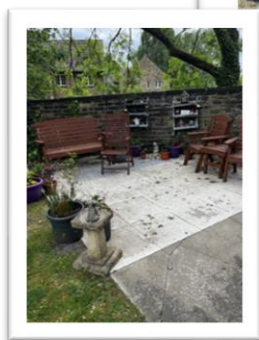


## Enter and View Report

Location of visit	Trinity Fold, Blackwall, Halifax, West Yorkshire, HX1 2BZ
Service provider	Anchor
Date and time	Monday 19 <sup>th</sup> May 2025
Authorised Representatives	Katherine Sharp, Joanne Douglas Mary Simpson, Alexandra Semertzidou
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## **Acknowledgements**

Thank you to all the residents, visitors, relatives and staff at Trinity Fold, who spent time talking to us about their experiences of using the services or working there. Thank you to Christine for helping us to arrange our visit and for talking to us about how the service operates. Thanks to Devon for taking the time to show us around the home.

**Disclaimer** – Please note: This report relates only to a specific visit and the report is not representative of all service users and staff, only those who contributed within the limited time available or on the online survey.

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## **What is Enter and View?**

Enter and View is a visit to a health or social care setting by Authorised Representatives of Healthwatch Kirklees and Healthwatch Calderdale as a means of gathering evidence of people's experiences. Enter and View is one of the many tools used by Healthwatch to gather opinion. The visits are not a formal inspection or part of an investigation.

## **Healthwatch Kirklees and Healthwatch Calderdale have a right to carry out Enter & View visits under the Health and Social Care Act 2012.**

Enter and View visits give service users, visitors, carers and staff the opportunity to speak to an independent organisation about their experiences of health and social care services. They may talk to us about things which they feel could be improved, but we also want to find examples of good practice so that we can recognise and promote things that are working well. The visits may focus on a single issue across multiple settings, respond to local intelligence about a particular setting, explore an area we haven't visited before, or be carried out at the request of a service to better understand how it operates.

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## The service

Trinity Fold residential care home is a purpose-built stone building with the capacity to accommodate 50-beds. It is on the outside of Halifax town centre, in Calderdale. It has well-maintained gardens with a secure rear garden, and its own car park. There is on street parking nearby. The home has three floors: the first and second have resident bedrooms and a staff room, the ground floor has the communal lounge and dining area. During our visit we saw the ground floor and garden.

## Why did we visit

We visited to hear from people living, visiting and working at the home about their day-to-day experiences. We've recently heard a lot of feedback about health and care services in the same area as this care home, and we wanted to learn more about how the home interacts with these services and what those experiences are like. This visit was a supportive, planned visit as social care is a priority area in our current work plan.

## Staffing and resident numbers

On the day there were 44 residents. Staff included 2 senior leaders, 3 team leaders, 6 carer assistants, 2 kitchen assistants, 4 house keepers, 1 administrator and a handy man.

## What we did

We carried out a pre-arranged visit lasting 3-hours. The visit was informal and we used prompt sheets with questions about independence, choice, dignity, food, and activities. This unstructured method of speaking to individuals resulted in free-flowing discussions



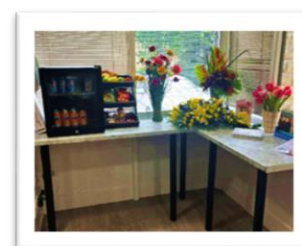
about experiences of Trinity Fold. We also used our senses to note our impressions of the home (the '5 senses' approach). We spoke to as many residents, visitors and staff as we could who were willing. A survey was offered to staff via a link and QR code, plus additional information bags with all our details were left in the staff room. We left information bags by the entrance for visitors with our contact details. The survey was available for a week after the visit for people to give feedback.



## Overall impressions

We were warmly welcomed at Trinity Fold on our arrival and asked to sign-in on the digital platform.

The home has a modern feel and the reception area is a welcoming, open area with seating, feedback cards and literature for visitors to give their views.



Snacks were available in the reception area and a small fridge with drinks; the manager later told us these were for residents to help themselves as required.

Some attractive floral displays created a homely feel. There was a display with a card in loving remembrance in memory of a previous resident. The Healthwatch poster advertising our visit was displayed. A staff office was directly opposite the secure entrance door so staff can see who is arriving and welcome people. The main entrance door shut loudly on use.

