

Creative Care (East Midlands) Limited

Sternhill Paddock

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

We carried out an announced inspection of the service on 12 December 2018. Sternhill Paddock is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service supports people who have a learning disability.

Sternhill Paddock accommodates up to six people in one building. During our inspection there were five people living at the home. This is the service's second inspection under its current registration. The service was rated as 'Requires Improvement' after the last inspection. This rating has now improved to 'Good'.

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.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 24 July and 2 August 2017 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment, safeguarding service users from abuse and improper treatment, good governance and fit and proper persons employed. After this inspection we asked the provider to send us an action plan to inform us how they would make the necessary improvements to ensure they complied with the fundamental standards.

At this inspection we checked to see whether improvements in these four areas had been made and found they had.

People were now supported by staff in a way that protected them from avoidable harm and abuse. Risks to people's safety were now appropriately assessed and acted on. There were enough staff in place to support people and to keep them safe. Robust recruitment procedures were now in place that ensured the risk of people being supported by unsuitable staff was reduced. People's medicines were managed safely. The home was clean and tidy and staff understood how to reduce the risk of the spread of infection. Accidents and incidents were now regularly reviewed, assessed and investigated by the registered manager and the provider's senior management team.

People received care and support in line with their assessed needs and in accordance with current legislation and best practice guidelines. Staff were well trained, received regular supervision of their role and were encouraged to develop their careers through the completion of nationally recognised qualifications.

People were supported effectively with their meals and contributed to choosing the menus. People had access to support from external health and social care agencies. The home environment was well maintained and adapted to support people with a learning and/or physical disability. 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 support this practice.

People liked the staff and we saw clear examples of warm, positive, kind and caring interactions. Staff supported people with dignity, respect and compassion. People were supported by staff who understood their needs and supported them with making decisions about their care. People's diverse needs were respected. People were provided with information about how they could access independent advocates. There were no restrictions on people's friends or relatives visiting them. People's records were handled appropriately and in line with data protection legislation.

People were supported with a detailed transition process when moving to the home. Support plans were person centred and focused on people's choices and personal preferences. Staff communicated effectively with people. Support records were regularly reviewed to ensure they continued to meet people's changing needs. People were treated fairly, without discrimination and systems were in place to support people who had communication needs. No complaints had been received since our last inspection, but systems were in place to ensure they were responded to in line with the provider's complaints policy. Efforts had been made to support people with how they wished to be cared for at the end of their life.

The service now had robust quality assurance processes in place that enabled the registered manager to make the necessary improvements since our last inspection. The registered manager was supported by a senior management team to enable them to carry out their role effectively. People, relatives and staff liked the registered manager and felt they had made a positive impact at the home. Staff felt valued and enjoyed their role. People, relatives and staff were encouraged to give their views about how the home could be improved and developed.

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.

People were protected from avoidable harm. Risks to their safety were assessed and acted on. There were enough staff to support people and staff were recruited safely. People's medicines were managed safely. Staff understood how to reduce the risk of the spread of infection. Accidents and incidents were regularly reviewed, assessed and investigated.

Is the service effective?

Good ●

The service was effective.

People received effective support with their health needs. Staff were well trained and their competency was assessed. People were supported to follow a balanced and healthy diet. People had access to support from external health and social care agencies. Decisions were made with or for people in line with appropriate legislation

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and treated people with dignity and respect. People's diverse needs were respected. People were involved with decisions about their support needs. There were no restrictions on people's friends or relatives visiting them. People's records were handled appropriately and in line with the General Data Protection Regulation.

Is the service responsive?

Good ●

The service was responsive.

People were cared for in line with their personal preferences. People had access to a wide range of activities. Staff communicated effectively with people. Information was provided for people in a way they could understand. Processes were in place to respond to complaints appropriately. People were supported to make decisions about their end of life care.

Is the service well-led?

Good 

The service was well led.

