

# Trinity House Care Home Care Home Service

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Edinburgh  
EH6 4RE

Telephone: 0131 334 3444

**Type of inspection:**

Unannounced

**Completed on:**

18 December 2019

**Service provided by:**

Trinity Craighall LLP

**Service provider number:**

SP2018013171

**Service no:**

CS2018368961

## About the service

We used the quality framework for care homes for older people and the Health and Social Care Standards to evaluate the care and support people living in Trinity House experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at <http://www.gov.scot/Publications/2017/06/1327/downloads>

Trinity House is a care home for older adults/people 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 of the service is also 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 ensuite rooms of varying sizes. These are spread over three floors with stair and lift access. There are 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."

For more information about the service visit the Care Inspectorate website at

<http://www.careinspectorate.com/index.php/care-services>

And the provider's website at

<http://trinityhousecare.com/about-2/>

## What people told us

We took account of what people told us, seeking views from 23 of the 25 people living in the home, 14 relatives/friends and 20 staff working in the home. We also took account of questionnaires sent to us from five people living in the home, eight relatives/carers and three staff.

To make sure we involved as many people as possible we also used the short observational framework for inspection (SOFI). This observes staff interactions with people and helps us evaluate experiences of people who cannot always tell us what it is like to live in the care home. During SOFI observations we saw that breakfast was well managed and the majority of interactions between people and staff were warm. Staff included people in social chat and interactions.

Overall people spoke positively about living at Trinity House, the kind and courteous staff were often mentioned. The good facilities in the home were highlighted by many and some spoke about the really positive difference the home had made for them.

Comments included;

"I'm well looked after here, no complaints. The food is ok, the staff are all good"

"The staff are very caring and I cannot fault them"

"Very happy here"

"Food is very good and have made new friends, no complaints at all"

"I didn't intend to be here but don't feel I want to leave"  
 "Feel very respected by staff. They are marvellous and all know what they are doing"  
 "The food is very good with a good variety."

Relatives/friends commented;

"We are very happy with his care and support, the staff are lovely, they help him"  
 "It is a lovely home with nice places to sit together for family meals and coffees..."  
 "Very attentive in all aspects"  
 "The staff are always about checking up on my relative's wellbeing"  
 "Mum loves it and so I'm happy."

Other comments are highlighted in the report along with comments from staff where relevant.

## 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?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staffing?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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

### How well do we support people's wellbeing?

**3 - Adequate**

We evaluated how well people's wellbeing was supported and concluded that strengths outweighed the areas that needed developing.

People told us that staff were respectful, kind and polite;  
 "The knowledge of and respect for each individual person is fantastic"  
 "Care and support is excellent."

All staff were attentive and spent time sitting with people, engaging in chat and supporting people to interact. Two people were discreetly supported by staff to enjoy a board game together and the chef regularly supported a person to take a walk outside with them.

People were encouraged to express their wishes and aspirations. They were able to identify things that were important to them and supported to achieve things.

"The staff know I like to get out and about and as a result I have been out many times to a range of different places"

"They chat to my father and help him keep entertained and listen to his stories patiently."

Some people were supported to be very independent, going out on their own. We asked that this be something the staff always consider for everyone who wants to go out alone.

The environment was open for people to wander, there were no internal locked doors and access to the garden for people on the ground floor was freely available. The gardens were inviting, colourful and safe to walk in.

The nurses and team leaders were involved in completing some important health and risk assessment which gave staff a good understanding about people's health and support needs. To some extent these then informed care planning.

The medication system was discrete and promoted person centred care. People had medication pods in their rooms and we asked that whenever possible people be supported to be as independent as possible.

There was a good range of well-maintained equipment to promote health.

People spoke about the food being good and the chef was enthusiastic to support people to make snacks for themselves.

Areas to develop relate to some staff feeling unable to always give the care and attention they wanted to. For example one staff member didn't like having to wait on other staff to help them give timely support to someone who was becoming distressed. Information about people was visible in the nurses' room and we asked that this information be transferred to the peoples' personal plans. The manager agreed to do this.

On occasion staff used terms that though well-meant could be wrongly interpreted, for example calling people "darling". The promoting excellence in dementia care has training at enhanced levels which help staff explore these areas.

Some people did express feelings of boredom and other comments included;

"More activities, more outings would be an improvement."

Staff were not always clear about which people needed special diets, for example fortified or diabetic diets. Assessments for wound care and pressure relieving equipment was not always clearly reflected in care and support or the plans instructing staff. Some staff helping people to move did not use acceptable support. We made some suggestions to the manager to contact professionals about training and support for staff. Some of this was completed during the course of the inspection. **(See area for improvement 1).**

## Areas 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)**

## How good is our leadership?

4 - Good

We evaluated how well quality assurance and improvement was led and concluded that there were important strengths with some suggested areas for development.

At the end of the inspection the manager advised a new deputy was being appointed who would take forward practice based improvements. Many improvement areas suggested at feedback were already being acted on or planned as areas for the new deputy.

People told us about the very good management;

"I always find communication is excellent, if I raise a concern I see swift action on the matter."

The majority of staff felt well supported and motivated by their managers. Everyone was clear about the objective to ensure people felt Trinity House was their home. Although many were not clear about the Health and Social Care Standards, staff demonstrated the principles of dignity, respect and promoting people's independence. People felt respected and able to influence things. They felt that Trinity House was their home;

"They (the staff) have done things to help him; including moving his room to downstairs.....I can eat here, it feels like a second home to us. We never worry when we leave (relative's name)."