The ground floor had wide corridors with supporting handrails, with enough space to pass comfortably and free of trip hazards. Hand gel was readily available and caution signs in places where needed. The temperature throughout the home was comfortable and areas looked clean. In some areas we noticed there was a slight unpleasant odour, this was not overpowering.

Information boards along the corridor showed pictures of the staff team. We were unsure what the colour of uniforms dictated but a staff member later explained: black uniform for team leader and purple for care support staff. Other information included resident feedback with supporting photos,

activities and entertainment planned and the fortnightly food menu with up-to-date information. A **'you said, we did'** board highlighted how the home had acted on feedback, including the introduction of a newsletter, which we saw pinned up nearby.

We quickly noticed the calm environment of the home with staff interacting regularly with residents in a friendly and positive way. The main lounge was an open space with lots of light. This was set out in a comfortable way, with different seating zones offering choice: clusters of seating with areas to watch TV, socialise together or relax. Small side tables were available for residents' use. The décor was pleasant, light and airy. It featured a fish tank in the corner of the room.

Noise levels were good. Whilst the morning activity was happening the noise didn't carry to the areas where residents were resting. We noted a few chairs our visiting team sat on had a slight unpleasant odour – we informed a staff member about one chair that had a strong smell, and this was checked and cleaned immediately. The television was large enough for good visibility but not the focus of the room. There was a large-faced clock on display.

The communal table in this room offered space for group activities and at the time of our visit this was set up for the coffee morning activities. A bookcase with books, crossword books, pencils, games and CDs were also in this area. There was a conveniently placed toilet off the lounge for residents to use. The dining room adjacent to the lounge catered for all residents to dine together with adequate space to move about. There was a partition wall with windows allowing light to flood through into the lounge and give it an open, welcoming feel. A pleasant food smell came from here but was not overpowering. Music was playing in the background at a good volume level.

The small, quiet lounge on the opposite side of the main corridor was a cosy area to relax or read a book from the small library bookshelf. A range of books, jigsaws, CDs and a dementia friendly twiddle muff was available. No-one was sitting here at the time of our visit. This is a nice space with



comfortable chairs, pleasant smell (wall plug in) and lots of light from the patio doors.

The alarm alert screens with the call display were in this vicinity, we noticed no names were displayed only room numbers. Staff could see when call bells had been answered. The hairdressing room was in this area. The lift and stairs to access the upper floors were here. One of the visiting team noticed that the door leading upstairs caused a loud bang when used.

The patio door to the secure garden was situated through the quiet lounge operated by a key code. The pleasant secure outside area to the rear of the building has two sitting areas and a bench, plus a mix of grass and plants. It looked well-maintained and an enjoyable space to sit. There is a raised door trim when exiting the patio area – it had been clearly marked with hazard tape. On the path leading towards the side seating area, there were moss patches on the path, which could be hazardous when wet. It was very peaceful, you wouldn't know it was situated so close to the town centre. A seating area at the front of the building area has been decorated with outdoor figures and potted plants. Trees above provide nice shade however the seating was covered in bird droppings, which may put people off sitting there. There was a 'chatty bench' here to sit and talk.

When we spoke to residents about living at Trinity Fold many told us they liked it here, another resident said it was very good or excellent. The residents we spoke to seemed happy and comfortable. One mentioned the good accommodation, TV and equipment. Here are some resident comments.

**Resident comments about the home**

*"There are lots of people to talk to and staff are nice"*

*"It's okay here" the resident said while smiling and nodding*

*"I feel well looked after"*

## Independence, choice and dignity

Staff explained that residents can personalise their own rooms as they wish. We noticed that residents' bedroom doors were designed like a 'front door,' all coloured differently and personalised giving the impression you were opening your house door to your own space. Photo/display boxes



were attached to the side of each door where residents have family photos, degree certificates etc to show what they enjoy or have done in the past. This seemed a lovely touch to help staff get to know residents.

The manager explained that small pets are welcome on request, as long as they have had immunisations and are wormed. Things such as budgie or house cats mainly. It's difficult to accommodate dogs unless small, friendly and the resident was able to walk them independently.