The home was led by an enthusiastic registered manager who had overseen improvements to the quality of the care people received. Robust quality assurance processes were now in place. Staff felt valued and enjoyed their role. People, relatives and staff were encouraged to give their views about how the home could be improved and developed.

The provider had not returned the Provider Information Return to the CQC when requested. Due to the improvements made by the provider in all areas, this has not impacted the rating for this question.

Sternhill Paddock

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 12 December 2018 and was announced. The inspection team consisted of one inspector 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.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. 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. However, it was clear that the provider had made significant improvements to the quality of the service provided and therefore, this has not affected the overall rating of this inspection.

We reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted county council commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

During the inspection, we spoke with four people who used the service and two relatives and asked them for their views on the quality of the service provided. We also spoke with two members of the support staff, two visiting maintenance people, a visiting advocate, the registered manager, area manager and operations director.

We looked at all or parts of the records relating to all five people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for support staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

After the inspection we asked the provider to send us some additional records which they did within the

required timeframe.

Is the service safe?

Our findings

During our previous inspection in 2017 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to act to ensure that people were protected from the risk of abuse or improper treatment. We found that unexplained injuries had not been appropriately investigated nor reported to the relevant authorities. After the inspection the provider forwarded us an action plan which described how they would make improvements to safeguard people.

During this inspection we checked to see whether sufficient improvements had been made. We found they had. The provider had reviewed the procedures that were in place to investigate and act on any allegations of abuse, or injuries sustained. A more robust system was now in place. Records showed the registered manager and the provider worked together to ensure when an incident occurred it was appropriately investigated and measures put in place to reduce the on-going risk to people. From the records we looked at, we also found the relevant authorities, such as the local authority safeguarding team and the CQC were now notified of all relevant incidents. Prior to the inspection we contacted the local authority's multi-agency safeguarding hub and a representative told us they had no current concerns with this home. This showed all people were now supported by staff who understood how to protect them from avoidable harm and to keep them safe.

The risk of people experiencing neglect, abuse or discrimination was reduced because processes were now in place to protect them. A safeguarding policy for staff was in place. The staff we spoke with could describe the signs of different types of abuse and the action they would take in response to any concerns about possible abuse. The staff felt that the registered manager would act on any concerns they raised.

A relative told us their family member was safe living at the home and they felt the registered manager and their staff had worked hard to make improvements. They told us there was now, "A good team of staff in place who understand people."

During our previous inspection we also identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was because people were not always protected from risks associated with their care and support as guidance in care plans was not always followed.

Improvements had been made to the support planning process ensuring all people received care and support in line with their assessed needs. At our last inspection we identified that positive behaviour support plans (PBSP) were not always used effectively to support people in a way that kept them and others safe and free from injury. At this inspection we saw improvements had been made. Positive behaviour coaches had been recruited to support staff across the provider's group of services to offer advice on how to support people who may present behaviours that challenge themselves and others. Each person had a detailed PBSP in place and this was continually reviewed to ensure that people's changing needs were reflected in their records. A positive behaviour practitioner is to be recruited in January 2019. Their role will be to work with, assess and manage the risks of people presenting with behaviours that challenge. They will also deliver

training to staff teams in the areas of positive behaviour support, communication and Autistic Spectrum conditions. The operations director told us they expected these new additions to further assist the provider's group of services to support people more safely and effectively.

Detailed risk assessments were in place that helped staff to identify and reduce the impact of any hazards that could affect people's safety. This included the support people needed with managing their own medicines and personal care. We noted from the records we looked at that staff ensured people could lead their lives as freely as possible, with as little restriction as possible to maintain their safety. All risk assessments were reviewed to ensure people's changing needs were identified and acted on before they impacted their safety and well-being.

Risks associated with the environment were managed safely. There were procedures in place for evacuating people from the premises in the event of a fire or emergency. Each of the records we looked at were reviewed, person centred and reflected people's health needs. Regular maintenance was undertaken that ensured where improvements to the layout or décor of the home were needed; this would be done in a timely manner, with minimal disruption for people. Regular servicing of gas installations and fire prevention equipment had been carried out. A fire risk assessment was in place and the registered manager understood how to ensure the risks associated with the home environment did not impact on people's safety. This helped staff to support people in a safe environment.

