

Sturts Community Trust

Sturts Community Trust

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

The inspection took place on 17 November 2018 and was announced.

Sturts Community Trust is a domiciliary care agency. It provides a service to younger disabled adults. This service provides care and support to people living in nine 'supported living' settings, so that 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.

Sturts Community embedded holistic Camphill values and practices which were to work and create communities in which people with additional needs can live, learn, and work with others in healthy social relationships based on mutual care and respect. The nominated individual told us that involving people was fundamental to the service they deliver.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Sturts Community provided very good person centred care and examples of this were observed throughout our inspection. Feedback from people, relatives and professionals was that the level of care was "amazing" and "very good". Independence was actively promoted and embedded in the homes which in turn gave people roles, taught them new skills and gave them a real sense of purpose. Communication needs were understood and met by staff who thought of creative and innovative ways to respond to these. Disability was not seen as a barrier to people living fulfilled, purposeful lives.

Staff were compassionate, kind and highly motivated in their roles. The service was mindful of and creative with matching people and staff. Staff were sensitive when people needed caring and compassionate support. The involvement of an advocacy service was promoted at Sturts Community and a person had been working with a local advocate to set up an independent advocacy group at the service. People were supported positively and safely to form friendships and intimate relationships with others of their choice.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of seizures

or behaviours which may challenge the staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

People had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs and preferences understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. 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.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. Equality Diversity and Human Rights (EDHR) were promoted and understood by staff. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. No one living at the service was receiving end of life care at the time of the inspection.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted good teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Sturts Community Trust

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 was planned to check 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 site visit took place on 17 November 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

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 spoke with five people who used the service and two relatives. We had telephone conversations with two health professionals. We talked with the registered managers, nominated individual, service manager and met with four support workers.

We reviewed five people's care files, three medicine administration records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records. We visited three of the houses and observed care practice and interactions between care staff and people.

Is the service safe?

Our findings

People, relatives, professionals and staff told us that Sturts Community was a safe place to live. People's comments included, "I do feel safe here, there is always someone around and I always know who's working", "I feel safe, all the cupboards are locked for my safety which I am happy with" and, "I am happy and feel safe, there are staff here and it's relaxed". A relative said, "My loved one is very safe here, I have no concerns". Another relative told us, "I'm really confident [name] is safe here. It is a positive environment and people are around which puts my mind at rest". A professional said, "People receive safe support. Staff are very proactive at meeting people's needs". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, audits, checks and support.

The service had implemented safe systems and processes which meant people received their medicines, both prescribed and non-prescribed, in line with the provider's medicine policy. The service had safe arrangements for the ordering, storage and disposal of medicines. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.

A staff member took us through the medicine process for administering people's medicines. We observed people's medicine blister packs were cross checked with people's medicine administration record (MAR) sheets to ensure the correct medicine was administered to the correct person at the right time. Medicine Administration Records (MAR) were completed and audited appropriately.

There were enough staff to meet people's needs. A person told us, "There are definitely enough staff, we never go without". A staff member said, "There are enough staff, people are well supported and they receive a good quality of life". A relative told us that staffing levels reflect people's support needs. They said, "[Name] requires 2:1 staffing when they access the community and this is always provided". A professional told us, "There always seems to be staff around. I have no concerns".

The service had a robust recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. People's homes were kept clean to minimise the risks of the spread of infection. Staff were able to discuss their responsibilities in relation to infection control and hygiene. A relative told us, "There have never been any issues with cleanliness".

Staff were able to tell us signs of abuse and who they would report concerns to both internal and external to the home. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection. A professional told us, "I have no safeguarding concerns at all. I had some a few years ago but this was dealt with very

promptly by the service". Relatives and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered managers would listen and take suitable action. Accident and incident records were all recorded, analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. A staff member said, "If an incident or accident happened I would keep people safe, assess the situation, seek professional support if necessary, record it, report it and maybe contact safeguarding if I felt it appropriate".

