M N P Complete Care Group

Tristford

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

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. The previous inspection took place in 27 May 2014, and there were no breaches with the legal requirements.

Tristford provides care and accommodation for up to 12 people with a physical disability. This may include people who have, for example, had a stroke, or who have illnesses such as multiple sclerosis.

The home is run by a registered manager, who was present on the day of the inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

Summary of findings

We met all of the people who lived in the home and were able to have conversations with most of them. Some people did not have verbal communication but were able to express themselves using communication books and facial expressions. People said, or indicated to us, that they felt safe in the home; and if they had any concerns they were confident these would be quickly addressed by their key-worker in the first instance, or by the registered manager.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). None of the people in the home had been assessed as lacking mental capacity, although the registered manager told us that a referral was being made to a dementia consultant for a person to be assessed.

Staff had been trained in safeguarding vulnerable adults, and discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse.

The home had clear risk assessments in place for the environment, and for each individual person who received care. People had restricted mobility and we saw that individual risk assessments had been implemented and were in use for different pieces of equipment.

People spoke highly of the staff and said “The staff are very good”. Another person said “If I call the staff with my buzzer they always come to me straightaway”. Staff were on hand throughout the inspection to assist those who required help in moving around in their wheelchairs. We saw that staff engaged well with people who lived in the home. We found that staff had suitable training and experience to meet people’s assessed needs; and the staff encouraged people to make their own choices and promoted their independence.

Staff files that we viewed contained the required recruitment information. New staff were taken through a comprehensive staff induction programme which included basic training subjects. They worked alongside other staff until they had been assessed as being able to work on their own.

Medicines were managed appropriately, as policies and procedures were carried out correctly. One of the people who lived in the home said “I always get my medicines on time”.

People said that the food was good. The menus provided a varied and nutritious diet.

People and their relatives told us that they were involved in their care planning, and that staff supported them in making arrangements to meet their health needs. Care plans were amended immediately to show any changes, and were routinely reviewed every three months to check they were up to date.

The building had been modernised inside to provide a spacious living/dining area, and the gardens were enclosed and had been adapted for wheelchair users. People were encouraged to take part in activities and leisure pursuits of their choice, and to go out into the community as they wished. The home provided a minibus with wheelchair access to support this.

There were suitable numbers of staff to meet people’s needs throughout the day. People said that the staff supported them well, and did not rush them.

People were familiar with the home’s complaints procedure. They were confident that if they raised any concerns or complaints that these would be dealt with promptly by the staff or the registered manager.

The registered manager had a visible presence in the home, and supported the staff on a daily basis. Staff said that the manager gave them clear instructions and guidance for any changes that were needed in the home, or that related to individual people’s care needs.

There were systems in place to obtain people’s views, including meetings and the use of questionnaires. Action was taken in response to people’s views. People said that the registered manager was “Always available” if they wished to speak with her, and they found her approachable. There were quality auditing systems to monitor the home’s progress.

Summary of findings

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. People told us they felt safe, and were well supported by the staff.

People's safety was promoted through staff's understanding and application of safeguarding procedures. Any concerns were taken seriously and were appropriately investigated and addressed.

The manager and staff showed that they understood what they were required to do if someone lacked capacity to understand a decision about their life.

The premises were suitably maintained and equipment was checked and serviced.

Is the service effective?

Good

The service was effective. Staff were knowledgeable about the people in their care, and were suitably trained to deliver care effectively.

People were supported to eat and drink sufficient amounts to meet their dietary needs. The food provided a variety of choice and was attractively presented.

Staff ensured that people were provided with on-going health support, and contacted other health professionals when this was needed.

Is the service caring?

Good

The service was caring. People told us that the staff maintained their privacy and dignity and treated them with respect and gentle affection. We saw that people enjoyed the friendly support of the staff, and were relaxed in their company.

People were encouraged to make their own choices about their lifestyles.

Is the service responsive?

Good

The service was responsive. People were fully involved in their care planning, and care plans were regularly reviewed, and promptly amended if there were any changes in their health care needs.

The staff listened to people's concerns and complaints, and took action to address these when it was necessary.

