

Sturts Community Trust

Sturts Community Trust

Inspection report

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Date of inspection visit:

17 March 2021

18 March 2021

23 March 2021

24 March 2021

07 April 2021

13 April 2021

14 April 2021

15 April 2021

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23 June 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sturts Community Trust is part of the Sturts Farm Camphill Community. It provides care and support to working age adults with a learning disability or autism, living in several shared supported living houses. These are located on Sturts Farm and in West Moors. People using the service have differing levels of need for staff support. Some of the houses have waking night staff or staff who sleep in. Some staff live in the shared houses as part of the Sturts Farm community. The service has offices at Sturts Farm.

Not everyone who uses the service receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, 23 people were receiving personal care from the service.

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

People and relatives liked the service and felt safe there. They described staff as kind and caring. People were encouraged towards independence. They were happy with the way risks were managed. There were enough staff on duty, who understood people's support needs and managed their medicines safely.

The provider had an up to date infection prevention and control policy. They had introduced procedures to manage the risks COVID-19 posed to everyone connected with the service. Staff had access to the correct personal protective equipment (PPE) and were using this correctly.

People, relatives and staff expressed confidence in the leadership of the service. They were positive about communication. Managers worked closely with people and staff, who said they found them approachable. People's and staff's individuality, including their equality characteristics, were respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

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

Right support:

- The model of care and setting maximised people's choice, control and independence. People made choices about all aspects of their lives. Staff fostered their independence. People were encouraged to take responsibility for different aspects of life on the farm, which were meaningful and important to them.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. Care and support were provided in a way that met people's individual needs and wishes. Staff treated people with respect. People's equality and human rights were upheld.

Right culture:

- The ethos of the service and the values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive and empowered lives. People valued being part of the Sturts Farm community. There was an emphasis on links with and service to the local community, for example through the provision of free school meals.

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

Rating at last inspection

The last rating for this service was good (published 28 December 2018).

Why we inspected

We received concerns in relation to the culture and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report. The provider was aware of the risks and its action to mitigate them had been effective.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sturts Community Trust

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by 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.

Service and service type

This service provides care and support to people living in nine 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 March 2021 and ended on 15 April 2021. We visited the office location on 17 March 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including feedback from local authority professionals. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with eleven members of staff including the nominated individual, the two registered managers, four other managers and senior staff, and five care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included three people's care records, four people's medication records, and three staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including training records and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Without exception, people and relatives told us they or their family member felt safe with staff from Sturts Community Trust. Comments included: "They care about me, so kind to me and nice. I am happy", "He is very safe. The people keep him safe, staff are really caring", "Definitely very caring", "[Person] is safe" and "She trusts everyone [staff]".
- The service had policies and procedures for safeguarding people from abuse. Where appropriate, managers had referred safeguarding concerns to the local authority safeguarding team.
- Staff had received training in safeguarding adults. They understood their responsibilities for recognising and reporting signs of possible abuse.

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

- People and relatives said the service was run safely. Comments included: "It's the right place for her, it's a safe environment, really well organised", and, "[Name] is very safe indeed, has a one-to-one carer, and is well looked after in the property".
- People and relatives described how any risks to their care were managed in a way they were happy with. Comments included: "Now when I have a bath, staff sit outside and ask me if I'm okay. I also have help cutting up meat", "Staff understand him and manage him effectively" and "Nothing fazes them... They're always willing to do whatever is needed for each individual". A relative recounted how when their loved one's health condition changed, it was "addressed straight away".
- People said their independence was promoted. Comments included: "I go out to the shop. Buy my tea", "I go for a walk after tea break. On my own, I like that", "I am independent, have my own car", and, "They are not stuck in their ways, very progressive".
- People's assessed risks were addressed in their support plans. Risk assessments were individual to the person and covered matters such as health conditions, dietary needs, behaviour that might challenge others and handling finances. People had personalised plans that set out the assistance they needed to evacuate their home in event of an emergency such as a fire.
- Staff recorded accidents and incidents on the provider's computerised system. Managers followed these up and reviewed for any emerging themes.
- The service had an ethos of reflection on accidents and incidents and any learning to be taken from these. Where appropriate, this was shared with staff.

Staffing and recruitment

- Asked if there were always enough staff on duty, comments from people who used the service and relatives included: "Yes, I have my own mobile. Staff are on the end of the phone and I can see someone",

"Yes, [person] is allocated help" and, "[Person] knows who is working by looking at the weekly schedule in the communal area. This makes them feel secure".

