

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 6 July and was announced. The inspection continued on 7 July 2016. It was carried out by a single inspector.

Sturts Community Trust provides personal care to 28 people with learning disabilities. People lived in nine houses spread across farm land. There was also an onsite creamery, a farm shop and a working farm. The houses varied in size from two to eight people living in shared supported living environments.

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.

Medicines were not always stored or recorded safely. This meant that people were at potential risk of receiving spoilt medicines. We discussed this with the management who put an action plan in place to address these.

Whilst reviewing medication files in one home we noted that records dated back to 2013. This made files very lengthy and could cause confusion to new and experienced staff regarding the correct medication people are taking and which Medication Administration Record sheet is in use. We discussed this with the service manager who archived and created new medication folders there and then. This demonstrated positive leadership.

There were detailed care and support plans in place based on individual preferences, likes dislikes and people's needs. Goals were set and broken down into steps appropriate for people to achieve them.

There were enough staff in place to meet peoples care and support needs who had received appropriate pre-employment checks on their suitability prior to them starting work at Sturts Community. Staff told us they received enough training to enable them to do their jobs. They felt supported by senior staff and one staff member told us they enjoyed working at the home and felt management were approachable. They experienced the team as friendly and welcoming. There was a system for ensuring staff completed mandatory training and staff had an annual appraisal and further learning was supported.

Only staff who had received appropriate medicines training were able to administer medicines. We noted that medicines were dispensed into small glass dispensing pots and or egg cups. This posed a small risk to people if they were dropped and smashed. We discussed this with the registered manager who told us that these would be replaced with disposable dispensing pots.

People had access to healthcare when they needed it. People's care records demonstrated contact with a variety of health and social care professionals.

People's views were obtained in a number of ways. The registered manager told us they had regular contact with people and their families and had informal discussions with them. This meant the care and support people received was audited and improvements made.

People were supported to maintain contact with people who were important to them and there were no restrictions on visiting times. People had different interests and liked to spend the day in ways which suited them. There was a range of vocational, social and leisure activities which included farming, cheese making, college, swimming, shopping and bowling to name a few. People had active timetables which reflected the activities they had an interest in.

There were good relationships between the management and the care workers who worked closely together. The management team provided formal supervision as well as day to day supervision. All new staff had completed or were working towards completing the care certificate.

People and staff we spoke to told us they felt the service was well led and that the management was very approachable and open to suggestion and learning. Regular quality checks took place. These ensured that Sturts Community practices and delivery of care and support was monitored and improvements made as and when required.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

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 mostly safe. Medicines were not always stored and recorded safely. The service put an action plan in place which addressed the concerns and made medicines safe.

There were sufficient staff available to meet peoples assessed care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Risk assessments and business continuity plans were in place and up to date.

Is the service effective?

Good ●

The service was effective. Staff received training to give them the skills to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. Capacity assessments were completed and best interest meetings took place as and when appropriate.

People were supported to access health care services.

Is the service caring?

Good ●

The service was caring. People were supported by staff who knew them well and spent time with them.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity at all times.

People were supported by staff who used person centred

approaches to deliver the care and support they provide.

Is the service responsive?

Good ●

The service was responsive. People were supported by staff who recognised and responded to their changing needs.

People were supported to access the wider community as well as the various activities available on site.

A complaints procedure was in place. People and their families were aware of the complaints procedure and felt able to raise concerns with staff and management.

People's feedback was used to make improvements to the service that benefited people.

Is the service well-led?

Good ●

The service was well led. The manager promoted and encouraged an open working environment.

The manager showed a real commitment to both people and staff and in turn they respected them for this. This demonstrated good leadership.

Regular quality audits were carried out to make sure the service was safe.

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.

The inspection took place on 6 and 7 July 2016 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 looked at notifications we had received about the service. We spoke with the local authority contract monitoring team to get information on their experience of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who use the service, the general and service manager. We met with four staff.

