

Barchester Healthcare Homes Limited

Trinity Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Trinity Manor is a residential care home registered to provide accommodation and personal care to up to 64 people. The home specialises in the care of older people, including people living with dementia. At the time of the inspection there were 25 people living at the home.

People's experience of using this service and what we found

People, relatives and staff told us people were safe. Risks to people were well managed in a way which respected people's rights. People's medicines were managed safely.

Staff knew how to identify and report any concerns. People were supported by enough staff to ensure they were safe. There were safe staff recruitment processes in place. Infection control policies and procedures were up to date, including COVID 19 measures. People and their relatives were very grateful about staff keeping people safe during the pandemic.

People's care needs were assessed and monitored. There were mixed views about people's and relative's knowledge or sight of care plans.

People were encouraged to make their own decisions, which were respected by staff. People were well supported if they needed help making decisions and their legal rights respected. People had good health care support.

There were slightly mixed views about the meals and drinks served in the home. Most were positive but some people thought that they could be improved.

People were very complimentary about the environment and facilities in the home. It was purpose built and finished to a very high standard.

People said they were treated with kindness and respect by staff. Each person was seen as an individual and treated as such. Relatives commented on the exceptional kindness and dedication of staff. Staff said they were well trained and felt well supported.

There was a relaxed, unhurried atmosphere at the home. There was a variety of activities, social events and trips which people could take part in if they wished.

People were able to express their views and they said they were listened to. Most relatives did not have knowledge of the formal complaints procedure but would speak with managers or staff if they had a concern.

Complaints, concerns and compliments were welcomed and viewed as part of the improvement process for the home.

There was a clear ethos for the service. People and their relatives now had confidence in the management of the home. The management of the service had been through a period of change but was now stable and the service was 'moving forward'. Good community links were being built.

People, family members and staff were involved in the service and their views were acted upon. Communication with people, relatives and staff was good.

There was an emphasis on improving the service wherever possible. There was honesty and openness about things which need to improve and if things go wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 9 December 2019 and this is the first inspection.

Why we inspected

This was the first inspection of this service since its registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Trinity Manor Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Trinity Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced. We arranged to return for a second day as the home was effectively 'closed' on the first day of our inspection due to a very small, well contained outbreak of COVID 19. Each person was being well supported to self-isolate in their own room in line with current guidance.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We reviewed all information we had received about the service and took this into account when we inspected the service and made judgements in this report. We also used this information to plan our inspection

During the inspection-

We spoke with 15 people who lived at the home, one visitor and eight members of staff about living and working at the home. We also spoke with the registered manager and the regional director. We spent time observing care and support in communal areas, saw lunch being served on both days and watched some activities taking place on the second day of our visit.

We viewed a range of records. These included three staff recruitment files, 22 medicine records and five care and support plans.

Following the inspection

An Expert by Experience contacted 14 relatives by phone to gain their views on the quality of care provided to their family members. We also requested a range of records from the provider including examples of good practice, activities, community events, quality audits and action plans, compliments, complaints, staff and resident's meeting minutes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff treated them with kindness. People looked very comfortable and relaxed in the company of staff. One person told us, "I feel safe here. Staff have been so kind." Another person said, "I feel safe and happy." One visitor said, "Feel we are leaving [name] in safe hands. Anything you ask for, they [meaning staff] are on it."
- Risks of abuse were minimised because staff knew how to recognise and report issues of abuse. Staff had received training about safeguarding people and told us they had never witnessed anything in the home which they felt was abusive. They all felt the home was a very safe place for people to live.
- There was an open culture which enabled people to share any worries or concerns with the staff and management. One person told us, "The staff always ask you if you are ok or if you are worried about anything. They can't do enough for you really."
- The registered manager worked with appropriate authorities if concerns were identified. This helped to ensure that full investigations were carried out to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were identified and minimised wherever possible. Staff used risk assessments for assessing people's risks of poor nutrition, falls and pressure damage. One care plan stated that the person was at high risk of malnutrition and measures had been put in place to minimise risks. These included ensuring meals were fortified and offering regular snacks. The staff monitored this by weighing the person each week. Their weight records showed the person's weight had remained reasonably stable.
- People and their relatives said they were very grateful about staff keeping people safe during the pandemic. One person said, "We have been very, very lucky with Covid here. So many homes have been badly affected and it was a real worry. The staff have been brilliant."
- People lived in a home where the safety of the environment and equipment were monitored. Equipment such as fire detecting and lifting equipment was regularly checked by staff and was also serviced by outside contractors.
- Personal emergency evacuation plans had been completed for people. These gave information about how people would need to be supported emotionally and physically if they needed to be evacuated from the building in an emergency.