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff confidently described people's individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at risk of seizures, assessments showed measures were taken to discreetly monitor the person. For example, to keep a person safe when in the bath measures included discrete monitoring to protect dignity and, should a seizure take place, to immediately remove the plug. In addition to risk assessments for people the service had general risk assessments which covered areas such as accessing the community, cooking and woodwork. Staff told us they had access to these risk assessments and found them informative. A professional said, "Staff are very good at positive risk assessing and putting measures in place".

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge. Behaviour charts were completed by staff; these detailed what happened before an event, during an event and what preventative actions were taken. These were then monitored and analysed by the management team. The support people had received from staff had had a positive impact on their lives and had meant that they could access the community more, with support from staff who had a clear understanding of active and proactive strategies to support them safely. A relative told us, "My loved one has become a lot more settled since living here and staff understand how best to support them". A professional said, "Staff understand people's behaviour support needs and always support people positively with these".

All electrical equipment had been tested to ensure its effective operation. A fire risk assessment had been completed and was up to date. People had personal emergency evacuation plans (PEEPs) in place. These plans told staff how to support people get out of their homes safely in the event of an emergency such as a fire or flooding..

Is the service effective?

Our findings

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed assessments which formed the foundation of basic information sheets and care plan details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed, ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to. A professional told us, "I find care plans up to date and informative. I always like more detail but that is just a personal preference".

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "I receive enough training and am given enough notice to be able to plan my time around opportunities. There are always new things to learn and if we want more training all we do is ask". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. Staff were also offered training specific to the people they supported for example; challenging behaviour, epilepsy and lone working. In addition to general training some staff also had achieved, or were working towards, their level two and three diplomas in health and social care. People and relatives told us that they felt staff had the skills they required to do their jobs effectively. A professional said, "Staff always come across as competent and trained".

A registered manager told us staff received annual appraisals and regular supervisions. Staff records confirmed that staff had received regular supervisions. A registered manager told us that they held mentoring discussions in addition to supervisions. These sessions were in response to topics which may have been raised by people or staff. A recent discussion had focused on dignity and respect following a person raising gender preference choices.

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "I had a very good induction. I read people's files, completed shadow shifts and received good support and training. I was never forced into doing something I wasn't confident in".

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 at Sturts Community were living with a learning disability and autism, which affected some people's ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and

respecting their decisions. Staff told us how they supported people to make decisions about their care and support.

Capacity assessments and best interest paperwork was in place and covered a number of areas of care. For example, delivery of personal care, medicines and finance. A registered manager told us that further work was being done in relation to people's capacity in their home and that paperwork was under review. A relative told us, "I am always involved in best interest decisions and am updated with any changes that may need to be discussed".

People were supported with shopping, cooking and preparation of meals in their home. One person told us, "Like cooking with staff, pasta tea tonight, nice". Another person said, "I like the food we cook. My favourite is lasagne which staff help me cook". We observed one person making two different meals in their home for the people who lived there. This demonstrated that people had choice of what meals they wanted to eat.

We observed people eating at different times and found that there was a relaxed atmosphere. Food looked appetising, was plentiful and overall it appeared to be a pleasurable experience. Each home had a communal kitchen which people had access to and could make their own drinks and choose snacks inbetween meals. A lot of vegetables and meat were supplied by the working farm situated on site. In addition people were supported to access the community and supermarkets to purchase other ingredients.

People could choose whether to have their meals in their own rooms, the communal dining or living area or outside in the garden. In one house we observed two people sitting in the living area watching TV with their meal and another sitting at the dining table. This was their choice and it was respected. People told us that they discussed menus and shopping in weekly house meetings.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A health professional said, "The service are quick to seek advice and support and always listen to this". Recent health visits included; specialist community nurses, diabetes nurse, dentist, occupational therapist and GP.

The service worked effectively with people, professionals, families and local authorities during admission and when they chose to move on. We were told that a person had recently moved into a house. The relative told us, "Sturts Community staff worked hard and effectively during [name's] transition. Before they moved here [name] was working on the farm one day a week. Effective assessments took place and there was a good handover between both services. They are really relaxed and happy here".

Is the service caring?