During our previous inspection we identified a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always supported by staff who were fit and proper to carry out their role. Where staff had previous convictions that could impact their suitability to support vulnerable people, risk assessments had not always been carried out. This placed people at risk. After the inspection the provider forwarded us an action plan which described how they would make the improvements to people's care.

During this inspection we found improvements had been made. Robust recruitment processes were now followed to ensure that people were protected from unsuitable staff. Before staff started working at the service, a check had been carried out through the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. Where needed, appropriate risk assessments were completed to ensure any risk to people was now reduced. We also saw that proof of identity and appropriate references had been sought prior to staff commencing work. This meant that the provider had taken appropriate steps to ensure people were protected from staff who may not be safe to support them.

There were sufficient staff in place to support people safely and to enable them lead meaningful lives. A relative told us there were always staff available to support their family member. We noted there was at least one member of staff assigned to support each person. This kept people safe. Staff rotated throughout the day, enabling people to spend time with other staff and to ensure staff remained focused on their role. Rotas showed there were sufficient staff in place at night. If there was an emergency and further support was needed, an 'on-call' system was in place that meant other staff or members of the management could come to the home to support the staff on shift. These processes reduced the risk to people's safety.

People told us they received their medicines when they needed them. One person told us they received theirs, "in the morning and the night." They also told us they received paracetamol for pain. Another person showed us where their medicines were stored and could explain what they were for. This meant people were informed about the medicines they were taking.

Medicines were stored safely inside locked cabinets and trolleys inside a locked room. We checked the stock levels of all five people's medicines and found these to match their records. The temperature of the room, cabinet and trolley were recorded to ensure medicines were stored at the correct temperature. Each person had medicine administration records (MAR) which recorded whether they had taken their medicines. We noted not all handwritten entries on these records were double signed. It is important when writing people's medicine type and dosage by hand that they are double signed to ensure the entry was correct. The registered manager told us they would address this.

People's MAR contained a photograph of the person to aid identification, a record of any allergies and the person's preferences for taking their medicines. Other information was recorded to aid the safe administration of medicines and to ensure their effectiveness. This included protocols for staff when to administer medicines that were to be given 'as required.' These protocols are important to ensure people received their medicines consistently and in line with their assessed needs. Staff completed medicines administration training and competency assessments prior to administering medicines. Records viewed supported this. Regular medicine audits were carried out to assure the registered manager that people continued to receive their medicines safely. Overall, safe medicine practices were in place.

The home was clean and tidy. We saw that staff adhered to infection prevention and control procedures such as using personal protective clothing and equipment (known as PPE). PPE was readily available, which we observed during the inspection. We identified no infection control risks during the inspection.

Is the service effective?

Our findings

During our previous inspection in 2017 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we were not assured that people would be protected from the use of prolonged physical interventions. After the inspection the provider forwarded us an action plan which described how they would make improvements to safeguard people.

During this inspection we checked to see whether sufficient improvements had been made. We found they had. When incidents had occurred and restraint was used there was now a full review process in place. Restraint was used as a last resort and records showed there was always a debrief with the staff member involved. This debrief gave the staff member the opportunity to explain why they had needed to use restraint having exhausted all other de-escalation alternatives as recorded in people's support plans. The provider was also involved with this process. They offered guidance and support to the registered manager, but also continually checked that restraint was not being over or unlawfully used. Records showed the frequency which restraint had been used since our last inspection had significantly reduced. A relative told us their family member had been restrained once in the past 12 months. They said the reasons why were explained and they fully supported the process. This meant significant improvements had been made to the way incidents involving the use of restraint had been used.

The registered manager had ensured that people's on-going physical, mental health and social care needs were assessed and provided in line with current legislation and best practice guidelines. Recognised assessment tools were used to assess people's needs in areas such as nutrition. Where people had specific health conditions that required the support of staff to help to manage them effectively, specific guidance was in place to support staff. This included supporting people with epilepsy. The registered manager had also ensured that the protected characteristics of the Equality Act 2010 were implemented when care plans were formed.