Staffing and recruitment

- People and their relatives told us they liked the staff and thought the provider recruited the right type of person to care for them. One person had been involved in recruiting staff and would like to be involved again, post pandemic.

- People were supported by staff who had been safely recruited. Staff recruitment records showed thorough pre-employment checks were carried out before staff joined the service, including checks to ensure staff were suitable to care for vulnerable people. Gaps in employment were explored and documented.
- There were adequate numbers of staff to keep people safe and to meet their needs. On both of our visits we saw people who requested support received it promptly.
- Staff were able to spend time with people, not just when supporting them or providing care. Throughout the inspection we saw staff chatting with people or reassuring them if this was needed.

Using medicines safely

- People said they received the right medicines at the right time. One person said, "Staff who do the tablets are very good. You get them at the right time." Relatives thought medicines were well managed by staff. One relative said their family member's medicine, "Is better managed than it was at home."
- One person chose to look after their own medicines; this had been assessed as being safe for this person. Other people received their medicines safely from senior staff who had received appropriate training. This included specific training and competency checks.
- Some people were prescribed medicines, such as pain relief, on an 'as required' basis. We saw staff asked people if they needed this and respected their wishes. A pain recognition tool was also used by staff if people were unable to say if they were in pain. This ensured their pain was well managed.
- Medicine supply, storage and stock levels were well managed. Where medicines required additional secure storage and recording this was in place. Clear records were kept of the administration of these medicines. We sampled these records and found that records correlated with stocks held.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager monitored incidents and accidents at the home and took action to prevent re-occurrence. There was an audit of all accidents which looked at trends to ensure improvements were made where appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives were involved in planning their care. One person said, "They [staff] are always asking about the care I need. They check to make sure I don't need any more care. It's very good." A relative told us, "Yes, they developed her plan. I outlined her personal history which was incorporated in the plan."
- People had their needs assessed before they moved to the home. This helped to make sure Trinity Manor could meet their needs and expectations.
- Each person had a care plan. These were very detailed and contained lots of information. There were 'pen pictures' (a short document which gave essential information about people to staff) in people's rooms, which gave a very clear overview of the person; these could be incorporated into people's care plans to improve care plans further.
- Care plans gave information about people's physical and emotional needs and also their likes, dislikes, history and what was important to them. This helped staff to provide care which was personalised to each individual.
- People and their relatives knew care plans were in place and had been consulted about them, but not everyone had seen their plan. One relative said, "I ran through [the care plan] two months ago face to face with the manager and deputy. It's done every six months." Another relative told us, "I haven't seen a care plan. We did go through all her details when she first went in." The registered manager told us care plans were shared at review meetings; some people may not have had a review as yet due to the length of their stay but they would ensure people (and their relatives) saw their plan.
- People were receiving care and support in line with their needs and wishes. For example, one person's plan said it was important for them to have certain music played in their own room and have specific items available. We saw this was done for them by staff.

Staff support: induction, training, skills and experience

- People had confidence in the staff who supported them. One person said, "The staff are dedicated and caring. It is a more stable staff team now, but we have had a lot of changes. A level of intimacy and familiarity [with staff] is important."
- People were supported by staff who had received a thorough induction when they started working at the home. One staff member said, "I have to say, I had a really good induction."
- Staff received training to help them to provide good quality care, in line with up to date guidance and legislation. Staff told us they felt well trained and well supported. One staff member said, "The training is excellent. They also really support you to develop. I said I needed some help with my confidence. I now have a mentor and they also put me on a leadership and management course to help me. It has really helped me."