People were supported to take part in activities of their choice and to access the local community.

Is the service well-led?

Good

The service was well-led. The registered manager and her deputy were accessible in the home throughout the week, and people said that they could talk to them at any time if they had any concerns.

There were effective systems in place for obtaining people's views, and for monitoring the quality of the service provided.

Tristford

Detailed findings

Background to this inspection

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service; and the expert on the team had knowledge and understanding of people with physical disability.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information, and we looked at previous inspection reports and notifications received by the Care Quality Commission. We obtained feedback via telephone calls and e-mails from a commissioning council officer, and from visiting health professionals.

We met all of the 12 people who lived in the home and had conversations with eight of them. Some people had non-verbal communication but were able to share their views with us using communication aids such as individually prepared books with pictures and photographs in them. We talked with one relative who was visiting; six staff members; the registered manager, and one of the company's management team.

During the inspection visit, we reviewed a variety of documents which included two people's care plans and accompanying folders; two staff recruitment files; the staff induction and training programmes; staffing rotas; medicine records; environmental and health and safety records; quality assurance questionnaires; and some of the home's policies and procedures.

Following our visit we spoke with two health care professionals who were involved in the care of people who lived in the home. They were very positive about this service and commented, "I think it is a very good home"; and "This home provides a very positive experience for the people who live there."

Is the service safe?

Our findings

People told us that they felt safe living at Tristford, and were confident in the care given to them.

We saw from training records that all of the staff had received training in safeguarding adults. Staff demonstrated in conversations with us that they understood the training they had received, knew the different types of abuse to be aware of, and knew how to apply their training. Staff praised the quality of their induction training, and confirmed that they had received safeguarding training. Staff had regular updates with this training. The manager discussed the processes they would follow if any abuse was suspected in the home; and explained that she was familiar with the local Kent and Medway safeguarding protocols and the Kent County Council's safeguarding team.

The manager and senior staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The manager told us that none of the people in the home lacked the mental capacity to make their own decisions, or had their liberty restricted. One person had been referred to a dementia consultant for a review of their mental capacity, and the manager expressed her understanding of the processes to follow if the assessment showed a lack of capacity. This would include 'best interest' meetings with the person's next of kin, and health and social care professionals for any complex decisions about their care and welfare.

People said that there were enough staff in the home to support them. One person commented that they thought that "Staffing levels were just about right". Another person told us, "Whenever I call staff using my buzzer they always come straight away." The home provided four care staff to support people during the day shifts and two at night. Additional staffing during the day included the manager or deputy, a chef, and domestic and maintenance staff. The company employed a physio aide part time to carry out individual daily exercises with people, following the instructions of a physiotherapist. This provided a suitable skill mix to meet people's needs. The care staff that we spoke with said that, while the day was always busy, they felt that staffing levels were satisfactory.

Staff recruitment records contained the required information. We saw from two staff files that the recruitment procedures included checks for applicants' identity including a recent photograph; two written references; a full employment history with any gaps in employment discussed; and Disclosure and Barring System (DBS) checks. Applicants were asked to show proof of any previous training. Interviews were carried out and an interview record was retained. Successful applicants were required to complete a detailed induction programme and probationary period over the first 12 weeks. We saw that written assessments were included as part of the training programme, and were discussed with the manager or deputy to ensure that the new staff member understood their training and were competent in the area of work concerned.

The home had safe procedures in place for the administration of medicines. One of the people in the home told us "The medicines management is very good: I always get my medicines on time". We saw that medication administration records had been accurately completed for the previous month. Medicines in use were stored in a locked medicines trolley which was locked and secured to a wall when medicines were not being administered. Medicines for external use were correctly stored separately from internal medicines. The home had two additional storage cupboards. We saw that these were clean and in good order. A metal cupboard with a second inner cupboard was used for the storage of controlled drugs. This did not conform to the regulations for the safe storage of controlled drugs as the metal cabinet was not fixed to the wall with the required fixings. However, the company's senior manager confirmed that the company would take prompt action to address this.