People told us that staff understood how to support them. One person said, "They help me." Relatives told us staff had a good understanding of their family members' needs. One relative told us staff were always willing to learn and acted on advice given by them. Staff felt supported by the registered manager. They received regular reviews of their work and could discuss any areas for improvement and development.

Records showed staff received a wide range of training that the provider had deemed mandatory for them to complete their role effectively. Training included; medicines, mental capacity and positive behaviour support. Records showed that 97% of all mandatory training had been completed. Other service specific training had a completion rate of 90%. We were told the reason why 100% had not been achieved in both was because a staff member was on long term leave. All staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff were also encouraged to completed nationally recognised qualification such as diplomas (previously known as NVQs) in adult social care. Twenty-two percent of all staff had completed the entry level diploma; additionally, seven members of staff had almost finished or were currently on the course, with two more due to enrol. This meant people were supported by

staff who had the skills and knowledge to do so safely and effectively.

People told us they had enough to eat and drink and liked the food. One person when asked about the food said, "The food's nice, shepherd's pie is my favourite." A staff member explained this person liked to help with meals, making drinks and setting the table dinner.

We observed the lunch time meal. People were offered the choice of a hot meal or snack. During lunch we observed people eating their own individual choice. One person was restless, and reluctant to sit with people. Staff did not interfere with the person and reminded them to have a drink, which the person made themselves. One person asked for an energy drink and was encouraged to eat their lunch first which they accepted. We questioned a staff member about this and they explained if the person had an energy drink with their meal then they wouldn't eat. We noted another person was encouraged to slow down during eating by staff, which they did. This showed staff were aware of each person's individual needs and supported each person effectively with their meals.

People were supported to maintain a healthy and balanced diet. The weeks menu was on the kitchen noticeboard and people had been involved in choosing their meals. The menu for the day was provided in picture and word format and we observed one person finding the pictures for lunch and tea, and putting them on the board. There had been a recent drive to encourage more healthy eating. A weekly record of each person's 'five a day' was on the noticeboard with people encouraged to eat more fruit and vegetables. The chart showed there had been great successes with people eating a wide variety of healthy 'five a day' produce. A staff member told us one person was overweight when they moved to the home and they would only eat 'finger foods'. With the support of staff, the person now ate most food and was no longer overweight. This meant staff supported people effectively with their diet.

Where people were at risk of consuming food or drink that could cause long term harm to their health, risk assessments and care plans were in place to reduce that risk. Risks to people in relation to their nutrition were assessed and records showed that people's weight was monitored. Where needed, referrals to dieticians were made to assist with reducing the risk to people's health. Staff were knowledgeable regarding people's special dietary requirements. This ensured people continued to receive food they enjoyed, but also did not place their health at risk.

People were supported to maintain their health and had access to external health and social care agencies. Records showed there was regular involvement of these agencies. People had access to a range of external health professionals which staff had contacted when changes to their health had occurred. For example, records showed people visited their GP, dentist and more specialist healthcare professionals such as psychiatrists.

The home was well-maintained and provided people with an accessible garden and communal spaces. A sensory room was available which offered a calm and peaceful environment for people to use, with special lighting, music, and objects to support people. It can also be used as therapy for people with limited communication skills. This room was also used when people wanted quiet and private time. We spoke with the maintenance person during the inspection and they told us they regularly attended the home to fix any broken items or to make adjustments to the home. The bathrooms and showers were accessible for all and people could use these independently of staff. The environment was safe, met people's needs and was well equipped and presented.