Residents told us they could make the rooms feel like home; one said they were good sized with suitable light, others saying they were happy with their room. One resident told us they would like their own shower inside their bathroom, which has a toilet and sink. Another resident said they had brought their own furniture from home and liked having a particular piece of furniture that was important to them. A visitor confirmed their family member had paintings, pictures and furniture brought from home.

When we talked about transition into the home some residents told us they made their own decision to live there, or moved there following discharge from hospital. They felt the process of settling in had been positive, staff had introduced themselves and there was nothing worrying them. One resident said they had settled in well. The staff we spoke to felt they knew the residents well and most said they had enough time to spend with residents; paperwork was talked about as taking up time, but the importance was noted. A staff member told us that the care plans for residents are all person-centred this is because they know residents well.

During our visit we noticed that residents were dressed well and had extra accessories on such as necklaces and jewellery. It was clear that personal



preferences and choices were met when dressing. A few residents told us about staff supporting them to dress. A staff member said that some residents like to get involved with everyday tasks, for example setting the table, making their own food and drink. Staff will “Do what they can (to support this) whilst considering safety”. A staff member said.

A staff member said that residents’ independence was assessed regularly and encouraged as much as possible, for example if someone needs a hoist during illness it will be reassessed to get them mobile again, if/when possible. We observed staff supporting residents with walking and carrying drinks for them. It was noted that when staff were speaking with one another whilst moving through the corridors, they lowered their voices to keep the noise level down.

A staff member said that residents have the choice of getting up or retiring to bed as they choose unless this is at the detriment of the person.

Residents told us how they felt their independence was supported and if they felt included in decisions about their care and choices. One resident said: “No set rules, here.” Another resident explained how their choices were met, as they can eat either in the dining room or request to eat in their own room if feeling unwell. They said they felt staff know what they like.

Residents told us the daily routine was flexible, and they could choose how to spend their day. Another resident explained they had always enjoyed growing things, such as tomatoes, and were able to do this in their room.

One resident mentioned that as there were many residents with dementia it meant less social interaction for them with staff and other residents. They were sometimes frustrated by this but tried to understand. A visitor mentioned a similar issue around their own loved one not having anyone really to speak to because a lot of the residents have dementia. They said they stay in their room most of the time, going the dining room for meals and occasionally to the lounge. One resident said if they needed assistance, help was available straightaway. A resident mentioned they enjoy going outside (to the garden) with their visitors and they can ask any staff to let them out the patio door, “it’s easy”.

A visitor told us they were informed about any issues or problems relating to their family member. Another said they had seen our poster and knew we were visiting.

A staff member said residents form friendships and there is very little upset or conflict. That staff are trained to use distraction techniques to deal with any conflict (usually dementia related).

### **Residents' comments about choice and independence**

*"I chose to come here as I knew of the service, and it has been a good decision for me."*

*"My family chose here, and they'd looked at a few places and I saw this and liked it. It has a nice atmosphere, and I like the staff."*

*"I'd like a shower and to wash myself and have that choice. There is a communal bath, but I'd like my own, it's my only negative feedback as everything else suits me well."*

*"My room is very comfortable, I am happy with it and I have some of my own things in there."*

## **Food and drink**

Food is homemade and cooked on site. The main meal of the day is teatime, with smaller snacks and sandwiches at lunch time. Wednesdays and Sundays are the exception when, at the residents' request, this has been changed to the larger meal at lunchtime. The manager said this decision was made by consulting with residents as they had found the larger lunch wasn't always needed if breakfast was taken late. Residents are involved in menu changes and provided a taster menu to try. They have had an Australian day with residents trying a small bite of kangaroo steaks. All diets are catered for as needed, low sugar, gluten free and special soft diets. There are no protected mealtimes.

On display were 4 weekly spring menus with 3 options for lunch and 2 for tea; on week 1 menu we noticed only 1 vegetarian evening meal option on a

Saturday; it may be this is not an option many required. We saw a staff member updating an App and double checking a resident's breakfast choice, indicating food intake is monitored but all discretely done. We observed staff taking food from the kitchen to residents' rooms to support choice of where to eat. Homemade biscuits and cake were shared at coffee time. Cake for the coffee morning was served in glass dome holders, which were very appealing and attractive.

