MNP 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

Tristford is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Tristford accommodates 12 people in one adapted building. Accommodation is arranged over two floors and there is a lift to assist people to get to the upper floor. There were 12 people with a physical disability living at Tristford at the time of our inspection. The building was clean and well maintained. Equipment was checked regularly to make sure it was safe.

The registered manager was leading the service and was supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some people told us they would like to go out more often and additional staff were being recruited to support people. Other people told us they had enough to do during the day, including taking part in activities they had enjoyed. This was an area for improvement.

Staff were kind and caring to people and treated them with dignity and respect at all times. People told us staff gave them privacy and knocked before entering their bedrooms. Everyone was supported to be as independent as they wanted to be. People received care in the way they preferred at the end of their life from staff and health professionals.

People were not discriminated against and received care tailored to them. Assessments of people's needs and any risks had been completed. Each person had planned their care and support with staff to meet their needs and preferences, including taking risks when they wanted to. No two people received the same support. Staff supported people to tell other professionals involved in their care, such as the multidisciplinary team, about their needs and wishes and helped them follow any advice and guidance given. Accidents and incidents had been analysed and action had been taken to stop them happening again.

Changes in people's health were identified quickly and staff supported people to contact their health care professionals. People's medicines were managed safely and people received their medicines in the ways they preferred and as their healthcare professional had prescribed. People were offered a balanced diet and were involved in planning the menus. Staff helped people who needed support at mealtimes to have as much independence as they wanted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager knew when assessments of people's capacity to make decisions were needed. Staff assumed

people had capacity and respected the decisions they made. When people needed help to make a particular decision staff helped them. Decisions were made in people's best interests with people who knew them well. The registered manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS), and had checked to make sure no one was deprived of their liberty.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager and provider. Complaints were investigated and responded to.

There were enough staff to provide the care and support people needed when they wanted it. Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed. Staff were supported meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The provider and registered manager had oversight of the service. They checked all areas of the service met the standards they required. Staff felt supported by the registered manager and deputy manager, they were motivated and enthusiastic about their roles. A manager was always available to provide the support and guidance staff needed. Staff worked together to support people to be as independent as they wanted to be. Records in respect of each person were accurate and complete and stored securely.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. We had been notified of all significant events at the service.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating under their previous legal entity in the entrance hall of the service and on their website.

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 is Good.

Risks to people had been identified and staff supported people to be as independent and safe as possible.

People were protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse or discrimination.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

The building and equipment were clean and maintained.

Is the service effective?

Good

The service is Good.

People's needs were assessed with them. Staff worked with other professionals to assess people's needs when necessary.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make their own decisions.

Staff were supported and had the skills they required to provide the care people needed.

People were offered a choice of food to help keep them as healthy as possible.

People were supported to have regular health checks and to attend healthcare appointments.

The building and grounds were designed to support people to be as independent as possible.

Is the service caring?

Good

The service is Good.

Staff were kind and caring to people and supported them if they became anxious.

People were given privacy and were treated with dignity and respect.

People were supported to be independent and have control over their care.

Is the service responsive?

Requires Improvement

The service is Good

People had planned their care with staff. They received their care and support in the way they preferred.

People participated in activities they enjoyed but told us they would like to do more.

Any concerns people had were resolved to their satisfaction.

People were supported to plan the care they preferred at the end of their life.

Is the service well-led?

Good

The service is Good

Checks were completed on the quality of the service and action was taken to remedy any shortfalls.

People, their relatives, staff and visiting professionals shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of a good quality service.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Staff worked with other agencies to ensure people's needs were met.

Tristford

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 November 2017 and was unannounced. The inspection team consisted of two inspectors 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.

To plan the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we spoke with nine people living at the service, the provider, the registered manager, five care staff and the chef. We visited people's bedrooms, with their permission; we looked at care records and associated risk assessments for three people. We also looked at staff duty rosters, training records, four recruitment files, health and safety checks for the building minutes of staff and residents meetings and policies and procedures relating to the service delivery and management. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

This was the first inspection since the provider for Tristford changed its legal entity in December 2016.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, "My biggest fear is falling and staff here have worked with me to reduce this fear".

Risks to people had been identified and people had been involved in planning how to manage risky activities. We observed that one person used a bed safety rail on one side of their bed but not on the other. The person told us they had requested this as having both safety rails up prevented them from getting in and out of bed when they wanted to. Guidance was provided to staff about the use of the safety rails which reflected what the person had told us. The person had not fallen out of bed.