- One visitor told us, "I don't know what training they [staff] have but they are really good with dementia. Very good at encouraging."

Supporting people to eat and drink enough to maintain a balanced diet

- People had their nutritional needs assessed and met. Where people required, or wished to have, a specific diet this was catered for. One person said they were a vegetarian and we saw this was recorded in their care plan.
- Most people were complimentary about the food and drinks served in the home. Comments included: "Food is lovely", "Food is usually good" and "Food is very good." Some people thought meals could be improved. One person said, "I do grumble sometimes about the food. They do try to vary it but it can become a bit boring. I have had something to say at times about the portions being too small."
- People received the help and support they required to eat well. We saw people were supported and encouraged to eat. For example, one member of staff sat with a person who needed physical assistance to eat. They were kind and patient and sat with the person through the whole meal. Another member of staff used verbal encouragement with one person and this resulted in them eating their meal. Where people chose to eat in their room trays were taken to them for each course so that the main course was not left to go cold whilst they ate their first course.
- People told us drinks and snacks were always available; we saw snacks were in dining areas so people could help themselves. One person told us, "You are never hungry here. There are snacks which you can have anytime and the trolley comes round at about 8.30pm with cakes, sandwiches, biscuits and drinks."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us they were well supported with their health care. One person said, "Staff are good at seeing what's wrong and get the GP if needed." Another person told us, "The doctor comes in regularly. I wasn't well last weekend and they [staff] looked after me wonderfully."
- People saw a range of healthcare professionals according to their individual needs. People said that some professionals, such as GPs and community nurses, visited the home.
- People were encouraged to remain active to promote their well-being. One person said, "I'm fairly independent and they [staff] encourage that. They just check if I need any help."
- The staff worked with other professionals to make sure people received the care and treatment they needed.

Adapting service, design, decoration to meet people's needs

- People spoke very highly of the environment and the facilities which were available to them. One person said, "It's a really lovely home; lots of nice touches. My room is lovely, it gets the sun and looks out over the garden."
- People lived in an environment which was modern, spacious, bright and welcoming. The home was purpose built and finished to a very high standard. Facilities included a cinema room, hair dressing salon and a café area. One relative said, "Goodness me yes. It's [the home] new and sparkly. I can see her room, it's spotless and top end care."
- There were many adaptations built into the design to promote people's independence, such as wide doorways, clear signage, level access showers, passenger lifts, hand-rails and assisted bathing facilities.
- There was ample communal space to enable people to spend time in company or in quieter areas. One person told us, "I chose where to spend my time. I often prefer my own room as I like my own company but I do go to the dining room to talk to other people when I want to."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were asked for their consent before staff assisted them. For example, we saw staff asking people if they needed any help and asking for their consent before providing care.
- People were encouraged and supported to make their own decisions wherever possible. One person said, "I am fairly independent and I decide what I want or don't want. They [meaning staff] know that and respect that."
- Staff knew how to help people to make decisions if they did not have the capacity to make a decision for themselves. When a person lacked capacity to make a decision, a best interest decision was made on their behalf. For example, one person's care plan contained information regarding an assessment and best interest decision regarding them having regular testing for COVID 19.
- The registered manager had made applications for people to be deprived of their liberty where they needed this level of protection to keep them safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People valued their relationships with the staff team and felt staff went 'the extra mile' for them, when providing care and support. As a result, they felt really cared for and that they mattered. One person said, "The staff are just so, so lovely. They really are genuinely concerned about us." Other comments included, "All staff are very lovely", "The care staff are wonderful, delightful" and "Staff are fantastic, they just can't do enough for you."
- We saw very kind, considerate and patient interactions between people and staff. Staff knew people very well. There was a relaxed, unhurried feel throughout the home; staff had time to stop and chat with people. Staff changed their approach depending on the individual they were interacting with.
- Staff respected people's different personalities, lifestyles and wishes. One person told us, "They [staff] are just happy to let me be who I am, the person I was before I came here and still am now. They just know the real me; I'm so happy here." Another person said, "Staff know us well and we know them well too." One person's care plan said affection and particular soft toys were important to them. Their relative told us, "They [staff] are always sweet, polite and give her hugs. They put teddy bears on her pillow."
- Staff took a particular interest in each person, their history, interests and aspirations. One person told staff they missed playing golf, so staff purchased equipment for them to enable them to play mini golf in the grounds. Another person had worked for a well-known supermarket for over 20 years when the business was originally formed. Staff contacted their local branch and arranged for a visit from some of the staff, who also treated the person to a "wonderful hamper." A person who recently moved in mentioned to staff they had always wanted to learn how to play chess; it was something they had "never got around to." Staff bought them a chess set and helped the person to learn how to play.
- Special occasions for people were celebrated such as birthdays and religious festivals. One relative said, "They did an amazing birthday party in April for her 95th birthday. Champagne and everything." People had also been helped to celebrate 'Carer's Week' and 'International Women's Day' by staff.
- Relatives told us they thought the caring nature of staff was exceptional. Comments included, "Caring, very much so, amazing", "Exceptional in looking after her", "Very caring. To be honest I am astonished. I don't know how they [staff] all find the time" and "Yes they are incredibly caring, brilliant."
- Relatives said they were also supported emotionally by staff; this was particularly acknowledged and welcomed. One relative told us all of the staff "Go above and beyond." Another relative said, "They [staff] are lovely. Mum can be hard work. I get upset because of it. Staff see it and won't let me go home until I've had a chat. They sit me down and have a cup of tea." Another relative told us, "They [staff] know me and use my name. They say, 'come and have a chat'. They make visiting and caring much easier."