We reviewed four people's care files, policies, risk assessments, medicines, quality audits and complaints. We visited people in their own homes, observed staff interactions and observed people working on the farm. We looked at three staff files, the recruitment process, and house meeting notes, training, supervision and appraisal records.

Is the service safe?

Our findings

Medicines were not always stored or recorded safely. we reviewed people's Medicine Administration Record (MAR) sheets in two of the houses and found that there were gaps in recording medicine which had been administered. Temperatures of medicine cabinets were not recorded. In one of the homes medicine was stored in a laundry room which we were told was prone to getting hot. Liquid medicines were used by people in this home and instructions on bottles stated not to store above 25 degrees. This meant that people were at potential risk of receiving spoilt medicines. The service manager told us that in one home they knew that the medicine had been administered as they were in the same room at the time it had been given to the person. The house coordinator in the other home said that they will follow this up immediately. We noted that medicines were dispensed into small glass dispensing pots or egg cups which had been chipped.. This posed a small risk to people if they were dropped and smashed or harbouring bacteria. The manager removed these straight away and disposed of them safely. The management acknowledged these findings, they immediately took action and shared a copy of their action plan with us. It showed that thermometers would be purchased for medicine cabinets that day and temperatures recorded regularly. Glass pots would be replaced with disposable dispensing pots. We found that no one had come to any harm as a result of these findings and felt that the service had demonstrated good prompt management to mitigate risks to people. Medicines were only administered by staff that had been trained and assessed as competent.

People told us they felt safe at Sturts Community. One person said, "I feel safe here and have my own key to my room". Another person told us, "Sturts Farm is a safe place to live and I love it here". We read a comment from one person who said, "I feel safe here because I can always ask for help or support".

The service manager said, "I believe people are kept safe through good recruitment, engaging with families and approachable staff". The general manager said, "I have a lot of contact with people and can tell from behaviour if they are ok".

Staff were able to tell us how they would recognise if someone was being abused. For example, they told us that they would look for changes in behaviour, unexplained marks or money not adding up. Staff told us they would raise concerns with senior staff or management. Staff said that there was a no blame culture and were aware of external agencies they could contact if they had concerns including the local authority safeguarding team and the Care Quality Commission. Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this. There was a comprehensive local safeguarding policy in place and an accessible easy read version for people.

Staff told us they thought people were safe. One staff member told us, "Sturts Community is safe because risk assessments are in place and everyone knows about these. Risk assessments are reviewed and reflective of people's needs".

We reviewed people's risk assessments. Risks and hazards had been identified and there were clear control measures in place which staff followed to make sure that people lived a full and meaningful life. We found

that people's views were recorded and respected. In addition to people specific risk assessments we found that there were other risk assessments covering general tasks for example working in the farm shop and new and expectant mothers. This demonstrated that risks to both people and staff were identified and assessed appropriately in order to minimise risk and keep people safe.

There was a business continuity plan in place which covered various events from loss of power or gas to staff shortages and fire. Each event had been risk assessed and there was clear step by step guidance and contact details for staff to follow. We found that emergency procedures had been created in a pictorial easy read format. A person told us, "I know what to do in a fire" and showed us the easy read procedure. This showed us that people and staff had the information they needed to stay safe should an emergency situation arise.

There were suitable numbers of staff to meet people's individual care and support needs. People's individual support hours were assessed during the admission process and were regularly reviewed using an on line dependency tool which allows the service to report care hours and add one to one support hours as visit hours. We saw that people's one to one personal care hours were clearly identified in their care plans and timetables. We were told that Sturts Community hardly uses agency staff and that they have a small group of bank staff. A person said, "There are enough staff here, they are really nice and friendly". A staff member told us, "I feel there are enough staff to meet people's needs. The rota is managed in a good way so people can have one to one hours. There are often additional staff brought in as and when needed". We reviewed one of the homes rotas and could see that enough staff were on shift to meet people's allocated one to one hours.

Recruitment was carried out safely. The staff files we reviewed had identification photos, details about recruitment which included application forms, employment history, job offers and contracts. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS).

