

## 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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	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. At the time of the inspection 10 people were living at the service.

The care service had been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People were supported to live an ordinary life, like any citizen.

People's experience of using this service:

- People told us they enjoyed living at the service and were able to take part in activities they enjoyed.
- People had developed strong friendships and told us they thought of the staff as family.
- People were encouraged to be part of the community and support charities and organisations with fund raising.
- The provider encouraged people to be part of the organisation by asking their opinions and asking people to be part of their quality control process, including other services run by the provider.
- People were supported to take risks, staff completed risk assessments to ensure people were as safe as possible.
- People told us they were involved in planning their support and care. They were supported to be as independent as possible.
- The building had been adapted to meet people's needs and improvements were continuing.
- People benefited from staff who were recruited safely and received the training they needed to support people safely.
- Information was available in formats that people could access and understand, including the complaints procedure. People told us they knew how to complain.
- The registered manager completed checks on the quality of the service and acted when shortfalls were identified.
- We observed people being treated with kindness and respect. People's decisions were respected, and they were supported to access health professionals when required.
- People benefited from an open and transparent culture in the service. They appeared to be comfortable in the company of the registered manager, who understood their needs.

Rating at last inspection:

In May 2018 the provider of the service changed. Therefore, MNP Complete Care Group changed legal entity to become MNP Complete Care Limited. However, the registered manager, staff and policies and procedures remained the same.

At the inspection of the predecessor, Tristford was rated Good (published 13 December 2017).

Why we inspected:

Scheduled inspection based on timescale for unrated services.

Follow up:

We will continue to monitor the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good 

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was undertaken by one inspector.

#### Service and service type:

Tristford is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during the inspection.

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

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection we gathered information from the following:

- Three people's care plans and risk assessments
- Medicines records
- Records of accident, incidents and complaints
- Audits and quality assurance reports

- Six people using the service
- Two members of staff, registered manager, deputy manager and a representative of the provider
- Staff and resident meetings
- Recruitment records

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- The registered manager and staff understood their responsibilities to safeguard people from abuse. Staff were aware of the signs and symptoms of abuse and to observe for changes in people's behaviour.
- Staff were confident that the registered manager would take appropriate action if they reported concerns.
- The registered manager understood their role in reporting any concerns to the local safeguarding team.
- There was a system in place to keep people's money safe. Records were kept of all the money received and spent including receipts.

Assessing risk, safety monitoring and management:

- Potential risks to people's health and welfare had been assessed and there was guidance in place for staff to mitigate the risk.
- Some people were living with epilepsy, there was guidance for staff about the specific signs and symptoms for each person's seizures and what action to take. The guidance was in a clear and simple flow chart format for staff to follow when the person was experiencing a seizure.
- When people were prescribed blood thinning medicines, there was guidance in place for staff about the signs and symptoms to look for and what action to take.
- When people required equipment to move safely there were photos to show staff how to use the equipment and how to position the person.
- Environmental risk assessments had been completed to make sure the building was safe.
- Checks and audits had been completed on equipment and the environment such as checking water temperatures were below 44 degrees to reduce the risk of scalding.
- Checks were completed on the fire equipment and alarm. Fire drills were completed twice a year.

Staffing and recruitment:

- There were sufficient staff on duty. When people were receiving one to one support, these hours were protected, and separate from the main care hours.
- Sickness and annual leave was covered by permanent and bank staff, to make sure that people had a consistent staff group.
- The registered manager followed the provider's recruitment policy. New staff had been recruited safely.
- People told us there were enough staff. One person told us, "There are enough staff and we have plenty of activities."
- During the inspection, staff responded quickly when people needed assistance and support.

Using medicines safely:

- People received their medicines when they needed them.
- Staff received training and their competencies were checked. Some staff had been trained to give some

medicines by injection and suppositories.

- Medicines were ordered, stored, administered and disposed safely according to current guidance.
- Some people were prescribed medicines on an 'as and when' basis such as pain relief. There was guidance in place for staff about when to give the medicine, how often and what to do if it was not effective.

Preventing and controlling infection:

- The service was clean and odour free. There were sufficient domestic staff to maintain the cleanliness of the service.
- Staff received training in infection control and used personal protective equipment such as gloves and aprons, when required.

Learning lessons when things go wrong:

- Incidents and accidents were recorded, analysed and the action taken was recorded.
- The registered manager looked for patterns and trends. Guidance was put in place to reduce the risk of them happening again.
- Following incidents being reported around one person's behaviour. The incident had been discussed with the person and a strategy put in place that had been effective.

# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager met with people before they moved into the service to make sure staff could meet their needs.
- When possible, people visited the service to see if they would be happy in the service.
- The pre-admission assessment covered all aspects of their lives including people's protected characteristics under the Equalities Act 2010 such as their culture and sexuality. The latest guidance for supporting people who identified themselves as LGBT, was available to staff and people had access to an easy read version.
- People's health needs were assessed using recognised tools such as the Waterlow score, to assess people's skin integrity.

Staff support: induction, training, skills and experience:

- Staff received training appropriate to their role including topics such as epilepsy, as this was specific to the needs of the people they support.
- During the inspection, we observed staff putting their moving and handling training into practice. People were moved safely using the hoist.
- New staff completed an induction. They worked with more experienced staff to learn people's choices and preferences. One person told us, "New staff get to know you and they are always with other staff until they know you."
- Staff received supervision to discuss their practice and development. Staff told us they felt supported by the registered manager and could discuss their training needs.