Supporting people to express their views and be involved in making decisions about their care

- Staff knew people very well, how they wished to be cared for and what was important to them. People said they felt able to express their views and they were listened to. There were a variety of ways to share their views including care reviews, daily discussions with staff and managers and by completing the provider's survey. People knew how their views had been acted upon as there were 'you said, we did' posters in the home which explained this.
- Regular meetings were held for people who lived in the home; these were organised and led by one person who had lived at the home since it opened. They were the 'resident ambassador'. The meetings enabled people to share their views about the home and their care. One person said, "Resident meetings are a wonderful, democratic way to share our views, concerns and complaints." Each person was given the minutes of each meeting so they had a record of what was said and agreed. One person told us, "We get the minutes of every meeting. I have kept all of them. We do get things done here."
- Prior to the pandemic, people had been involved in recruiting new staff. The registered manager told us this would be revived. One person who had been involved previously said, "I think it's a very good idea to have a resident's perspective on new staff and to ask some questions. It helps to make sure we get the right people. I have sat in on lots of interviews."
- People and their relatives told us they were involved in planning and reviewing their care; care was provided in accordance with their wishes. One person said, "They [staff] know what help you need. They always ask you if you need any more help, just to check." One relative told us, "At the June meeting they produced his care plan. I made comments about my father and I returned it." Another said, "I was consulted on her care plan in June this year. I made comments, I have a copy."

