

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Trinity House Annexe

107 Station Road, Hendon, NW4 4NT

Tel: 02082020114

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Quality Housing & Social Care Limited
Registered Manager	Mr. Martin Ogiogwa
Overview of the service	Trinity House is registered to provide 24 hour care and support for up to four people with mental health problems, some of whom may have a forensic history. The aim of the service is to promote independence and to contribute to the rehabilitation process to enable people to move on to their own homes. The registered provider is Quality Housing and Social Care Limited.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We reviewed all the information we have gathered about Trinity House Annexe, looked at the personal care or treatment records of people who use the service, carried out a visit on 23 October 2012 and observed how people were being cared for. We talked with people who use the service, talked with staff and talked with stakeholders.

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### What people told us and what we found

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We spoke with two of the four people using the service who told us that they were treated with respect and dignity. They said staff were approachable and easy to talk to. One person described living at the home as being "like a big family." People told us that they felt safe and were able to talk with the manager if they had a worry or concern and this would be acted on.

People were given choices and the option to participate in various activities provided by the service and we saw evidence of this in minutes of residents meetings and people's records.

There were systems in place to ensure that people were protected from abuse and that they received the care they needed. Systems were in place to gather information about the quality of the service and people had a say in how the service was run.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People were able to express their views, so far as they were able to do so, and were involved in making decisions about their care, treatment and support. We observed that care plans were signed by people indicating their consent to treatment and support. People were treated with dignity and respect and staff were friendly and polite. Relatives of the people who use the service told us that they felt their relative was treated with dignity and respect.

Staff were able to give examples of how they treated people with dignity and respect, such as knocking on people's doors before entering, which we observed during our visit. We saw good interactions between staff and people who use the service.

People were given choices to participate in a variety of activities such as cooking, which they stated made them feel "more independent," We saw that people's rooms were personalised and this was encouraged by staff.

People were involved in making decisions about their care. The residents meetings provided them with this platform and records confirmed their views were taken into account in the way the service was provided. The manager told us that they had an open door policy and people confirmed they could speak with staff at any time.

People confirmed that they had received support with daily living tasks, such as cooking, budgeting and housekeeping, which meant that they were supported in promoting their independence and community involvement.

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights

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### Reasons for our judgement

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Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at three care plans and each person had a risk assessment which identified areas of risk and provided guidance on how staff should support people to manage the risks identified. The care plans and risk assessments were reviewed to ensure they were current and relevant to the needs of the person, this included a relapse indicator for each person to identify possible changes to risk beforehand. There was evidence of involvement from other health care professionals, such as the community mental health team

Care plans included cultural and religious needs. For example one person was supported to make regular weekly visits to the mosque.

The provider is taking action in response to our observation that likes and dislikes of people were not clearly stated in the care plans.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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We were shown the relevant safeguarding procedures, including a whistleblowing policy. This included guidelines on how staff should respond and act if they suspected abuse was taking place. We noted that a safeguarding flowchart was displayed on the notice board for staff and people using the service. Staff we spoke with knew the relevant authorities to speak to if they had any concerns about abuse, including the Police and local safeguarding authority.

Staff training records showed that staff had received safeguarding training and this was confirmed by staff. They were able to give us examples of signs they would look out for that could indicate a person was being abused. Staff had the knowledge and awareness of how to protect people from abuse. The manager told us that he had received training in Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 and staff had been briefed on this. Staff we spoke with confirmed that they had received training.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

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## **Reasons for our judgement**

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We observed positive interactions between staff and people using the service. People told us that staff were approachable and easy to talk to. One person described living at the home as being "like a big family."

The manager told us that staff had regular supervision and appraisals, which was confirmed by staff and records. The staff induction included areas such as the service ethos, health and safety, care plans, training needs and meeting people who use the service.

Staff felt supported to carry out their role and told us they were able to approach the manager about any concerns knowing this would be acted on. We were shown records of team meetings, which indicated staff involvement in discussions about their support needs and those of people using the service.

Staff training records showed that they had completed mandatory training that included basic first aid, health and safety and administering medication with refresher training planned for next year. Staff had completed a National Vocational Qualification in Health and Social Care and leadership management training for senior staff. We saw from records that they were supported to take accredited training and other learning and development opportunities relevant to their roles.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The service had formal systems in place to monitor the quality of the service, including a quality assurance policy. They are subject to a six monthly and yearly inspections from stakeholders. We spoke with some of the stakeholders and they confirmed that they had no concerns about the quality of the service.

There were opportunities for people using the service to give feedback. Regular residents' meetings took place and a suggestion box was placed in the hallway for people to post comments. People were involved in how the service was planned and run. We saw from records the service was responsive to user feedback as was the case when they responded to changing visitation times to reflect specific user preferences.

The manager told us that they obtained feedback from people who use the service and key stakeholders using a yearly questionnaire. At the time of our inspection they were in the process of analysing the feedback of 2011/2012 survey. People who use the service, relatives and stakeholders confirmed that the service had sought their views. This meant that the service took account of feedback to improve the service.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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