We observed staff talking with people, asking for their views and responding accordingly. The staff we spoke with were confident that they ensured people could make their own choices and they respected and acted

on their views. Relatives praised the approach of staff and told us they always asked people's opinions and respected their wishes.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Where people lacked the ability to consent to decisions about their care, their support records contained assessments to ensure decisions that were made adhered to the principles of the MCA. When a person was unable to consent to a decision, mental capacity assessments were completed. We saw assessments had been completed in a wide number of areas of care and support. We noted best interest documentation was in place when a particular decision had been made for people. This documentation is important, as the views of the people who have contributed to the decision, normally the person's relative or appointee, are recorded, to ensure that as wide a range of views are considered before a final decision is made. This ensured people's rights were respected.

The registered manager made DoLS applications where necessary and authorisations were stored in each person's support records along with a support plan in relation to DoLS. Where conditions were recorded on the DoLS that had been granted, we found action had been taken to implement them. This meant no unnecessary restrictions were placed on people and their rights were protected.

Is the service caring?

Our findings

People and relatives praised the staff and found them to be kind and caring. One person gave us a 'thumbs up' when we asked if the staff were nice to them. A relative said, "They now have a good staffing team. The ones who didn't understand people have gone. [My family member] is so settled here now. They really know how to support [my family member]."

The atmosphere at the home was friendly and relaxed. Staff and the people they supported appeared relaxed in each other's company. We observed friendly banter between a person and a staff member while the person was being supported to wash their mug and make themselves a hot drink. We observed staff initiate friendly, affectionate interaction with a person who was sat singing. We also saw people sitting and chatting, playing games and planning what they were going to do for the day. People reacted positively to the calm and patient approach of staff.

People were treated with warmth, dignity and respect. Staff showed a genuine interest and understanding of people's personal choices, opinions and preferences and they interacted with people in a way that made them feel equal and valued. When people showed signs of distress or agitation, staff acted quickly and effectively to help calm the person and to offer reassurance.

People were involved with making decisions about their care and support needs. We saw regular meetings were held with their key workers. During these meetings actions were agreed and then reviewed to ensure they had been completed. This included supporting people to take part in a specific activity and booking a holiday. Meetings were conducted in a way that ensured people could understand what was being discussed and empowered people to give their views. The registered manager told us they reviewed the outcomes of these meetings to ensure that people's wishes were always acted on.

There was space in the home if people wished to be alone or to sit and talk with friends and relatives without interruption. We observed people ask to be left alone and staff respected their wishes. When we toured the home with staff, we observed staff knock people's doors and wait to be given permission to enter before doing so. This ensured people's right to privacy was maintained. We also noted there were no restrictions on people's family and friends visiting them. A relative told us they could visit their family member when they wanted to and were always made to feel welcome.

People had the opportunity to have an independent person to speak on their behalf to support them with making decisions if they wished them to. Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. At the time of the inspection, one person was receiving support from an advocate.

We spoke with the advocate. They praised the approach of staff. They told us the person they supported received the care and support they needed and took part in activities that were individualised and person

centred. They told us the number of incidents the person was involved with had reduced and staff had a positive impact on the person's life

People's religious and cultural needs were discussed with them and/or their relatives when they came to live at the home. These needs were discussed with them during reviews of their support needs and people were supported to embrace religious festivals if they wished to.

People's care records were stored safely, ensuring the information within them was treated confidentially. Records were locked away from communal areas to prohibit unauthorised people from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the General Data Protection Regulation.

Is the service responsive?

Our findings

Before people started to use the service, an assessment was carried out to ensure people could receive the support they needed. People and their relatives were invited to view the home, see the bedroom they would be moving into, meet the people they would be living with, and the staff who would be supporting them. This transition took place over several weeks to ensure that people could familiarise themselves with the home and to aid a smooth transition.

Once it had been agreed that people were comfortable with their new home and their needs could be met, individualised, person centred care plans were put in place to enable staff to have the guidance they needed to support people in their preferred way. People's records contained examples of person centred documents that helped staff to understand each person's individual needs, preferences and choices. Records included, people's hobbies and interests, how they expressed that they were in pain, things that were important to them or may upset them, the people that were important to them and support they needed to stay healthy. Staff had an excellent understanding of people's individual needs and this was reflected in the way we observed staff supporting people.