Some people were living with epilepsy. Staff had completed training and knew how to respond if someone had a seizure. Seizure protocols were in place for staff to follow. These included information about how staff would identify the person was having a seizure and when an emergency health care was required. The provider's process was to send the protocol with the person when they went to hospital in an emergency so hospital staff knew how to identify and respond if the person had a seizure. Staff knew they should call an ambulance if they suspected one person who had recently moved into the service had a seizure. The person did not have seizures often and this was precaution until they got to know the person and the support they required during a seizure.

Many of the people used wheelchairs to move around the building and outside. Risks associated with the use of wheelchairs had been identified and action had been taken to keep people safe without restricting them. For example, some people had agreed with staff to use lap belts to help prevent them falling from their wheelchairs when they went out but did not wear the lap belts indoors where the flooring was level and the risk of falling was reduced. Staff had been trained and used safety equipment when people travelled in the minibus.

Risks associated with moving people had been assessed and action had been taken to mitigate the risks to people and staff. People told us they felt safe when staff used equipment such as hoists to help them move. Detailed guidance was in place and follow by staff. The guidance contained photographs of people being supported to use the equipment safely.

People had the equipment they required to remain independent and safe. One person told us, "I've got an overhead hoist. They put it in for me", another person told us, "The manager was kind enough to give me a hoist". The provider had a programme of servicing in place to ensure that all equipment such as hoists and baths were checked regularly to ensure that they were in good working order. Some people carried alarm bells so they could contact staff for support where ever they were in the building or grounds.

Accidents and incidents had been recorded and the registered manager reviewed these to identify any patterns and trends. They had noted that one person had bumped into the door frame as they walked into their bedroom on a couple of occasions. They discussed removing an item of furniture from the room with the person to give them more room. The person agreed and they had not had any further accidents.

People told us they were confident to raise any concerns about their safety with staff. Staff told us the registered manager took action if people were at risk of abuse or being discriminated against. Staff were trained and knew how to recognise signs of abuse and follow the provider's safeguarding policy. The registered manager knew how to raise concerns with the local authority safeguarding team so they could be investigated. Staff were aware of the whistle blowing policy and their ability to take concerns to outside agencies if they felt that situations were not being dealt with properly. There had not been any safeguarding concerns at the service.

Plans were in place and understood by staff about how to support people in an emergency. Each person had a personal emergency evacuation plan (PEEP) which included important information to help staff evacuate them quickly. Staff had been trained and told us they were confident to use the evacuation equipment provided. Information about how to evacuate the building was displayed. This contained photographs of staircases and escape routes to help people and staff to understand how to leave the premises safely. Regular checks were completed on safety systems and equipment to make sure they were effective.

People's bedrooms and communal areas of the service such as bathrooms and toilets were clean and odour free. Consideration had been given to infection control when selecting the furnishing and fittings at the service, such as flooring which could be cleaned easily and did not retain any odour. We observed that the kitchen was clean and regular cleaning schedules were followed. Staff, including the chefs had completed food hygiene training.

People's medicines were managed safely. Everyone had requested that staff manage their medicines for them. The provider had medicines management policies and processes in place which reflected relevant legislation and guidance. These were followed consistently by staff and medicines were ordered, stored, administered, recorded and disposed of effectively. Stock levels were checked monthly to make sure they were correct. We checked the stocks of medicines liable to abuse and found they were correct.

People told us they received their medicines on time and when they needed them. One person told us, "I get it bang on. Staff know how much pain I'm in, so they give it on time". We observed staff administering peoples' medicines safely and in a caring manner. People had been asked about how they preferred to take their medicines and staff followed people's wishes. One person had requested their medicines be crushed. Staff had consulted with the person's GP and pharmacist to make sure that the crushed medicines would continue to be effective. Other people had chosen to take liquid medicines as these were easier and safer for them to swallow. Most people's medicines had been reviewed by their doctor. Changes had been made where necessary to make sure people received the maximum benefit from their medicines.

People received their 'when required' medicines when they requested them. Records were kept of when medicines were given and staff checked these before administering medicines to prevent people taking too much medicine. Staff had completed medicines training and their competency to administer medicines safely had been assessed.

People told us that staff applied their prescribed creams correctly. Guidance for staff about people's creams was available in people's care plans. Risks relating to paraffin based creams had been assessed and action taken to mitigate risks, such as changing clothes regularly as the creams soak into the fabric and may be a fire risk.