Our findings

Feedback from people, relatives and professionals was that staff provided extremely good care and support which made sure that people felt cared for. A person told us, "My care is amazing, I love it here. Staff are very, very caring and my care is personal to me". Another person said, "Care is outstanding. We have good relationships with staff and each other". Another person told us, "Staff care is wonderful". Relatives' comments included, "Staff are extremely caring, they listen and respect my loved one. I would rate the level of care as outstanding if I could" and, "I feel care here is outstanding because the care is centred all around people and how it will benefit them. They always think about individual needs and never collective needs". A professional told us, "I would support a rating of very good in caring. They [staff] are extremely good at tailoring care around people".

Promoting independence, involving people and using creative person centred approaches was embedded and normal practice for staff. A relative said, "Independence is very much promoted and respected at Sturts Community. People are actively supported and encouraged to do things for themselves safely. People's levels of ability are mixed which works well here. They learn from each other which can have a better impact on their understanding which is really positive". We were told by a relative that they felt their loved one had learnt more and developed more life and social skills since living at Sturts Community. They said, "[Name] is a lot more patient and understanding of others feelings".

We observed a person making a dinner for themselves and others in the home. A staff member was present however, the staff stood back, observed and only supported when the person asked questions or requested support. We watched the person read their recipe and check the steps they had done and what they needed to do next. Another person initiated feeding their cat whilst another chose to watch TV. This demonstrated how independence was actively promoted and embedded in the homes which in turn gave people roles, taught them new skills and gave them a real sense of purpose.

Staff were compassionate, kind and highly motivated in their roles. They told us that they really enjoyed their job and making a difference to people's lives which made them happy. A staff member said, "I like to think we are all very compassionate, empathetic and genuinely care for the people we support. We keep a real interest in them [people] and their life which is what makes strong relationships". Another staff member said, "I love it here. We can help people learn new skills. We respect people's individuality, never set any rules to treat people the same. Everyone is a person". A relative said, "Staff show real affection here by treating people respectfully and as equal individuals". A professional told us, "Staff are great at showing kindness and compassion to people and always have time to spend with them". Another professional told us, "Staff are really proactive in achieving what people want to achieve. It takes motivated, kind and committed staff to do this".

The service was mindful of, and creative with, matching people and staff. Common interests were used and close indirect observation of staff and people interaction. A professional told us, "The service works really hard to match people and staff from as early as recruitment. They use interests and experience". A relative said, "If dynamics between people and staff change then staff support is changed in the person's best

interest". For example, a professional told us that if staff lose their way in supporting people with behaviours it is picked up and acted upon in a timely way. This made sure that it did not have a negative impact on the person through increased incidents or changes in behaviour patterns. People who chose to actively participate in choosing staff were given opportunities to be involved in interviews. A person told us, "I help out with staff interviews. I ask different questions like; what was your last job? Why do you want to work here? I enjoy doing interviews and choosing my staff. It makes me feel proud". We found that houses had visual rotas which meant that people knew who was working each shift. A person said, "The rota is good lets me know who is working with me when".

During the inspection there was a calm and welcoming atmosphere in the homes we visited. We observed staff interacting with people in a caring and kind manner. Staff were sensitive when people needed caring and compassionate support. Staff could tell us triggers which may cause anxiety and distress and how they would support people respectfully at these times. A relative told us, "My loved one and another person used to have issues with each other. The service mindfully adapted things, identified triggers and put measures in place to reduce incidents. This has worked". Another relative told us about a time when they had been at a house when two people required medical support at the same time. The relative said, "This was managed so well. People were supported to keep occupied by some staff whilst other staff managed the situation respectfully whilst preserving their dignity at all times".

There was a total communication environment within the homes. People each had their own preferred methods of communication and this was understood, respected and used by staff. Methods of communication included, sign language, speech, written text, photos and picture exchange communication system (PECS). We found that one house had found that a person had not been responding to PECS so staff had looked at creating photos of the person being involved in activities to help them understand options available and make decisions. This had had a positive impact on the person and they had become more motivated in making their own choices and decisions. We were also told that a person was struggling to inform staff who they would like the service to inform if they were taken to hospital. The person was refusing to use pictures of family members so the nominated individual did a role play with the person and pretended to be ill and say who they wanted at hospital. The person had engaged in the role play and was asked the same question which they answered. This demonstrated innovative and creative ways of communicating with people.