Conversations with residents about the food were positive saying it was 'good', 'excellent', 'all homemade', and they enjoyed it. A resident said there was a couple of choices each meal and choice of dessert. *"If you don't like these choices an alternative is given"*. Soup, salad and the quiche were mentioned as good, as were, full English breakfast and Sunday lunch, which was a roast dinner. The roast beef and all the trimmings with Yorkshire pudding was highlighted as very enjoyable.

We were told by residents that breakfast is served until around 11am or *'when you get up'*. A couple of residents explained that an alcoholic drink could be taken when required. Another mentioned the times they ate: breakfast 9am, lunch 12 pm, dinner 4:30 pm and supper 8pm, they felt happy with these times and can ask for a snack in between should they wish. A special occasion, the recent VE day, was mentioned and a party buffet was made *"with lots of lovely food"* (resident comment). A resident mentioned there were two chefs, a lady and man, and the meals were varied and good. Some residents mentioned there could be a delay in the meal arriving after being seated for a while. We asked about the delay and the manager said they had heard this before and understood this was a concern for some residents. They explained that getting nearly 50 people into a dining room at the same time – some needing support from staff – meant some residents were waiting a short period before meals are served. She said she would love some suggestions how to make this improved this.

### Residents' comments about food

*"Brilliant food"*

*"I enjoy fish and chip Friday, with real batter"*

*"I'm not a fussy eater and there is a lovely choice of food each day and it is good. I feel like I need to watch my weight a little as I don't go out now, so I try not to eat too much."*

*"There is always tea or coffee or water available, it seems no bother to ask for a drink and it comes with the offer of a biscuit too."*

*"Food is "very nice and there is a choice of what to have"*

## Activities and entertainment

There is not an allocated activity co-ordinator; two care staff spilt the role of planning activities together. The home doesn't have their own minibus but book the community transport when they arrange trips. Residents told us they would like more trips, and a visitor mentioned this also. One resident said they would like it if Trinity Fold arranged a day trip to the seaside.

During our visit some of the residents were enjoying a social coffee morning together. This takes place weekly on a Monday. A couple of residents told us they looked forward to this as it was a nice social time and a quiz. We noticed that tea and coffee and biscuits were served to residents who didn't want to get involved in the coffee morning. A staff member asking first, *"Are you joining the coffee morning today or would you like a drink here?"* We also noticed that the TV was turned off to concentrate on the quiz and social time.

The interactions during this time by the staff member holding the quiz were positive and encouraging, allowing for reminiscing about different subjects which was lovely to observe. Quiz questions led to the sharing of anecdotes, such as one about Bonfire Night which saw the staff member and residents talk about their memories when younger. The interaction was positive, and the staff member involved those at the table and those

seated around in the other chairs. The vicar arrived and joined the table, saying hello to those present and used their first names, which shows a positive relationship between visitors and residents. The activity mixed food, drink, chat, humour and memories. We observed a staff member asking a resident what they wanted to drink. They addressed them by name and said, *"You usually like a tea, is that what you would like today?"* It was lovely to see that even though they were clearly familiar with residents' preference they still checked this is what they wanted.

We witnessed a resident enjoying colouring in a book, two residents singing together and others chatting in the lounge and in the dining room. Some residents we spoke to were not sure or unable to tell us what they had been up to lately but seemed happy to chat. VE day celebrations were pointed out by one resident identifying the bunting and flags. Other activities mentioned by residents and visitors were, crafting, quizzes, bingo and a resident mentioned how much they enjoyed 'Play your cards right'.

Another resident mentioned they had enjoyed knitting previously but they were now unsure if they were still able to do this. Activities one resident said they enjoyed particularly are the historical talks provided by a guest speaker, *"It's popular with many residents, the lounge is full when he is here"*. One resident also told us that they as a group (resident group) choose to have activities in the afternoon as they prefer that to evening. One resident mentioned that sometimes there was a delay in starting activities, which was frustrating.

#### **Residents' comments about activities**

*"I join in most of the activities; I like the singing as it is from my era."*

*"During the day there is some entertainment - especially music, some are better than others."*

A visitor said that the home had celebrated VE day, the Eurovision song contest, had a silent disco and singers would visit. They said they weren't sure what activities the person they visit did if they didn't come to visit, explaining that in the past there were more opportunities to go on a trip.

