MNP Complete Care Limited

Tristford

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Tristford is a residential care home that accommodates up to 12 adults who have a learning and or physical disability. The service is a large, converted property. Accommodation is arranged over two floors and there is a lift to assist people to get to the upper floor. At the time of the inspection there were 11 people with physical disabilities living at the service.

People's experience of using this service and what we found
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support
● People had choice and control over their lives. They set goals with staff and were supported to develop and maintain their independence.

Right care
● People planned their care with staff and told us staff supported them in the way they preferred. People were supported to maintain relationships with their friends and family and make new friends when they wished. They told us they had privacy and staff treated them with dignity and respect.

Right culture
● People were supported by experienced staff they knew well. There was a clear ethos of care with all staff valuing people's independence and autonomy. This was supported by the registered manager and provider. One person told us they had "freedom" to do what they wanted.

People told us they felt safe living at Tristford. One person told us, "I couldn't live in a better place". Staff knew how to identify and report any safeguarding concerns. People were confident to raise any concerns they had and told us staff always acted on concerns they raised.

There were enough staff with the skills and competence to meet people's needs. People described the staff as "brilliant", "fantastic" and "I couldn't ask for better people".

Risks to people had been identified and assessed. Action had been taken to support people to remain

independent and any risks associated with this had been assessed and reduced. Lessons had been learnt when things had gone wrong and the provider had taken action to prevent similar incidents occurring again. People's medicines were managed well, and they received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The registered manager knew when and how to apply to deprive some people of their liberty in their best interests. People were not restricted and were free to come and go as they pleased.

The service was clean, and people were protected from the risk of the spread of infection. People's rooms had been personalised and they considered the service to be their home.

The service was led by the registered manager. Staff felt supported and were clear about their roles and what was expected of them. Checks on the quality of the service were completed regularly and action was taken to address any shortfalls found. People, their relatives and staff had been asked for their feedback on the service and this had been used to make improvements.

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

Rating at last inspection
The last rating for this service was good (11 April 2019).

Why we inspected
This inspection was triggered in part by potential risks around the management of the service. Since our last inspection the directors of the company have changed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tristford on our website at www.cqc.org.uk.

Recommendations
We made a recommendation about involving people in the selection of new staff.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Tristford

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 Health and Social Care Act 2008.

Inspection team
This inspection was completed by one inspector.

Service and service type
Tristford is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tristford is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people about their experiences of the service. We spoke with five staff including the registered manager, nominated individual and three care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records, multiple medication records and two staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Tristford. One person told us staff always put their call bell in the same place at night so they could use it when they needed to. This gave the person reassurance they could always summon support when they wanted it.
- Staff had completed safeguarding training and knew how to identify risks of abuse. Staff were confident to raise any concerns they had with the registered manager or provider and were assured these would be addressed. One staff member told us, "I would take it all the way to the top if I had to". Staff knew how to whistleblow concerns to outside agencies such as the local safeguarding team and police.
- The registered manager had shared any safeguarding risks with the local authority safeguarding team and the Care Quality Commission.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported to take risks and remain as independent as possible. Some people told us staff encouraged them to transfer between their bed, wheelchair and other equipment without support. We observed people moving around the building without staff support, including using the lift and going out into the garden. People smoked safely in the garden and made their own drinks.
- People told us they felt safe when staff supported them to transfer using hoists. Guidance was in place for staff about how to move people safely, including the type of hoist and sling.
- People with epilepsy were supported to remain safe and well. Staff explained the action they took to support people with epilepsy. They knew when to administer emergency medicine and call for medical support. A trained staff member was always on duty to administer the medicine and detailed guidance was in place for staff to refer to.
- People were protected from the risks of choking. Staff identified any concerns, such as people coughing whilst eating, and contacted their GP. They worked with people and their health care professionals to plan how risks were mitigated, including when people made unwise decisions not to follow professional's advice. Staff followed speech and language therapist's guidance to modify the consistency of some people's drinks. When required people used adapted cutlery and crockery to eat and drink safely.
- Action had been taken to mitigate the risks of people falling. Some people used bedrails to keep them safe at night. Other people used pressure mats to alert staff they were at risk. When people were at high risks of falling staff monitored their needs and reminded them how to stay safe.
- Accidents and incidents were recorded and analysed to look for patterns and trends and plan any action required to reduce risks. No patterns had been identified and accidents and incidents were rare. This was despite people being encouraged to take planned risks.

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

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. People told us they enjoyed going out and planned where and when they went. They were able to come and go as they pleased. When people needed, staff supported them.

Staffing and recruitment

● People told us there were always enough staff on duty to offer them the care they needed. Our observations during the inspection confirmed this. Staff responded promptly to call bells and requests for support. One person told us, "My support worker does everything with me, we go shopping and out and about". They told us the support they received during the Covid-19 pandemic was "superb".

● The registered manager kept staffing levels under review, and these were altered to reflect any change in people's needs. People told us their preferences for staff to support them with particular tasks were respected. For example, one person told us they preferred a particular staff member to support them to have a shower, as they could do the person's favourite hair style. Another person liked to have the same staff member to support them throughout the whole day.

