be needed.

Good records were maintained detailing the person's current wellbeing and the outcome of receiving 'as required' medication.

For additional details about the home's medication management processes, please refer to the section: How well do we support people's wellbeing.

This area for improvement is met.

Previous area for improvement 2

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).

This area for improvement was made on 21 July 2022.

Action taken since then

Staff had regular opportunities for one to one and group supervision meetings with their manager. Although issues such as good practice and training needs were included, discussions were not reflective, giving staff an opportunity to further develop and learn from their experiences.

We spoke to the manager who was keen to progress this area for improvement and shared their ideas for the near future.

This area for improvement is not met and will be repeated.

Previous area for improvement 3

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).

This area for improvement was made on 21 July 2022.

Action taken since then

Support plans had clear details about people's planned care and support. The plans were easily accessible to staff and contained most of the information they needed to support individual needs and outcomes. However not all preferences for palliative and end of life care were documented. The manager informed us they planned to focus on this area of support planning, which would be completed by the end of 2024.

Support plans were reviewed monthly and care reviews were held at least every six months. People and their relatives informed us the reviews were helpful and gave them an opportunity to discuss how well the service was meeting people's needs and outcomes.

Daily recordings and monitoring notes were completed by staff who were confident in the use of the electronic systems. We were assured that good records were maintained around people's wound care, however there were some gaps in recordings of changes of positioning.

There has been some progress made in the improvement of support plans, however the area for improvement is only partially met. The unmet area is captured in a new area for improvement under key question 1.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

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