The home included a wide variety of equipment such as overhead tracking hoists, manual hoists, assisted baths, over-toilet chairs and grab rails. Records confirmed that there were suitable systems in place for keeping equipment clean and serviced.

We saw that there were environmental risk assessments and health and safety checks in place to maintain people's safety. People's own care records included individual risk assessments in accordance with their specific needs. For example, we reviewed records for a person who was at risk of falling out of bed due to a partial paralysis. Their care plan included details of their adjustable bed and the height at which it should be set; and risk assessments for the use of bed rails to prevent falls from the bed. Other care records

Is the service safe?

included details of different equipment in use, and gave instructions for staff in how to use this. For example, a person who required a hoist to transfer them from bed to chair, or armchair to wheelchair, provided details of which hoist should be used, the size of the sling hoist, and instructions that two staff should assist. Each person who required support with moving using a hoist, had their own individual hoist slings provided; and the home had additional shared slings to use in case of need, for example, if a sling was being washed.

We reviewed accident and incident records and saw that these were correctly completed by staff, and were assessed by the manager. Monthly audits were carried out so that any trends could be quickly identified and dealt with accordingly.

Is the service effective?

Our findings

The staff at Tristford ensured that people's needs were assessed, and that care and support was given in accordance with their needs and preferences. The staff were able to talk knowledgably about people's care and knew the best ways to support them with their physical and emotional needs.

Staff told us that they were supported through regular individual supervision, yearly appraisals, and staff meetings. We saw from reading minutes of a recent staff meeting that they were able to discuss areas of good practice, share their views, and express any concerns. Training records confirmed that they were kept up to date with relevant training subjects such as fire safety, moving and handling, infection control, food hygiene and first aid. Moving and handling training was taking place on the day of our inspection visit. New, or less experienced, staff commented that they felt very well supported by their more experienced colleagues. One staff member said, "The management always tell us to never hesitate in asking for advice or support".

We observed that there were sufficient numbers of staff to assist people at meal times, and that lunch was conducted in a relaxed manner that responded to the pace of individual people. The meal time was seen to be a time for good natured banter between staff and people who lived in the home. Meal portions were seen to be appropriate. Where necessary, people were assisted with eating and drinking. This included cutting up people's food for them, and the use of specialised equipment and plate guards to maintain people's independence as far as possible. People could choose to eat in the dining area or in their own rooms.

People were offered two menu choices at lunch time, in addition to a vegetarian option if desired. They generally expressed their satisfaction with the quality of the food. We noted that fruit, and a variety of cold drinks were available in the living area throughout the day, and we saw that staff frequently offered people hot drinks or biscuits/snacks. Visitors said that they were always offered drinks on arrival.

The chef told us that he discussed proposed menu changes with people in the home. We saw that the menus provided a good variety to promote a nutritious diet for people. Most of the food was home-cooked, and included home-made cakes. We saw that staff carried out nutritional assessments for people, and obtained advice from health professionals such as dieticians where this was needed.

People were supported with attending healthcare appointments such as those to the dentist, doctor or optician and hospital appointments. They were supported to attend these using the home's minibus which took up to four wheelchair users and four other people. Some people became frustrated at times due to their inability to communicate verbally, but we saw that staff had insight into their different communication methods and were able to gain an understanding of what they wished to say. People had been referred to other health professionals such as speech and language therapists to explore different methods to aid communication for the individual people concerned. Other health care professionals involved in people's care and support included a neuropsychologist, a stroke specialist nurse, occupational therapists and a physiotherapist. These health professionals visited people in the home on a regular basis.

The building had been adapted inside to provide a spacious living and dining area which enabled people to move about as independently as possible. All of the people in the home were wheelchair users, and some were able to use powered wheelchairs. The home had wheelchair access at the front, and to the garden at the rear. This was a landscaped garden which was fully enclosed to promote people's safety.

We saw that people's rooms were spacious and well decorated. The rooms were furnished in a manner that enabled people to display their personal possessions and photographs, and items that were important to them. People told us that they were consulted about the furnishings and decor. One person was having their bedroom redecorated during the following week and had chosen the colours and type of décor that they preferred. People told us they were very happy with their accommodation.