A visitor mentioned that they weren't sure if there was a hairdresser or not. We discovered a staff member who was previously a hairdresser cuts and styles hair for residents in the hairdressing room when they, or their family, ask. If a resident isn't keen, staff try to encourage it or explain to the family if the resident is really against it. The manager also explained that the room could be used by visiting hairdressers.

Overall, they felt they could make suggestions for activities. Two staff felt that improvements for activities would be more outings or trips. Another felt going outside more would be good.

## Health professionals supporting the home

The home uses four different GP services; trying to keep residents with their own GP surgery if they belong to one of the four local surgeries. District nurses visit daily to support the medication for some residents. We spoke to the manager about how residents are supported with their wellbeing or mental health needs. She explained that they would be referred to the community mental health team at single point of access (SPA). Also, they use the QUEST team, a team providing support to care homes, which includes the care home liaison team of nurses, a dietitian, and access to a consultant psychiatrist. This service supports people with mental health problems who are permanent residents in care homes in Calderdale.

We were told a dentist visits from a local dental practice in Brighouse, Hewitts, providing check-up and treatment as needed at the home. This is provided on a private basis, but the price is very near the NHS check-up price. Some residents qualify for free or discounted treatment. A staff member mentioned the dentist visiting was a good thing and it works well. A resident told us they'd like to see a dentist but didn't like dentists anyway so had put off mentioning it. The mobile optician 'See you at home' visit the home as needed to provide support with eye tests and glasses. Intravenous antibiotics can be given by the urgent community response (UCR) team, who then visit daily to check it all works well together.



A resident we spoke to wondered how easy it was to access healthcare workers if they needed one, whether they're taken to the service or if the service visits them. Another resident told us a health worker had visited them but wasn't sure who but was certain the staff had managed their health needs well and the issue resolved. One resident told us an optician had visited, and they would be getting new glasses.

## Visitors to the home

There is an open-door policy for visitors, and they can dine with residents as they wish. A visitors meeting is offered at the home, but they get low numbers, but visitors will come and speak to staff if needing support at any time. We noticed the door to the manager's office was open and accessible. One visitor explained they have a relatives' group who meet outside the home, the home helped them set it up and they put a report in the newsletter. One visitor mentioned they knew how to give feedback or speak to someone or if needed would alert the CQC if concerns needed addressing.

A visitor said they felt welcomed by the home, another we noticed was greeted by staff as they passed. Visitors told us they were able to visit regularly. Residents also mentioned that their visitors or relatives can come when they want. One resident said that they enjoyed going out for a meal at a pub or café when their relative came, another said they were happy to sit downstairs and take part in the activity with them or sit out on patio area when it's nice. Visitors mentioned difficulties around coming to terms with loved ones having to live in a care home due to pressures of caring being too much and also how to find out information they need around funding worries or DNR (Do Not Resuscitate) plans.

## Staffing at the home.

Staff were all busy doing different tasks while we visited but all still seemed to have the time to say a few words with residents, and it did not feel hectic; in fact, it felt productive but calm. We noticed positive interactions

between staff and residents. All staff appeared to know all residents by name, we noticed some liked to be called their first name whilst others liked Mr, Mrs, so preferences are clearly respected. Many of the residents we spoke to know the names of staff, those who didn't told us they couldn't always remember but the badges helped. One resident said the "*Care is 'good'*", about staff support. We observed a staff member speaking with a resident who was extremely confused about where they were, or who others around them were. After seating them comfortably and making sure they were warm the staff member sat next to them for some time while settling them and reassuring them. The staff member kept them informed the whole time. It was a very caring interaction.

The staff team is made up of a mix of experienced staff (some 10+ years at Trinity Fold) and newer, younger staff. A staff member told us that turnover is lower than in other similar settings they have worked at, but they said there are regular changes because of the nature of the support worker role – new staff are fairly young and move on once gained experience or are working whilst they study then move on to a different sector. Another said it was more consistent than other places they had worked.