There were enough staff on duty to meet people's care needs and keep them safe. People told us that staff responded quickly when they asked for assistance. We observed staff respond quickly when people asked

for assistance or wanted to speak to them. One person was wearing new shoes and called staff in turn to look at them, each staff member went over to the person and spent time admiring their new shoes. The person seemed very pleased by this.

The registered manager considered staffs' skills and experience when planning staff teams, including looking at staff's qualifications. Staff moved between teams on occasions to share their knowledge and skills with other staff. Some people had been assessed by their care commissioner as requiring one to one staff support at times during the week to go out. The registered manager confirmed that on occasions, such as short notice sickness and staff vacancies, people did not receive their one to one support; however people's needs were met by the staff team at the service. The registered manager said they were recruiting to these posts and people were involved in the selection process.

The provider had recruitment processes in place, these were followed and staff had been recruited safely. The required recruitment checks had been completed. Any gaps in staff's employment history were discussed and recorded. Checks on staff's experience and character had been completed before they began working at the service. These included checking of references and Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Good

Is the service effective?

Our findings

The registered manager met with people and their representatives to talk about their needs and wishes, before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided, including their likes and dislikes, religious and cultural beliefs and daily routine. This helped the registered manager make sure staff could provide the care and support the person wanted.

Further assessments of people's needs were completed when they moved into the service, such as moving and handling assessments. These were reviewed regularly with people and their representative to identify any changes in their needs. Information from the assessments was used to plan people's care and support. Staff supported people to take part in assessments and share information about their needs and wishes with professionals completing assessments. For example, staff supported one person to tell their speech and language therapist how they were getting on with new electronic communication aids.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff assumed people had capacity and supported and encouraged them to make choices about all areas of their lives, including what they had to eat and drink, what they wore and where they spent their time. During our inspection one person told us they had changed their mind about the way their meals were prepared. They had not informed staff of this and the decision they had made in November 2016 had not been reviewed with them. We informed the registered manager the person had changed their mind. The registered manager discussed the decision with the person and the way their meals were prepared was changed.

Other decisions people had made were reviewed regularly. For example, one person had refused in previous years to have a flu vaccination, however they had decided to have a flu vaccination this year and staff had supported them to do this. People's ability to make complex decisions was assessed when necessary. When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives and health care professionals.

The registered manager was aware of their responsibilities under DoLS. People were not restricted and were free to come and go as they pleased. People went out with staff, friends and family. The registered manager

had discussed potential DoLS applications with the local authority DoLS staff.

People had been involved in planning the menus at meetings and had been asked about their cultural and religious preferences. Macaroni and cheese and other meals had been added to the menu at people's request. The chef explained to us about each person's preferences and individual needs, including allergies and dietary needs. Some people required pureed foods to reduce the risk of them choking. These were presented in an appetising way. People were encouraged to eat a healthy diet, including fruit and vegetables. People who had chosen lose weight were offered a low fat diet.

Meals and drinks were prepared to people's preferences and if they wanted something which was not on the menu staff prepared it for them. People's comments included, "They (staff) are very good with my food needs. I always get a choice" and "We get an option of two meals every day. I'm having lasagne today". Some people were unable to eat or drink and received their nutrition through a feeding tube directly into the stomach called a percutaneous endoscopic gastrostomy (PEG). One person showed us their food and explained to us how they worked with staff to use the PEG. A staff member told us, "[Person's name] is totally involved in their PEG feeding. They tell us what they need and when".

Information about people's health needs and treatment plans was gathered before they moved into the service to make sure that they treatment was consistent, including appointments and check-ups. One person who had recently moved into the service said, "I've registered with a GP, but I've haven't needed to see them".

Staff supported people to meet their day-to-day and ongoing health needs. Changes in people's health were identified quickly and staff supported people to see healthcare professionals including specialist nurses and physiotherapists. One person told us, "When I mention it (the registered manager) makes sure I get an appointment". Another person managed their health needs with their GP and informed staff about any decisions made. The person told us it was important to them that they continued to plan and review their treatment with their health care professionals.

People were supported to have regular health checks such as dental and eye checks. Staff supported people to attend health care appointments, including tests and treatments. People were accompanied by staff who stayed with them to offer them reassurance and any assistance they needed to tell their health care professional about their needs. Guidance was available to staff about the support people needed to manage medical conditions, such as epilepsy.

Staff had received the training they needed to complete their roles and meet people's individual needs. This included catheter care and diabetes awareness. When staff began working at the service they completed an induction, including the Care Certificate and shadowing experienced staff to get to know role and people and their preferences. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. Staff's competency to complete tasks was assessed to check they had the required skills.