Respecting and promoting people's privacy, dignity and independence

- People told us staff always treated them with the upmost dignity and respect. One person said, "Absolutely, I am always respected." People decided how and where they spent their day. One relative told us, "A couple of times I've rang at 10.00am and she [their family member] asked me to ring back as she was staying in bed. It's all very relaxed there."
- Each person had their own room where they were able to spend time in private if they wanted to. Staff respected people's personal space. One person said, "I've always liked my own company so I spend a lot of time in my room. I'm perfectly happy. Staff do just knock and pop in to check if I need anything. They just know I am a very private person and like my own company."
- Staff were exceptional in enabling people to remain independent and had an in-depth appreciation of people's individual needs. Throughout the inspection we observed that people's independence was promoted. Staff encouraged people to do as much for themselves as they could but knew when people needed support. People used the café independently and the gardens. Some people went out independently. One person told us they were going out to the bank; they were driving there as they had their own car.
- Relatives told us staff worked exceptionally hard to ensure people maintained their independence. Staff were excellent at encouraging people. One relative said, "Generally [their family member] doesn't want to do anything; [staff member] is fantastic and encourages her." Another relative told us, "We were concerned [their family member] was spending too long in bed. They put a plan in place to encourage him to get up." We saw there was ongoing support for this person including liaison with their GP to ensure they could retain and maximise their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had care plans which explained their individual needs and wishes. These contained information about people's history, lifestyle, interests and the people important to them. Staff knew people well. Each person's care was focused upon in detail once a month as they were 'resident of the day'. Their care plan was reviewed and updated on this day or earlier if their needs changed.
- People said they continued to make decisions about their day to day care. One person said, "I chose what I do and what care I need. I'm fairly independent and I'm happy with that." Another person told us, "Choose what you do. Can get up when you want to."
- People were able to follow their own routines. They said they made choices about all their day to day lives. During the inspection we saw people were constantly offered choices about what they wished to do and where they wished to spend their time.
- Staff treated everyone as an individual and provided personalised care and support. One staff member said, "We know people well and try to involved them and let them make their own decisions as much as possible."
- People could be confident that at the end of their lives they would receive kind and compassionate care. Some people and their relatives had discussed their wishes and these were recorded in their care plan. If people had felt unable to discuss this aspect of their care this had been respected. One relative said, "We have discussed end of life [plans]."
- Staff worked well as a team and with other professionals to make sure people received end of life care in accordance with their wishes and needs and their relatives received the support they needed. One family had sent thanks to the staff team for the care provided. They said, "Thank all the staff at Trinity Manor for the kindness, support and understanding they showed us. We really appreciate the consideration that was given to the family at this very difficult time."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with their friends and relatives. During the COVID-19 pandemic staff had followed all government guidelines regarding restrictions on visiting. However, staff ensured that people were able to keep in touch with those important to them. One person said, "When we were all closed down my daughter stood outside. We talked on the phone too."
- People and their visitors had a range of options available to ensure they could meet safely. Some people saw visitors in the garden, some in a safe visiting area and others chose to have closer contact visits in the home. This helped people to maintain their relationships. One relative said, "It's a proper coordinated system, the current protocol." Another relative told us, "I could do Zoom meetings. It's now visits mainly. I

usually go to her room; it feels very safe when I do."

- Some people had formed friendships between each other. We saw people chatting in passing and people sat together chatting, clearly enjoying each other's company.
- People had access to a wide range of social events and activities. There was an activities programme which took account of people's interests and hobbies. People told us they enjoyed the activities at the home, but there was no pressure to join in if they chose not to. Comments included: "We do have a variety of things going on", "The new activities people seem very good" and "They know I prefer my own company but they always ask me if I want to join in."
- People were encouraged and enabled to follow their hobbies and interests. People told us about various things they enjoyed such as listening to visiting musicians, taking part in exercise sessions, having 'themed talks' (such as the World War Two talk), virtual tours and pet visits.
- Trinity Manor was becoming an established part of the local community. There were already good links with a local school. We were told of future plans, such as developing the recently launched 'Trinity Café', which allowed those living locally who are living with or caring for someone who's living with dementia, to have "a safe place to come and meet with other for friendship and support."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed before they moved to the home. This helped to ensure that all staff had information they needed to communicate effectively with each person.
- Information in the home could be translated into different languages and formats to meet people's different needs if this was required.