A staff member told us that all new starters shadow experienced staff for 6- 12 weeks. Another mentioned they don't use agency staff. Many of the staff we spoke to told us they had worked at Trinity Fold for a few years or some a long time and all said they enjoyed it. They felt they knew the residents well. One mentioned that the handovers are good as all information needed is passed on. Another said that they liked sitting in the lounge amongst residents whilst doing their paperwork (which we noticed) as they can observe residents and they remain approachable for them and other staff. The staff survey highlighted the rarity of using agency staff. They felt that it's a safe place to work and they feel comfortable speaking to a senior member of staff if any concerns arose. Training opportunities were offered, and they would give working there 4 out of 5 stars.

Staff told us what worked well:

- Adapt to change, if we see it isn't working as good, we change it to improve.
- Rarely use agency staff, it's the same staff
- Everything! "Trinity born and bred" said they have an interactive staff team.

When we asked what would improve it here at Trinity Fold

- A pay rise (while laughing)
- The paperwork – lots of paperwork 'changed to digital' not my skill but needs to be done.

#### **Staff members comments of Trinity Fold**

*"It's lovely working here".*

*"Lovely place to work, it's a nice team"*

*"Trinity Fold provides a 'very communal energy' among residents and most residents like to spend most of their day in communal areas rather than in their rooms".*

*"Supportive staff team all go out of their way to help- the manager also."*

One resident mentioned that there had been some staffing changes lately, they thought perhaps staff leaving on maternity leave. A visitor mentioned about changes in staffing but wasn't sure if it was due to some new technology being used. Another mentioned that one staff member was excellent.

#### **Resident comments about staff**

*"The staff are very, very good. I try to remember their names but don't always get it right, but they smile still. I feel well supported here."*

*"I haven't been here for a long time, so I am still learning the staff names, but they use mine. They all have badges on so that helps us. They are friendly and I've always felt they're willing to help and it's no bother."*

## Conclusion

It was nice to meet everyone at Trinity Fold. The staff were welcoming to us, attentive and friendly to residents. It was good to see that independence was encouraged and personalised care seems at the centre of plans, adapting as needed. The layout of the home was well thought out from the office opposite the entrance door to welcome visitors, to the set out of the lounge with seating in clusters to encourage socialising or relaxation.

Staff attitude was positive and enthusiastic, and we noted caring interactions between staff and residents.

It was great to hear about the many activities happening here. The activities plan was helpful to see, although we did feel it got a little lost amongst all the other information on the notice board.

The visiting team were very surprised by how peaceful the setting was due to its position near the town centre. The staff relationships were strong with residents and were a major asset to be congratulated on. It was evident that this homely environment was felt by residents and staff alike.

Our recommendations highlight some areas for improvements.

## Recommendations

Recommendations	Managers comments
The feedback shows that some residents feel that they have less interaction with staff than they would like due to support for the residents with more complex needs. We recommend looking at different ways to interact with these individuals.	Staff allocations will be looked at around our able body residents, so they don't feel like that.
The visit has highlighted that some residents are frustrated waiting for	This is on our agenda to discuss at the next residents meeting around

<p>food to be served when they are guided early into the dining room.</p> <p>-We recommend looking at solutions such as asking residents what they feel might work better. For example, delay support into the dining room for those able/that feel this way? Offer some nibbles or bread on the table to curb a hungry appetite.</p> <p>Provide an activity while waiting.</p>	<p>the dining experience and more outings.</p>
<p>We recommend that more outings are considered during the warmer months as this is what residents and visitors suggested would improve their experiences.</p>	<p>This is on our agenda to discuss at next residents meeting around the dining experience and more outings.</p>
<p>It was raised by visitors that they struggled to know where to find out information to support the resident they visit or their own wellbeing. We recommend a handy information sheet with regularly asked questions as may be useful. For example, the QUEST team may be able to help with DNR plans.</p>	<p>There is a leaflet for families with numbers to support if they need. Information can be added to this if anything is missing.</p> <p>The manager shared the leaflet with Healthwatch.</p>
<p>We feel it would be good addition to introduce a dementia clock in the main lounge.</p>	<p>A dementia clock has been ordered for the lounge</p>
<p>It was noted that some doors were quite noisy on closing. It may be an idea to look at soft-closing options on internal doors to reduce the noise in the future.</p>	<p>The front door is getting replaced so fingers crossed last of the door banging.</p>