Is the service caring?

Our findings

We met all of the people who lived at Tristford and had conversations with eight of them. Some people were able to talk to us, whilst others shared their views through the use of communication books, and signs and facial expressions.

People told us that they were happy living in the home. Comments included: "The staff look after us very well"; and "They really look after me well; it is very good here." One person told us briefly about a holiday cruise they had been on in the previous month to Norway, with two of the staff and another person who lived in the home. They said "It was wonderful". Another person's family member had responded to a recent questionnaire with a comment that their relative had reached an older age, and that "This is entirely due to the standard of care and attention that he receives from the team at Tristford." Another relative commented "All of the staff at Tristford are polite, friendly and helpful. The atmosphere is always good." A Social Services commissioning officer who had recently visited the home, spoke very positively about the atmosphere in the home, and the responsiveness of staff to people's needs.

We saw that the staff treated people with respect and supported their privacy and dignity. They knocked on people's doors before entering; or where people liked their doors to be left open, the staff knocked and called to them before entering the room. All the people we talked with were very positive about the caring standards of the staff, and confirmed that they felt that they were treated with dignity and respect. One person said "The staff are very caring, they provide all the assistance I need", adding "I don't think there is anything they could do better".

We found that people felt that their viewpoints were taken into account. For example, one person had commented on a questionnaire that they thought the hallways needed "Redecorating and freshening up". The company had reviewed this, and an action plan had been put in place for the premises to be redecorated, refurbished and have new carpeting for the hallways and communal areas during the coming months.

The home provided suitable facilities to promote people's privacy and dignity and to meet their preferences. This included two bathrooms with assisted baths; a shower room with a changing bed; and disabled toilet facilities. We saw that people were supported to dress in accordance with their individual wishes. One person had had difficulty in accessing a hairdresser to carry out the hairstyle they preferred. They were pleased that the registered manager had located a hairdresser who was able to visit the home and provide the hairstyle of the person's choice.

The manager had prepared an 'end of life' folder which included a wide variety of information and reminders for staff about how to provide care for people at the end of their lives. This included taking note of people's preferences about staying at home or going to hospital in the event of serious illness; pain management; managing discomfort such as nausea or vomiting; respiratory problems; helping people with agitation, restlessness and anxiety; maintaining people's comfort; and providing spiritual care. The provider information sent to us prior to the inspection identified that one person had decided to prepare a 'funeral plan', and had been supported through this process. Several other people had shown an interest in this, and the manager was assisting people to meet with her and family members to discuss this and make arrangements as people wished.

Is the service responsive?

Our findings

People told us that they were able to get up and go to bed at the times they wanted to, and were supported in their individual decisions. We saw that their consent had been obtained for support with their care and treatment. For example, people had informed staff if they had a preference for male or female staff to deliver some specific medicines, and had signed to confirm their decision.

Each person had a keyworker who maintained the responsibility for keeping the person's care plan up to date. Care plans were routinely reviewed by the manager every three months, but were altered in between this as needed. People's relatives were invited to take part in care plan reviews where this was people's expressed wish.

We saw that daily records were completed by the staff, and provided a picture of the person's day. This included the personal care given, the person's mood, activities carried out, health needs, and the nutrition they had received. The daily records were correctly signed and timed and dated. Staff had handovers between shifts, to ensure that staff were kept up to date with people's changing needs.

We observed that staff asked people where they wanted to go, and what they wanted to do, and supported them with their individual decisions. On the day of our visit, we saw that some people wished to access the garden; some people wanted to stay in their rooms; and others wished to socialise in the lounge/dining area. People were supported in going out of the home. The premises were opposite to a local park and close to the town centre. Staff accompanied people to the places where they wished to go. We found that people had been assessed for their safety in accessing the community unaccompanied. One person who had been assessed as able to do this, had asked for staff to accompany them as they found it preferable to be accompanied by staff. The staff arranged day trips for people on a regular basis, and this included trips to places of their choice, such as to Deal pier, to France, and to local places of interest, cafes and restaurants. We were told that staff sometimes gave up their days off to take people out.