Staff had either completed or were working towards recognised adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they are competent to carry out their role to the required standard. Staff received regular training and updates. Refresher training for practical skills such as moving people safely was arranged to keep staff skills up to date. We observed staff supporting people to move safely from one place to another.

Staff told us they felt supported by the registered manager and were able to discuss any concerns they had with them. Staff received regular one to one supervisions to discuss their practice and changes at the service. If practice issues occurred further supervisions were arranged to discuss staffs practice and development needs. Staff discussed their achievements and set future professional goals at an annual appraisal.

The building was a large converted domestic property which and been converted and extended. The doorways and corridors were wide and people moved around easily in their wheelchairs. Bathrooms had been adapted to meet people's needs, including baths that were easy to get into. Shower controls were within people's reach. Access to the premises, including the garden were on the same level and people moved around without restriction. People's comments included, "The garden space is good. Wheelchair accessible" and "I walk around the garden of a morning if it's not too wet".

Good

Is the service caring?

Our findings

Information was provided to people about the service to help them decide if they wanted to move in. The information was provided in a way that was easy to understand, including what was provided and how people would be involved in planning their care. Photographs of the garden, lounge and registered manager were also included.

People told us they were happy living at Tristford and were made to feel welcome when they began to use the service. One person told us, "I love it here. It's wonderful, the care, the staff. I wouldn't live anywhere else. I fitted in straight away. If there's anything I need it's there for me. I don't think I ever want to leave here".

One person told us they had been anxious about moving into the service but the staff had helped them to settle in. They told us the staff provided their care in the way they preferred and gave them privacy. The person received a call from their doctor in their bedroom. The registered manager asked the person if they would like the door closed, and closed it at their request.

Other people told us they also had privacy. One person told us, "The staff always knock on the door. I have my door open, but they still knock". The person confirmed that they had privacy when staff helped them get washed and dressed saying, "The staff are very hot on that and put me under a towel to cover me. Staff maintained people's privacy during our inspection. Personal, confidential information about people and their needs was kept safe and secure.

Staff treated people with dignity and respect. People were referred to by their preferred names and were relaxed in the company of each other and staff. Some people chose to wear aprons at meals times to protect their clothes from spills. Guidance about this was included in people's care records. At lunchtime one staff member told the person they were supporting, "I'm just going to get a tabard, so I don't get it on your pretty dress".

Staff knew people's preferences about the gender of the staff member who supported them. One person told us they were always supported to shower by a staff member of the same gender, at their request.

People were actively involved in making decisions about their care. We observed one person being supported to have a hot drink. The staff member advised the person the drink was hot and encouraged them to 'blow on it' to cool the drink down. Another staff member described to us how they encouraged people to check the water temperature of their bath, to make sure it was as they preferred, before supporting the person into the bath.

People were supported to maintain their independence. For example, some people used adapted cutlery, crockery and straws to eat and drink without support. Other people required assistance at meals times and were supported at their own pace, by a staff member who concentrated solely on them.

Everyone we spoke with told us staff were kind, caring and had time to spend with them. Their comments

included, "They (staff) are lovely", "[Staff member's name] has a heart of gold. They really are good. A good carer", "There isn't a bad one amongst them. That's day and night staff" and "The staff are definitely kind and caring. I've never been more than 5 minutes on the bell, that's very positive".

People told us they generally got on well together and with staff. Some people said they fell out on occasions. We observed that staff reassured people when this happened and supported people to spend time apart. One person told us, "I've got a close connection with [staff member's name], they do a good job". We observed people spending time together with staff playing games and laughing. One person blew a kiss at a staff member, the staff member smiled back. One person told us how they encouraged everyone to sign cards on people's birthdays to show them they were thinking about them.

Information about when people may need reassurance was included in their care records, such as with new people, in crowds or at night. One person told us, "If I want a chat I can find someone and they will chat with me". Another person told us if they were feeling 'low' staff would spend time chatting with them. We observed staff reassuring people if they were concerned.
People were supported to remain independent. Staff encouraged people to do as much for themselves as they wanted and supported them to do other things. For example, one person was able to brush their own teeth but needed support from staff to put toothpaste on their toothbrush.

People had planned how their bedrooms were decorated and furnished with staff. One person showed us their bedroom, which was decorated to their taste. They told us staff had supported them to decorate the room with furniture, pictures and ornaments that were important to them and this made them feel more at home. They told us, "The maintenance man's been very good. He's put up all my pictures, and he's going to put up my shelves".