Is the service effective?

Our findings

Staff were knowledgeable of people's care and support needs and received regular training which related to their roles and responsibilities. We reviewed the training matrix which showed that staff had received training in topics such as safeguarding, food hygiene and first aid. We saw that staff had also received training in topics which were specific to the people they were supporting such as autistic disorders and communication, and assisted communication techniques. In addition to regular training we saw that staff had achieved or were working towards their diplomas in health and social care from levels two to four. A staff member told us, "I receive enough training to do my job. I have also done my level 3 in health and social care".

New staff completed an induction programme which gave them the skills required to do the job and involved training and shadow working followed by competency tests. We were told that relevant staff were working towards or had completed 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 or experience. We met with a staff member who had only just started, they told us, "I have just started my induction. I am currently looking through people's files, health and safety and getting an understanding of people's likes and dislikes. I am also observing experienced staff which I find important and very useful". Another staff member asked to speak to us. They said, "I wanted to tell CQC how supportive staff have been during the manager's absence. Staff have really shown me how to support people and get to know them". This demonstrated positive, supportive working relationships between staff.

The service and general manager told us that supervisions took place regularly and that annual appraisals were completed. Staff files confirmed this. A staff member told us, "I receive supervision. I find them a useful time to discuss idea, concerns or issues that I may have". The service manager said, "If a staff member came to me with an issue or problem I would work with them to find a solution. This will help them to learn and be able to deal with it in future should it arise again".

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.

Staff were aware of the Mental Capacity Act and worked within the principles of this. Sturts Community used a mental capacity recording form which captured the information about the person and identified the decision which was to be made. It assessed people's capacity and recorded any doubt there may be in the person's ability to consent. Support provided to the person was recorded. All best interest decisions were recorded as and when necessary. This process showed that there was a clear system in place to ensure people were supported to make decisions and consent where possible and that best interest decisions were recorded as and when necessary.

People with capacity signed their care plans and those who lacked capacity had capacity assessments completed and best interest decisions recorded. There were some people who had family members as their lasting power of attorney for care and welfare and or capital and finance. This ensured that people were not at risk of decisions being made which may not be in their best interest.

We saw people had visual menus displayed within each house. Menus we reviewed were made up of healthy balanced meals. People took it in turns to cook meals for each other. Some people received dedicated one to one support hours with cooking skills. We observed a staff member baking a cake with a person. People and staff sat together around tables at meal times. We observed people coming together for lunch on the green. There were positive interactions between people and staff which added to a relaxed atmosphere. A person told us, "I like the food here, I cook on Wednesdays. I really like to cook cakes". Another person said, "I am making a cake for the fun day on Saturday this afternoon". A staff member told us that people are supported to do weekly food shops at the weekend. They said people usually choose their own meal on a Saturday and cook it when they get home. We saw that one house had created food symbols to help people plan and choose meals. A staff member told us, "We did this in response to people being confused or unable to explain what meals they wanted. Symbols or photos help them with this, they provide people with the information they need to make a decision".

A staff member told us, "People are supported to maintain healthy balanced diets. We provide people with information about food and they use fresh produce grown on the farm. This helps them understand where certain foods come from. We plan menus with people using photos of options". Another staff member said, "Most people cook with support. They have cooking mornings. Regular favourites include jacket potatoes, fish pie and pizza". A person told us, "I like to pick and eat the food we grow and cheese we make".

People were supported to access health care services both within their home and out in the wider community. We reviewed records and saw that people had recently been supported to see a GP, district nurse, dentist, mental health and learning disability teams. A staff member told us, "People are supported to health care appointments. Coordinators or seniors support them to GP or hospital appointments and support workers support people to chiropodist or dentists".

We saw that there was information on local advocacy services available to people in an easy read format. The service manager told us that currently no one is receiving advocacy services.

Is the service caring?