● People were protected by robust staff recruitment processes. Checks, including Disclosure and Barring Service (DBS) checks, had been completed to ensure staff were of good character and had the skills required to fulfil their role. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We would recommend the provider consider recognised guidance to involve people in the selection of new staff. This is to give people greater control and influence over who will support them.

Using medicines safely

● People's medicines were managed safely. They told us they did not want to manage their own medicines and were happy to let staff do this. People had shared their preferences for taking medicines with staff and staff followed detailed guidance around this. People knew what medicines they were taking and why. People safely managed some medical equipment without staff support.

● Some people had medicines prescribed 'when required' such as pain relief. Staff followed detailed guidance about what the medicine was prescribed for, how often it should be taken and the maximum dose in a 24-hour period. Records showed people received their when required medicine only when they needed it and did not take them regularly.

● Medicines were ordered, received, stored and disposed of safely. Records relating to medicines were complete and up to date.

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.

People were supported to see their friends and family safely and without restrictions. They told us they received visitors regularly and enjoyed spending time with them in their bedroom or the garden. People were also able to go out to their family and friends when they wanted.

Good

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The provider and staff team had a shared ethos to empower people to remain as independent as possible and have control over their lives. People gave us many examples of this including following people's lead at mealtimes and only providing support when it was requested. One person managed their healthcare needs including making appointments and attending telephone consultations. Another person told us staff, "[Staff] do what I want them to do".
- When people were in relationships with each other staff supported them to spend time together. Staff worked with people and social care professionals to ensure people gave informed consent and had privacy.
- People were respected as individuals and staff had taken time to learn about people's cultural and spiritual needs. This included any dietary requirements and communication needs. Information was available to people in ways they understood, such as pictures and their first language. Staff had found health care professionals who spoke people's first language to help them understand about their treatment.

- Staff felt appreciated by the registered manager and their colleagues. The provider had recently introduced a staff reward scheme with one nominated staff member receiving a thanks you card and gift each month.

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

- The registered manager and staff worked well together to support people to achieve their goals. The staff team felt supported by each other and the registered manager. The registered manager was supported by the staff team and the nominated individual. Staff morale was good.
- Staff were clear about their roles and were reminded of these at staff meetings. Systems were in place to make sure all staff were informed of any changes or reminders. Staff were confident to speak with us and provided us with all the information we needed.
- The provider and registered manager understood their responsibilities as registered persons. The Care Quality Commission had been notified of significant events that had happened at the service. The quality rating for the service was displayed on the provider's website and at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Systems were in operation to gather feedback from people, their representatives and staff. In response to a survey in March 2022 people had fed back staff were kind and respectful, they were given privacy and treated with dignity and they felt safe. Feedback from people's representatives was also positive. The registered manager and nominated individual spent time speaking to people and used suggestions people made to improve the service. Some people wanted a pet dog. The registered manager explained to people it was not possible to have a pet dog but they were arranging for a therapy dog to visit people.
● Staff had feedback that they wanted improved opportunities to train and progress and that people would benefit from a wider range of activities. This feedback had been included in the provider's improvement action plan. Staff were also asked for their views at regular staff meetings.
● Plans were underway to invite an independent consultant to meet with people to gather their feedback, suggestions and listen to any concerns they had. The aim of this was to support people to raise concerns or make suggestions people may not be confident to share with staff.

Continuous learning and improving care
● The registered manager and provider had recognised the system they had in place to record and review accidents and incidents was not as robust as they would like. Plans were in place to change the system to include further checks from the nominated individual and to track the time and place of accidents. This would make it easier for the registered manager to identify patterns and trends and plan actions to mitigate risks.
● The registered manager had plans in place to support staff to further develop their record keeping skills. This included the importance of keeping accurate and detailed records and how they may be used by other professionals.
● The registered manager used comments and complaints to develop the service. A formal complaints process was in place but had not been used. However, people were confident to raise any concerns with the staff and manager. Two people had raised concerns that their bedrooms did not meet their needs. Following consultation with both people a room swap was planned for shortly after our inspection when staff were available to move furniture.
● Systems were in operation to continuously review and improve the quality of the service. A recent review of people's care plans had highlighted people had not been formally involved in developing their care plans and action was planned to address this. Other improvements included regular reminders to staff about the need to support people to take risks to empower and support their independence.

Working in partnership with others
● People are supported to be part of their community and work with others. This included being involved in a sponsored walk for a children's charity. People and staff got together with local community organisations and schools to put their Covid-19 pandemic reflections into a time capsule and bury it in the grounds at Tristford. People told us they enjoyed taking part in these events.
● The registered manager and staff worked with other professionals to ensure people could remain living at Tristford at the end of their life it that was what people wished. They advocated for people where they had made their wishes known. Plans were put in place to meet people's changing needs such as working with community nurses to support people to remain pain free and comfortable.
● The registered manager worked with funding authorities to ensure people were supported by the correct ratio of staff. For example, when people were at increased risk of falling or wished to go out, the registered manager negotiated to make sure funding was in place for this.