Staff were familiar with people's likes and dislikes in regards to their personal care, hobbies and interests, outings, holidays and activities in the home. For example, we saw from one person's care plan that they 'usually like a bath in the afternoon'. Another care plan showed that a person liked to watch television in bed in the evenings. One person told us that they liked to help the gardener with the patio tubs. People confirmed that there was a rich programme of activities to suit their individual needs, and that they were encouraged to go outside the home. A number had been bowling the previous week. There were good links with the local community, and people were supported to attend churches if they wished to do so. We saw that people's life histories and details of their family members had been recorded in their care plans, so that staff could get to know people's backgrounds and previous lifestyles to care for them effectively.

People's views were obtained through day to day conversations; through residents' meetings; and through the use of six-monthly questionnaires. We saw that each person who lived in the home had completed a detailed questionnaire during the last few months. Some people had been supported by a relative or their keyworker to complete these as they wished. The questionnaires had included questions about respecting people's privacy and if their wishes were reflected in their care plans; the general decor of the home and the appearance of people's own rooms; the overall cleanliness of the home; the facilities, and food and nutrition. The results showed that overall people had rated these areas as 'very good', with a few rating some areas as 'satisfactory.'

People said that staff were patient in listening to their views and responded well to them. They were confident that they could raise any concerns and that these would be addressed promptly and effectively. Each person had a copy of the complaints procedure attached to the inside of their wardrobe. Staff told us that people who lacked verbal communication would point to this if they had any concerns, so that the staff could work out with them what their concern was and how to deal with it. The complaints procedure was also on display in the entrance hall of the home where it was easily accessible to people. It included contact details for the company's senior management, for local Social Services, and for the Care Quality Commission. The manager told us that there had been no formal complaints made during the last year. There were systems in place to investigate complaints and to respond to them appropriately.

Is the service well-led?

Our findings

All of the staff that we spoke with commented favourably about the positive atmosphere in the home, and the positive team spirit that motivated the staff. Staff said that the registered manager had an open door policy and was always available to them. New staff members had supervision after six weeks with the manager, and again after 12 weeks. This enabled her to assess how well the staff member understood their role, and how effective their training had been. There was a formal, structured supervision programme, and all of the staff had a named senior staff member for their individual supervision. This meant that they knew who to go to discuss specific areas of concern or training needs. Individual supervision supported staff in raising any concerns in privacy.

Staff meetings were planned on a regular basis, but could be called urgently if there was a need for any specific discussions to take place. Staff meeting minutes showed that these meetings were well attended. The company had monthly managers' meetings for managers of their homes to meet together and discuss items of interest, recruitment, training needs, and examples of good practice. This provided managers with a supportive framework. People who lived in the home, and staff, commented positively about the effectiveness of the senior management. The registered manager and a senior manager from the company were in the home throughout our visit, and we observed that they were open, transparent, and responsive to people and staff. One staff member said, "I cannot say more: I would be happy for my sister to move in here".

The company had systems in place for monitoring the management of the home. This included weekly and monthly audits for different aspects of the work. Ongoing audits were carried out for care plans, the environment, health and safety, infection control, medication and accidents and incidents. The manager monitored people's skin care and pressure areas, and was proud to share that no one who lived in the home had suffered a pressure ulcer in the 17 years of the home being open. Quality assurance questionnaires were given out every six months so as to keep monitoring people's views. Friends and relatives and health professionals were invited to share their views at any time.

The manager stated that the senior staff spoke to each person individually each day, so as to give them the opportunity to share anything with them. She had good links with other health and social care professionals including the local authority and the Social Services safeguarding team.

The company had a staff bonus scheme, whereby staff could be nominated for specific work or for 'going the extra mile'. These awards were given out every six weeks, and staff welcomed the encouragement behind this scheme.

We saw that records for people who lived in the home, and staff, were stored confidentially. All the records that we viewed were up to date, had been suitably completed, and were appropriately dated and signed. The manager and staff were able to provide us with all the documents we requested without any difficulty in obtaining these.