Most people were able to share their views about all areas of their life with staff and others involved in their care and treatment. However, when people required support to do this they were supported by their families, solicitor or their care manager. The management team knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Requires Improvement

Is the service responsive?

Our findings

Some people told us they were not supported to take part in activities in the community as often as they would like. One person told us, "When I get taken out one of the staff comes with me". Staff we spoke with agreed that they were "very busy at times" and were not always able to take people out. They also told us things had improved since new staff had been recruited. The registered manager was aware that people were not going out as often as they would like and was recruiting additional staff to support people to go out more regularly. We will follow this up at the next inspection.

One person told us their care manager had commissioned a staff member to take them out three times a week. They told us, "I go out quite a bit". Staff explained that the person liked to eat at a local pub and restaurant and the chef prepared their meals in the way they preferred. The person confirmed this and told us they enjoyed these outings. Another person told us that in the previous two months, "I've been once to the docklands, once to the sea and once shopping".

People told us that they were able to take part in activities at the service including playing games. Some people and staff enjoyed a game of snakes and ladders during out inspection. Other people watched the television and read. A Halloween party had been held at the service two days before our inspection. People had enjoyed the party and their comments included, "The Halloween party was good, it was a success. Staff worked hard on that" and "I enjoyed it. I had a mask on".

One person had told the registered manager they would like to organise activities at the service. They had arranged the summer fete, which had been enjoyed by everyone. Photographs of the fete were displayed at the service and people showed them to us. A meeting was planned for the week after our inspection to discuss ideas for future events and activities. This is an area for improvement.

People told us they had been involved in planning their care with staff. One person told us, "Staff make sure I agree with it and change it to my needs". Most people had a detailed care plan in place which contained information to staff about their needs and the support they required. This included what people were able to do and how they preferred their support provided by staff. There was also information about how people would tell staff about their support needs if they varied from day to day. People who had recently moved into the service had been asked about their needs and preferences and were in the process of writing detailed care plans with staff. They told us that all the staff provided care in the way they preferred.

Some people used medical aids or equipment to help them manage their health needs and be comfortable during the day and night. People had told staff how they preferred to use these. Photographs of the people using the aids and equipment were included in their care plan for staff to refer to. People told us staff supported them to use the aids as they wished.

Routines were flexible to people's daily choices. One person told us they had chosen to stay in bed as they found it more comfortable. Staff supported the person to do this and provided their meals and drinks in bed as they wanted. The person told us they were able to get up when they wanted and staff came quickly when

they required support.

Staff knew the support people needed and how they liked their care provided but checked with them before providing it. For example, staff asked one person, "Do you want the mug with the butterflies?" before they made the person a drink. The person said they did and staff prepared their drink in their chosen mug.

Some people chose when they got up and went to bed and this differed each day. Guidance was available to staff about the support people needed and how they would request assistance when they wanted it. This included any support they needed to get up, washed and dressed. Other people got up and went to bed at approximately the same time each day. They had told staff what time they preferred to get up and go to bed each day and staff supported them to do this. For example, one person preferred to have a cup of tea in bed before they got up at about 7:30 each morning. This information was recorded in their care plan and the person told us staff supported them to do this.

Staff supported people to keep in contact with people who were important to them including their family and friends. Important information, such as birthdays and contact details for people's relatives were included in their care records and staff supported people to send cards if they chose to. People told us their relatives were free to visit when they wanted.

The registered manager told us they had discussed one person's end of life care with their relative. They had recommended a placement nearer to the person's family so the family could visit regularly. The person and their relatives had chosen to do this and the person moved closer to their family. They had written to the registered manager after the move thanking them for their advice and how the move had supported them to spend time with their relative at the end of their life.

Staff planned people's end of life care with them, including consideration of any advanced decisions and their cultural and spiritual preferences. No one using the service was at the end of their life. People who had chosen to receive their end of life care at Tristford had been supported to do so and with the support of staff and health care professionals. Their relatives had complimented the registered manager and staff on their kind and compassionate care.

People told us they were confident to raise any concerns they had with the registered manager and staff and their concerns were listened to and addressed. One person told us they had raised concerns about the equipment used to support them to use the toilet. They told us that the equipment had been changed and the new equipment was much better. Other people told us, "I would feel very comfortable to bring it up with any member of staff. I think of all of them as friends rather than carers. I can go to them with anything" and "I would tell the deputy manager or staff and something would be done, not brushed under the carpet". A complaints policy and procedure was available to people, their relatives and visitors. Each person had a copy of the 'Service User Guide' which contained information about how to make a compliant that was accessible to everyone. No complaints had been made about the service.