Our findings

It was very apparent from walking around the community and visiting people in their homes that people and staff all cared for and supported each other by taking time to listen to one another and offering advice. Communication passports were used to identify how people wished staff and others to communicate with them for example; one person didn't talk very much but had a good understanding. The plan explained to staff supporting him that they needed to use simple sentences with two to three key words, give the person time and use photos. The passports also identified signs people showed when they were happy or sad. A staff member told us, "We want support to be tailored around people's needs. We do this by regularly assessing these and seeking feedback from the person involved". This demonstrated that Sturts Community staff were caring, aware of the persons different needs and supported them using approaches people had been involved in agreeing.

A person said, "Staff are nice and friendly here I have lots of friends too". Another person told us, "I really like it here; staff help me and know what I like and don't like to do". A staff member told us, "I'm caring; I have rich relationships with people and watch my own ego. I self-reflect and empathise with them. I find people very uplifting". Another staff member said, "I'm caring. I am really passionate about supporting people to live the life they want to live and be as independent as possible". Through discussions with the management we believed that this approach was supported and embedded by them.

We observed people regularly approaching staff and management for general conversation and often heard laughter between people and people and staff. A person told us, "I feel I can talk to staff if I feel sad. They listen to me, reassure me and raise my confidence". We observed this person approach a staff member after speaking to us saying they missed their father. The staff member spoke softly to the person in a reassuring manner and told them that they will be seeing their father on Saturday. This approach appeared to work and then the person continued with activities within the home.

We saw that information was made easy to understand by providing visual prompts, story boards and choices along with text for example people's time tables, meeting agenda's and notes. This enabled people to understand information and be able to make informed decisions and choices about their care and support.

People were supported to spend time with family outside of the community. Staff had a good knowledge of family and friends that were important to people. A person told us, "I am going to a family members wedding at the weekend". Another person said, "I see my family, they pick me up from here and bring me back". We noted that people were supported to skype their parents and that this formed part of their weekly timetables.

People's privacy and dignity was respected by staff. People had locks on their doors and held their own keys. People's individual records were kept securely in locked cabinets within the different houses This ensured sensitive information was kept confidential. A staff member told us, "I respect people's wishes; I supported a person with personal care yesterday. I close doors and curtains and ask them if they want me in

their private area". Another staff member said, "Staff and people are respectful of each other's privacy. Doors are knocked on and people never enter each other's rooms uninvited. We never discuss people in public and only use initials in diaries".

Is the service responsive?

Our findings

We reviewed people's care files and found that these were reviewed three monthly with people and families if they chose to attend. A staff member told us that families and professionals often came to annual review meetings and were also involved in the review of people communication passports.

Staff demonstrated positive person centred approaches which empowered people to learn life skills in a caring environment. Were people encouraged in their friendships too? For example we discussed the progress one person had made since receiving support at Sturts Community. The person had started at the service not understanding how to do their laundry or make breakfast and got very anxious about completing tasks. We saw that the service had worked with the person and an occupational therapist who had trained the staff to break tasks down into small steps. The staff told us that now the person completes their own laundry and makes their breakfast. This demonstrated that the staff work with people to establish positive working relationships and support them to work towards goals which have positive outcomes.

We were told that staff always discuss the week ahead with people and plan how people wish to spend it. We saw that people had active timetables and opportunities to access the wider community. One to one hours were identified. We reviewed some people's timetables and noted that people were supported to football, drama club, bowling, and horse riding to name a few. We observed one staff member supporting a person to go swimming. A staff member told us, "We had a barn dance last month and everyone was supported home at time they chose to be which meant people went to bed and got up different times". This demonstrated that the service responded to people's preferences and needs. It also showed us that staff knew what people's likes and interests were.

There was a very strong emphasis on involving people across the community in a variety of ways. We were met on the first day by two people who had been elected by others living in the community to represent them. These people were called champions and led regular meetings to discuss upcoming events and development programmes. They also wrote reports for board meetings. This demonstrated a positive inclusive culture which was people led.