- Staff we spoke with confirmed there were always enough staff on duty to meet people's support needs. Shifts were covered in the event a member of staff was unable to work.
- Since the onset of the coronavirus pandemic, staff had been working in one house rather than across the service. A member of staff said this had helped them get to know the people living in their house well.
- Staff had the training they needed to work safely and effectively. This included topics such as moving and assisting, food hygiene, fire safety and lone working.
- There were pre-employment checks for new staff before they had contact with people who used the service. These included criminal records checks, obtaining a full employment history with an explanation of any gaps, and taking up references.

Using medicines safely

- People's needs in relation to medication were assessed. They were encouraged to manage their medicines independently, if this was judged to be safe. A person told us how they self-medicated and went to the doctor's independently. Even where people were supported with medication, they were involved in the process. A person explained, "Staff bring medication. Sometimes they are late or forget the one I have once a week. I remind them."
- Staff who handled medicines were trained to do so and their competence in administering medicines was checked at least annually.
- The management team confirmed everyone using the service had an annual medicines review and health check from their GP.
- There were clear, current guidelines for administering medicines to each person, including medicines they took on an 'as required' basis. The service had an overarching medicines policy that set out the steps managers and staff must take to manage medicines safely.

Preventing and controlling infection

- The provider had an up to date infection prevention and control policy. They had also assessed the risks COVID-19 posed to people using the service and to staff.
- Staffing was arranged so staff worked in one house rather than across the whole service, to minimise the risk of spreading infection.
- There was regular testing for people using the service and for staff, in line with government guidance.
- There were arrangements for people to receive visitors safely.
- Staff had had training infection prevention and control. They had access to the correct PPE and were using this correctly.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives said they felt confident in the leadership of the service. Comments included: "Yes, any issues are dealt with well. Really pleased with the new manager", "Absolutely. Issues are dealt with very promptly and well", "If there's any problems I can always call someone" and, "I have never waited more than a day if something needs looking into".
- The management team worked closely with people who used the service and staff. A person who used the service told us managers were approachable, saying, "The new manager [name], always on the phone." Relatives commented: "Co-workers [staff] work with them, working together. They are attentive to companions. I do commend the staff, questions or problems are dealt with there and then" and, "Got to know the team over the years". Staff spoke of "a feeling of community and teamwork" and of feeling supported and appreciated by managers.
- People and relatives spoke about good communication with staff and managers. Some said this had improved during the pandemic. Comments included: "Would talk to [name of care manager] and [name of registered manager]", "Communication is good", "Very accessible. Can talk to someone straight away [staff and manager], or they ring back within half an hour" and, "Communication has been better during lockdown, I know more about plans. I had to initiate communication pre-lockdown."
- People, their relatives and staff felt their individuality, including their equality characteristics, was respected. A relative commented, "Their main concern is to ensure [person] is happy, involved and part of decision making. She has choice and things are explained at her level."
- Staff told us they felt confident to report concerns to the management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a transparent approach to incidents and near misses. The provider and registered managers exercised their duty of candour, which is a legal duty to be open and honest with people and their families when something goes wrong with care that might lead to significant harm.

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

- There was an effective system for the management team to oversee the service and monitor the quality of the care and support provided.

- The registered managers and nominated individual oversaw a range of regular audits in each of the houses. These included regular checks on various aspects of the service, including medicines, people's finances, training and supervision, record keeping and health and safety. Issues identified were promptly addressed.
- Quality assurance surveys of people using the service and staff were undertaken periodically, although there had not yet been any in 2021. People who use the service were involved in designing the last one for people. An action plan following from the staff survey had been implemented. This included improving the staff induction process and ensuring staff competencies were added to the training matrix.
- The manager had notified CQC of significant events and incidents, which is a legal requirement. The rating of good from the previous inspection was prominently displayed at the service and on the provider's website.

Working in partnership with others

- The service had worked closely with local NHS services. A practice nurse had trained the nominated individual, who is a registered nurse, to administer COVID-19 vaccinations and ensured they were competent to do so. This meant people using the service were able to have the injections from someone they knew and trusted.
- Local authority staff told us during our routine monitoring of the service that its management team worked openly and cooperatively with them.
- The service had strong community links and was endeavouring to strengthen these further. For example, people were involved in preparing free school meals during lockdown and staff delivered these to eligible families locally.