The manager had worked hard on improvement plans based on audits and some feedback from people. Everyone's' commitment and motivation was evident.

Areas for development include using the Care Homes for Older People quality framework to help evaluate the service. This should include encouraging, supporting and seeking feedback from people about what could be better in the service. Some people were unsure if they could get involved and influence things or felt a little uncomfortable in doing so;

"Feel management acts on concerns.....but can sometimes feel uncomfortable raising some issues."

Involving everyone in answering the key questions in the framework, particularly people experiencing care will help everyone to get involved and feel more comfortable raising suggestions and concerns. Incorporating aspects of complaints and suggestions in the improvement plan would be important. Using quotes and the Health and Social Care Standards would help to demonstrate an outcome focus to the improvement plan. The management team had very good ideas about how to do this.

## How good is our staff team?

5 - Very Good

We evaluated staffing levels and how staff work together and concluded that there were a number of important strengths with some areas to consider developing.

The majority of staff felt well supported and motivated by their managers. For most of the time there were enough staff available to support people well, including time to sit and engage socially with people. Management did well to make staff feel supported and valued;

"We're a family. We've all got a shoulder to cry on if needed....but we work really well together..."

New staff felt they had been made to feel welcome and had been given an induction that helped them understand the service and how to care and support people.

"Lovely welcoming team.....I'm going to stay here till I retire!"

The staff knew about their roles and spoke about the developments in care planning systems and getting more involved in people's care (see key question five). Everyone from domestic to kitchen staff, carers to nurses felt positive about their work, all mentioning the best reason for being there was the "residents".

People spoke fondly about the staff;

"The staff (every one of them) are so kind and attentive."

Areas to develop and improve relate to those in key question one and five. Breakfast times could be very busy meaning some people had to wait for support when they needed it. As the number of people moving into the home increased staff worried about not being able to offer the same level of care and support. The manager had a system in place to review staffing levels and skill mix. By also seeking feedback from people this will help ensure staffing remains very good, especially as more people move in.

Moving and handling training had been completed, but some staff still helped people using techniques that could cause harm to people.

While we saw many positive interactions, as mentioned some staff would benefit from further training and reflection on practice. This will help them develop knowledge and practice, especially in order to provide the exemplary standards of dementia care mentioned in the service aims and objectives.

Overall, in relation to staffing, areas for improvement are already reflected in key question one.

## How good is our setting?

4 - Good

We evaluated how well the setting promoted people's independence and concluded that there were important strengths with some suggested areas for development.

The café was a busy and pleasant place to be with regular coffee mornings. People were looking forward to making good use of the garden and outdoor areas in the better weather. We saw one person enjoying a walk with the staff member discretely supporting them. Many people spoke about being independent;

"I'm very much my own boss in my room.....I can live quite independently.... Staff clean my room for me to a very high standard and with regularity."

Connections with the community were growing, the nursery and school children visited the home regularly. There were outings to the local community and growing connections with the churches; we encouraged staff to continue supporting people to build on these links.

Some areas to develop would include supporting people more to use their money to purchase additional support over and above that offered by the home so they could go out. Some people expressed desires to "get out more".

We asked the staff to consider little ways to promote independence. Having more tea pots at mealtimes, asking people if they would like a kettle in their room and exploring with people what support they may need to promote their independence. Maximising the use of the kitchen areas in the home including the kitchenette in the independent living area would help make sure independence was always a focus of care and support. The chef was keen to provide easy to prepare food for people to make themselves. The chef wanted to help people with food preparation in the units; the manager was committed to supporting these ideas.

### How well is our care and support planned?

### 3 - Adequate

We evaluated how well assessment and care planning reflected peoples' needs and wishes and concluded that strengths just outweighed the areas needing developed.

The biggest strength about the personal planning process was that the plans were with people in their room. Many people knew about their plans and felt they had been part of developing them;

"I made it clear when I moved in that I wanted freedom to come and go, its in the plan.....the care plan is here somewhere, excuse the mess I've been having a clear out!"

Relatives felt involved in care and support planning;

"We know about his plan - we did it with the carers."

All grades of care staff felt involved in care planning, rather than something the nurses did in the office. One staff member said;

"I like the care plans in their rooms, we do them with the person. I really like that they include peoples' wishes too."

Many plans did reflect peoples' wishes and aspirations and some people felt that the planned care and support had really made an improvement to their lives.

"It's made a difference to me, I feel safer, I'm not on my own and we plan and do some great things here. I've made some good friends."

The areas to develop related to peoples' needs. While a range of relevant assessments were undertaken, with personalised repeat assessments based on needs, the planned care related to the assessments was not always recorded. Information was difficult to find, was missing or wasn't up to date. These areas of need related to training and development areas for staff reflected in key question one, like for example nutritional needs. White boards on the wall in the nurses' staff room often had information that was personal and should have been in peoples' plans; helping to ensure a written plan and record of care that also promoted confidentiality. The manager agreed this information should be moved to peoples' plans.

Some people were unsure what their care plan was. We suggested staff gave continued support to everyone so they could get involved with their plan, keeping it dynamic and informative.

We were encouraged by the commitment of the manager and staff to improving personal planning and assessment, particularly around need. Area for improvement one should help staff to develop plans around people's needs. **(See area for improvement 1).**

## Areas for improvement

1. 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)

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?

3 - Adequate

1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	3 - Adequate

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

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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