Sturts Community was planning an open day for the weekend and we observed two people being supported to a local radio station with a staff member to talk about and promote it. We were told that one person had recently been supported to apply for a job on a market stall in the local town. The person had been successful and will be selling fruit and vegetables grown on the farm. The service manager told us that this will support the person to build personal and social skills, learn and understand numeracy, understand the food circle and gain more confidence. The person told us they were happy and pleased to have got the job. The general manager told us that people really feel they had a vocation either as farmers, cheese makers or farm shop workers.

We saw that everyone had a Being a Citizen of Camphill Co Housing profile. This was completed by people and gave them an understanding of their rights and responsibilities. The ethos of living as part of a community, sharing festivals together, being equal citizens and good neighbours to one another was

explained. These profiles evidenced people's choices and responsibilities. We read that one person had written that they wanted to enjoy life living with friends and another person had said they wanted to be at Sturts Community because they liked working on the farm.

We asked one staff member how they had recently responded to a person's feedback? The staff member explained to us that a person who uses nonverbal communication had indicated by pointing that they wanted to go outside and use their go kart. The staff member went on to say that they then went down to the gate and watched cars from here they returned home and got out some books on cars which the person enjoyed. Another staff member told us that one person had expressed an interest to go to a local garden centre and said that they looked at the person's timetable with them and arranged a suitable time to support them. We saw that weekly house meetings took place with people and staff. These evidenced that people were involved in things like; planning menu's, activities, raising concerns or complaints and health and safety. We noted that actions were logged and reviewed in future meetings. One action outstanding was to purchase a new butter dish. The house coordinator told us that this was being purchased this week during the food shop. This demonstrated to us that staff readily listened to people and responded to their feedback.

We saw that family and friends meetings take place at Sturts Community on a regular basis which provided another opportunity for the service to receive feedback from others and develop things further. Notes were taken and distributed to those who attended. The notes included photos of recent events which had taken place.

There was a comprehensive complaints policy in place and a process used to record concerns and log steps taken to address them. We reviewed one concern which a family member had recently raised regarding their son's placement. In response to this Sturts Community had arranged a meeting with the family to discuss matters further. We saw that the concerns had been addressed and that all parties were satisfied with actions taken to date.

Is the service well-led?

Our findings

Sturts Community Trust had a clear vision to promote citizenship of all those involved in its activities. It believes that development, participation and the ability to contribute creates a healthy sense of belonging and purpose that promotes wellbeing. We observed on several occasions people reflecting this vision by valuing each other's contributions, respecting and supporting one another as individuals.

We reviewed the services quality audits which covered areas such as incident/accident, infection control, health and safety, medication and finance. Quality monitoring systems used covered key areas, identified areas of improvement and recorded actions to be taken. We found that the systems used involved a mix of observational checks and walk through audits. We reviewed the findings of a recent care file audit which had taken place by the general manager. We saw that actions had been identified and that learning had been shared. This demonstrated an open and transparent approach to quality service monitoring.

Whilst reviewing medication files in one home we noted that records dated back to 2013. This made files very lengthy and could cause confusion to new and experienced staff regarding the correct medication people are taking and which Medication Administration Record sheet is in use. We discussed this with the service manager who archived and created new medication folders there and then. This demonstrated positive leadership.

The service did not have a registered manager in place. 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 previous registered manager had left Sturts Community the week before our inspection and had notified us of this. The service manager was in the process of applying for their registration.

Both the service and general manager showed a real commitment to both people and staff and in turn they respected them for this. We observed on several occasions people and staff approaching the managers for general discussions, updates, advice and catch ups, people and staff appeared relaxed and happy. This was shown through laughter and sharing of jokes. A person told us, "The manager is nice, they listen to me".

A staff member told us, "The management are good. They are very open; I feel I could go to them with anything. They have always given me support and always have the people's best interests at heart". Another staff member said, "We have a very supportive management team here". Another staff member told us, "I really feel the service is well led, I have confidence in the manager, I see how well they interact with people and staff. Everyone respects them".

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.