Improving care quality in response to complaints or concerns

- People said they knew they could complain if they wished to. No complaints were raised during our inspection. One person had some suggestions for improvements which they had been happy to raise at resident's meetings. There had only been one formal complaint in the past year. This had been responded to in line with the provider's policy.
- None of the relatives spoken with had ever needed to complain but knew who to speak with if they were unhappy. One said they had raised a concern which was dealt with straight away to their satisfaction. Most relatives said they had not seen the provider's complaints policy. The registered manager told us following the inspection they had emailed all relatives regarding the official complaint procedure. There was also a copy of the procedure in the home's hallways and in each person's 'welcome book'.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People lived in a home where the registered manager and the staff team promoted a positive and inclusive culture. People were seen as individuals and treated as such. They were supported to continue to live full and rewarding lives.
- Staff understood the ethos of the home and worked in ways which supported it. They told us they thought the registered manager led by example; they listened to people and to staff. One staff member told us, "It's a home from home, as much as we can make it; it is really inclusive, bringing everyone [people, relatives and staff] together."
- Staff morale was currently good which led to a happy environment for people to live in. The home had been open for just over a year and there had been three registered manager changes in that time. This, and other staff changes, had been difficult and unsettling for people, relatives and for staff. One person said, "It has been like 'Piccadilly Circus' here, the turnover of managers and staff. It is much more stable now though." A relative told us, "The care staff have had to ride out the manager changes. The new manager fits in very well."
- Staff welcomed the stability the latest registered manager had brought to the home. One staff member said, "We have had a rocky time, but it is feeling a lot more positive and stable now. We are all invested in the home." Another staff member told us, "All the changes have been difficult for the people and the staff who have been through it. I feel very happy and optimistic now. It feels like we are in really good place."
- Each relative spoken with praised the staff, the registered manager and the care provided. Comments included: "Totally happy with the care, I can't imagine anything better", "Without a shadow of doubt, he's in the best place" and "I looked at ten homes, Trinity was by far the best. Chose Trinity, head and shoulders above the rest, and I would still say that now." The home had received several written compliments which praised the staff and the quality of care they provided. It had also been scored highly in over 20 reviews on a national care website.
- The registered manager and provider were open and approachable. They listened to comments from people and took action if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People lived in a home where there was a clear staffing structure and lines of accountability and responsibility. There was always at least one senior member of staff on duty who was able to monitor

standards of care and to help with any accidents, incidents or concerns.

- The registered manager and deputy manager were very visible in the home which enabled them to constantly monitor practice and seek people's views. People knew the registered manager and deputy manager well; we saw people and staff speaking with them throughout our visits.
- People lived in a home where the quality and safety of the service was monitored. The registered manager and provider carried out regular audits and took action to address any shortfalls identified. The home was also supported by a regional director. They had oversight of the home and were able to support the management team in both the running of the home and in making improvements.
- The registered manager was clear about their role and regulatory requirements. The registered manager communicated with the Care Quality Commission and other appropriate agencies when necessary. They also notified relevant bodies of significant incidents promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and the provider made sure people, relatives and the staff team were involved in the running of the home and kept up to date with changes. Relatives told us communication with them was very good; they felt they were kept up to date. One relative said, "They write very regularly from the home. Always good communication. Secondly, they have relative's meetings and issue minutes. We are super sensitive to communication."
- The provider had systems to seek people's views, which included regular meetings with people who lived at the home organised by the resident ambassador.
- The provider had also organised 'virtual events' during the pandemic. This helped to make sure people had opportunities to share their experiences when visitors to the home had been limited. One relative said, "It's been very good, they have sent out emails and letters advising of changes as they happened. They laid on 'Zoom' calls for all relative's meetings every quarter."
- People benefited from a staff team who worked in partnership with other professionals to make sure people received the care and treatment they required. The home was supported by a local GP practice who saw people who were unwell and carried out reviews.
- People were part of the local community because staff were building good links with community organisations and with the home's neighbours. For example, last Christmas people and staff members delivered mince pies and mulled wine to the home's neighbours. At the start of the pandemic, cream tea boxes were delivered to the home's neighbours "as a special gift from all the residents." In preparation for this coming Christmas, staff had linked with Sherborne's Artisan Market and had booked 12 market stall holders to come and set up in the home's car park in November, along with the Salvation Army brass band. Staff had also invited a local school to join this event and they hoped the school choir would perform.