The involvement of advocacy was promoted at Sturts Community and a person had been working with a local advocate to set up an independent advocacy group at the service. The person said, "I am trying to get more people in Sturts Community to join the group and am presenting to the trustees to look at ways I can do this. Advocacy helps me put my word out and have my say. This is important to me and others". The person told us that they had been supported to an event which had raised their awareness and understanding of advocates and advocacy services. The person said one thing they really learnt and took home from the event was, "Love yourself and others".

The service promoted Equality Diversity and Human Rights (EDHR). Staff had received equality and diversity training. A relative said, "It's very diverse here. A good mix of nationalities which really benefit my loved one and others. The different cultures and experiences help people understand differences and creates a warm diverse environment". Another relative told us, "Human rights are protected here. Disabilities are never seen as a barrier to fulfil life. They [staff] take disability and work with what people can do not what they can't do". People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice if requested.

We found that people were supported to form and maintain intimate relationships with other people and that guidance to keep them safe and offer appropriate support was in place. One person told us, "I have a boyfriend. I can meet him as and when I want to. I like to have a catch up and play board games. Staff respect my relationship and support me positively". Another person said, "I'm happy with my relationship and feel supported. It's important to me and my fiancé. We choose to have separate bedrooms and private time which is our right and respected". A staff member told us that they supported people who were in relationships and respected these. They said, "We support them to stay safe, have the information they need and talk openly with them".

People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. People's bedrooms were personalised with their belongings, such as furniture, photographs and ornaments to help people feel at home.

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends. There were other areas and rooms in the houses so people could meet privately with visitors in places other than their bedrooms. A relative told us, "I visit my loved one once a week and video call them twice a week. Staff know me and I am welcomed". Another relative said they came when they wished and were always greeted politely by staff and made to feel welcome. Staff were aware of who was important to the people living there including family, friends and other people at the service.

Is the service responsive?

Our findings

Sturts Community was responsive to people and their changing needs. Throughout the inspection we observed a very positive and inclusive culture at the service. There were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. People's support plans included information about their personal history, their individual interests and their ability to make decisions about their day to day lives. Support plans provided guidance as to individual goals for people to work towards to increase their independence and reduce their reliance on staff for support.

The registered manager alerted staff to changes and promoted open communication. Staff actively supported people as their needs and circumstances changed. For example, a relative told us that their loved one's health needs were under review and said that the home has been very open and kept them up to date with events and appointment outcomes. Another relative said, "[Name] used to be very erratic and had disturbed sleeps before he came here. Now they are so much more relaxed, settled and content". A person said, "Staff have been supporting me recently with my medical needs. They have involved me in everything". A professional told us, "Staff are very proactive in supporting and meeting people's needs".

Staff were able to tell us how they put people at the centre of their care and involved them and / or their relatives in the planning of their care and treatment. A relative said, "I'm involved in my loved one's care. The home keep us fully involved and updated". The registered manager told us that annual review meetings took place with the local authorities, families and people where possible. People's support plans held copies of their reviews which celebrated achievement and identified areas of support. A person told us, "I have annual reviews. Had one last month, went really well. It was good, I chose to have it here and it was really positive". A professional said, "I am involved in reviews and look forward to these".

People were supported to access the community and participate in activities which matched their hobbies and interests and was reflected in individual support plans. Activities included, swimming, cinema, pubs, restaurants, shopping and short breaks. Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. In the evening of the inspection a group of people were taken to Bournemouth to see the Christmas lights. People told us that they were looking forward to this. A professional said, "People are always engaged and involved in activities when I visit".

There was a working farm and farm shop linked to Sturts Community which people played a role in running. A relative told us, "[Name] can see they are contributing and that they have a real purpose and life style. They work in the garden and on the farm. They can also access other homes here and the wider community with staff support". The relative went onto say that their loved one really liked to deliver logs to different homes. In response to this they had been provided with a go kart which had a hook on the back to tow a trailer. The relative said, "While my loved one delivers logs staff praise and thank [name]. Praise is so important to [name] and it's an example of how they are given a real sense of purpose here".