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

- People were supported to have a balanced diet. People's dietary needs and preferences were met.
- A nutritionist had assessed the menu available to people, they agreed that it was nutritionally balanced.
- Some people were unable to swallow safely and received their nutrition through a tube into their stomach. Staff received training to make sure that people received their nutrition safely.
- People were given a choice of meals, there was a pictorial menu for people to use.
- When people did not like what was on the menu they were able to choose another meal. Some people had pictures of their preferred choices so they could tell staff what they wanted.

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

- Staff monitored people's health, including their weight, and referred them to relevant health professionals when their health needs changed.

- Staff followed the guidance that health professionals gave including nutritional supplements and thickening fluids to help people to swallow fluids safely.
- People were supported to attend health appointments such as the GP, dentist and optician.
- People were encouraged to live as healthy life as possible. People were supported to attend exercise sessions and complete physical activities such as bowling.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires, that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf should be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called Deprivation of Liberty Safeguards (DoLS).
- Staff supported people to make decisions about their care and how to spend their time.
- When complex decisions needed to be made, best interest meetings were held, involving people who knew the person well and health professionals.

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

- The building had been adapted to meet people's needs. There were wide corridors to enable people to move around the service using their wheelchairs.
- Further adaptations were planned, in one bathroom, the wash basin was being changed to enable people to move their wheelchairs closer so that their hair could be washed easily.
- People had access to the gardens and enjoyed spending time out there.
- People's rooms were personalised to reflect people's choices and preferences.

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people being treated with kindness and respect. Staff knew people's choices and preferences and supported them in these.
- Staff supported people to spend time how they wanted. Staff waited for people to ask them to do things rather than automatically doing them.
- People were encouraged to maintain relationships with people that were important to them and visitors could visit when they wanted.
- People had developed friendships, during the inspection, it was someone's birthday and the others had bought them birthday presents.

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

- People were supported to attend meetings with professionals to discuss their care and support.
- People were encouraged to be involved in planning their care, people were asked their opinions and given choices.
- People were encouraged to take ownership of their care and support, they could choose their birthday treats including day trips, where other people in the service could join them.

Respecting and promoting people's privacy, dignity and independence:

- People were supported to be as independent as possible. The service had recently started a breakfast bar, people were now supported to prepare cereals and make toast.
- People told us they were enjoying being able to butter and put jam on their toast.
- Staff understood how people communicated, they waited for people to answer their questions, including when people used non- verbal communication such as thumbs up or down.
- During the inspection, staff asked people's permission, for us to look in their rooms. People were happy for us to do this and chatted to us about their rooms.
- We observed staff knocking on people's doors and waiting for people to ask them in.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff knew people well including their preferences, choices, likes and dislikes, these were recorded in people's care plans.
- Some people had specific preferences on how they were positioned while in bed. There were photos showing staff how the person liked to sleep with instructions.
- Each person had a plan that gave staff step by step instructions on how to support people when they got up, went to bed and with their personal hygiene, for example if they used soap on their face.
- Staff reviewed people's care plans with them, people signed to confirm they agreed with the care plan and any changes made.
- We observed people receiving support in the way described in their care plan.
- People were supported to take part in activities they enjoyed. People attended clubs such as art clubs and arranged fund raising events for various charities.
- People went on trips they chose including animal parks and bowling.
- People told us there was always something going on including games such as bingo. One person told us, "They come out with me and help me with my crafts."

Improving care quality in response to complaints or concerns:

- The provider had a complaints process and people told us they knew how to complain.
- People had access to a pictorial complaints policy and on a touch screen version that was narrated.
- There had been one complaint in the past year, this was investigated following the provider's policy.

End of life care and support:

- People had been asked about their end of life wishes and when people were happy to discuss them these were recorded.
- Staff were not supporting anyone at the end of their life at the time of the inspection.
- Staff described how they had recently supported people at the end of their lives with the support of the district nurses and when required, hospice staff.
- Families had written to the registered manager expressing their thanks for the care and support their relative had received.

# 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:

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- There was an open and transparent culture within the service. The manager had an 'open door' policy. We observed people being relaxed and comfortable in the company of the registered manager, people told us they were happy to talk to them about any concerns they may have.
- The registered manager had a vision for the service and this was shared by the staff. They wanted the service to be like a family, 'We are very family orientated'. One person told us, 'It is like a family, these are my family.'
- The registered manager knew people well and understood their needs and supported them to make decisions about their care.

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

- Checks and audits were completed on all areas of the service including medicines, infection control and recruitment, to identify any shortfalls in the quality.
- An outside consultant had completed an audit of the service in October 2018.
- When shortfalls were found, an action plan had been put in place to rectify the issues and signed off when the work had been completed.
- Services providing health and social care to people are required to inform CQC without delay of certain events that happen, such as events that stop the normal day to day running of the service. The registered manager was aware of their responsibilities to inform CQC of significant events that happened in the service, in a timely way and had done so.

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

- People and staff attended regular meetings where they could express their thoughts on the service.
- When possible, the provider had acted on suggestions made, such as new activities people had suggested.
- Relatives and staff had completed quality assurance surveys. The results had been analysed and these were positive.
- Residents and relatives received a newsletter from the provider, this included information about all the services in the provider group. There were photos of events that had taken place, information about staff and their achievements and charity events.
- The provider had recently invited people to apply to become a 'Quality Checker' to check the quality of the services. People were asked to an interview to discuss the role; one person had been asked to an interview

and was looking forward to a new experience.

Continuous learning and improving care; Working in partnership with others:

- The management team attended local forums and training to keep up to date with any changes.
- The registered manager received the latest guidance from national organisation.
- The registered manager worked with funding authorities, the local safeguarding team to ensure people received joined up care.