Good

Is the service well-led?

Our findings

The registered manager had been leading the service for many years and knew people well. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager kept their skills and knowledge up to date, including attending workshops provided by the local authority

There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way. People told us the registered manager and deputy manager were "good", "very helpful" and they could speak to them when they wanted to. One of the provider's visited during our inspection and spent time chatting to people and staff. The provider also knew people and people chatted to them in a relaxed way.

The provider had a clear vision of the quality of service they required staff to provide. This included, 'preserving and maintaining the dignity, individuality and privacy of all service users within a warm and caring atmosphere'. Staff shared this vision and provided the service as the provider required.

Staff told us they were supported by the registered manager and deputy manager who were always available to give them advice and guidance. They told us they could speak to them at any time about any worries or concerns they had. One staff member said, "The registered manager and deputy manager are there to help. There is always someone around to go to. They are approachable".

Staff were motivated and enjoyed working at the service. One staff member told us, "I love working here". They told us they felt valued and appreciated. The provider who visited during our inspection told us, "All I want is for people to be happy and staff to be happy". Staff worked together as a team to provide people with the care and support they needed.

The registered manager had arranged the staff group to work in teams and staff generally worked with the same colleagues. The registered manager told us that they had identified that on occasions teams were not completing tasks as they thought it was the role of another team to do it, such as domestic tasks. They had reminded staff at the October 2017 staff meeting that, 'You will find that the teams will always work slightly differently but the end result should be the same'. They had also moved some staff to different teams to share their knowledge and experience and help all staff to develop and provide consistent support to people. We observed staff working well as a team to meet people's needs. Staff appeared to get on well together and spoke to each other warmly and with respect.

Previously one staff member had raised concerns about the conduct of another staff member. The registered manager had investigated the concerns and had resolved them to satisfaction of both parties. No further concerns had been raised. The registered manager had plans in place to discuss team relationships with staff at their next supervision. Their aim was to continue to strengthen working relationships between

staff and make sure they continued to feel confident to raise any concerns they had.

The registered manager and deputy manager led by example and supported staff to provide the service as they expected. This included checking staff were providing care to the required standards by working alongside them and observing their practice. Any shortfalls were addressed immediately and discussed at staff supervision meetings. Staff were reminded about their roles and responsibilities at staff meetings and during one to one meetings. This included reminding staff about completing training, maintaining accurate records, as well as 'The priority is always the resident and what they want to do'. Staff understood their roles and knew what was expected of them. They told us they could refer to the provider's policies and processes for guidance at any time and these were accessible to them.

The registered manager and staff understood the role of the Care Quality Commission (CQC) and the requirements of the fundamental standards. Information for people about CQC was displayed on the noticeboard in the lounge including how people could share their views about their care with us. The notice board was hung at a level where everyone could read it.

People were involved in planning what happened at the service and told us they were invited to attend regular residents meetings. The registered manager chatted to people who chose not to attend the meetings to make sure their views were included. People had chosen to hold a Christmas Party in December 2017 with karaoke and a hot and cold buffet including curry. They had also decided to take part in 'secret Santa' and attend local pantomimes. People had made suggestions about changes to the menu and these had been made.

People, their relatives, staff and visiting professionals were asked for their feedback about the service each year. Surveys had been sent out during October and November 2017 and the registered manager was collating the responses. Responses already received were positive and had been scored either good, or very good. The previous survey was completed in January 2017 and people had responded saying they received privacy and that their dignity was respected and they were listened to.

The provider told us they aimed to continually improve the service and "Strive for perfection". Regular checks were completed on all areas of the service including the environment, medicines and the support people received. Action had been taken to address any shortfalls found. For example, a medicines audit had found that risk assessments had not been completed when people were prescribed paraffin based creams. The risk assessments had been completed and action had been taken to mitigate risks to people.

The registered manager worked in partnership with the local authority commissioners and multidisciplinary teams to ensure people's needs were identified and resources were allocated appropriately. For example, the registered manager had recently identified and recorded that additional staff supported two people to meet their changing needs. Local authority commissioners had agreed to fund the additional support and the two people were now receiving this regularly.

Services that provide health and social care to people are required to inform the Care Quality. Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager knew when notifications needed to be sent and we had received notifications when they were required.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating given to their previous legal entity in the entrance hall and on the website.