The service met the requirements of the Accessible information Standard. The Accessible Information Standard (AIS) is a law which requires services to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with AIS. People's assessments made reference to people's communication needs, this information had been included in people's support plans where a need had been identified, and communication passports were in place and shared with other professionals and services when required.

The registered managers told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. We found that there were no live complaints at the time of our inspection. A relative told us, "I have no concerns at the moment but if I had a complaint I would go straight to the registered manager. I am confident they would listen and act on it". A person said, "If I have a complaint I would talk to staff or [a registered manager's name]. They would listen". People were supported to understand the complaints procedure which was also available in an easy read pictorial format and copies kept in each person's care file in their bedrooms.

Nobody living at Sturts Community was being supported with end of life care.

Is the service well-led?

Our findings

The service had registered managers in post. 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.

Since the last inspection there had been some management changes. There were now three registered managers across nine houses. One registered manager was responsible for one house which provided a home for people who were less independent and had higher support needs. Another registered manager was responsible for three houses and another was responsible for five houses. These houses provided support to more independent people who had fewer support needs. The nominated individual told us that this had helped with better oversight of services and form a positive management team. A nominated individual had overall responsibility for supervising the management of the regulated activity and ensuring the quality of the services provided.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, staff files, infection control, medicines and health and safety. The registered managers told us that they regularly worked care shifts with staff which enabled them to observe practice, make sure staff were completing records and take improvement action as and when necessary. In addition to this, each registered manager audited each other's services once a quarter which provided greater oversight and robust monitoring.

People, staff, relatives and professionals feedback on the management at Sturts Community was very positive. A person told us, "The registered manager is perfect. I can see them and ask for help anytime". Another person said, "The registered manager is great to be around. Helpful and approachable". Staff comments included; "The registered manager is very good. Very caring and they know the people very well. Always here for support and any concerns are dealt with promptly", "[Registered manager's name] is brilliant, really approachable and on the ball. Any issues I know I can go to them. They are so supportive, forward thinking and always leads by example" and, "The registered manager is really good. I really like [registered manager's name]. I always feel I can speak to them. Open and honest always". A relative said, "The registered manager is very good. Naturally caring, softly spoken but can be firm and fair. I have seen them working hands on with people and they have a good management understanding". A professional told us, "There is a strong management team. People know the managers and they support and deal with any issues promptly". The registered managers told us that the nominated individual was open and supportive.

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "Partnership work is great. Information is readily available and always shared. They are always there to help. If someone doesn't know the answer they will always get back to me which is good".

The registered managers understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people. A registered manager told us, "It is all about being open and honest. Any incidents which may occur we learn from and accept fault when things go wrong and apologise to people and families". A relative told us, "The home is transparent and keep us informed of incidents and learning". A professional said, "Sturts Community always learn when things may go wrong. They reflect on this and move forward".

People, relatives and staff told us that they felt engaged and involved in the service. A person told us, "I suggested to the nominated individual and trustees that it would be nice to have space for a communal dining area in the house as well as our separate kitchen dining tables. This was listened to and now it is being built". The person told us that they have been overseeing the work and telling roofers how people want the roof to look. They added, "I also tell the delivery drivers where they need to go!" A relative said, "The home is really supportive. I feel I can raise ideas and am involved in improvements". A staff member told us, "I feel involved in the home. Management will listen to us and ask for our ideas". Staff told us they felt valued and that management acknowledge the good work they do.

A person proudly told us how they had been involved in some conferences over the past year. One of these had been national conference where 500 people including the Minister of State for Housing and Support had attended. The person said, "I presented and had a microphone. I explained what I do here and how Sturts Community works and supports me. It made me feel really proud of myself".

A relative said, "I would defiantly recommend this place. I feel fortunate to have found it. People live such a healthy fulfilled life here". A professional told us, "Sturts Community are a provider I have a lot of confidence in. I would definitely recommend the service and have placed people here before".