People's independence was always encouraged. We saw examples where people were supported to do things for themselves. This included daily living tasks such as cleaning their own bedrooms, tidying up after themselves in communal areas and making their own drinks. The operations director told us the aim was to support people to transition from residential care to supported living settings. They also told us they had a meeting planned with an organisation who specialised in providing people with opportunities to move to supported housing. The operations director told us they were in the process of identifying people who may benefit from this and would then work with them and their relatives to aid the transition. They told us there was now a clear 'pathway to independence' in place enabling people lead more independent lives.

People led active lives and could take part in activities that were important to them. A relative spoken with praised the approach of staff in encouraging their family take part in activities. They said, "They help [my family member] with activities; they love pool and staff bought them a cue." A noticeboard was used to help people plan their activities for the day and week. This noticeboard used words and a pictorial exchange communication system (PECS) to help people understand what was happening for them. PECS, allows people with little or no verbal communication abilities to communicate using pictures. The noticeboard was full of a wide variety of activities for each person and as a group. Examples included; trips to the cinema, arcades and trampolining, as well domestic tasks such as washing their car and helping to plan the weekly menus. Staff told us they felt people led active lives and they had the time they needed to support people with their chosen activities.

Staff communicated effectively with people, showing a good understanding of people's individual communication needs. Some used PECS to help them communicate their wishes. We saw people used their own pictures that were relevant to them to help them express their wishes. Efforts had also been made to use PECS on noticeboards, policies and producers to help people to understand things that were important

to them.

The registered manager was aware of the Accessible Information Standard (AIS), which ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. We saw some easy read information was available for people who had communication needs. The registered manager told us they were in the process of reviewing how people's support plans and other documentation were presented to ensure continued compliance with the AIS.

People had been provided with a complaints process in an accessible format which enabled them raise concerns if they wished to. A relative told us they had not needed to make a formal complaint but any issues they had raised had been dealt with quickly. The registered manager was aware of their responsibilities to ensure that when a formal complaint was made, it was investigated and acted on in good time, with a response sent to the complainant. Records showed no formal complaints had been received since our last inspection.

Efforts had made to assist people with making decisions about how they would like staff to support them when they neared the end of their life. The registered manager told us they were planning to develop meaningful support plans in this area to include people's personal preferences.

Is the service well-led?

Our findings

During our previous inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we had determined that the systems in place for the registered manager and the registered provider to monitor and improve the quality of the service were not always comprehensive or effective. This placed people at risk. After the inspection the provider forwarded us an action plan which described how they would make the required improvements.

During the inspection we saw improvements had been made. As we have reflected throughout this report, the provider has made improvements in all the areas where the service had fallen below the fundamental standards. Robust quality assurance processes were now in place that were used to ensure that high risk areas such as; the use of restraint, risk assessments, recruitment and the investigation of incidents were now appropriately monitored. The registered manager was confident that they now had a system in place to not only act on the feedback from authorities such as the CQC and the local authority, but to identify areas of risk and to act on them. The registered manager was supported by the regional manager and the operations director to ensure they managed the home in a way that reduced the risk to people's safety as well complying with the fundamental standards.

People, relatives and staff liked and respected the registered manager. A relative told us they were pleased when the registered manager was promoted to the permanent manager's position. They also told us they felt they had a positive impact on their family member. We saw people actively chose the registered manager to assist them with tasks around the home and the registered manager always responded positively to these requests. For example, a person asked for support from the registered manager to empty a bin and this was done with a smile. This meant people were comfortable in their company.

Staff felt supported and valued, and all those spoken with praised the way the registered manager had improved the home. One staff member said, "Paperwork is organised and in one place with the required information." Another staff member said, "I think things are a lot more settled now. Things are calmer. I feel supported and I can always talk to my manager, I can bring up anything with them. If I didn't like it I wouldn't still be here." Then operations director said, "We have a lot of faith in [the registered manager]. If we give him something to do he does. He is really proactive. He has raised staff morale. People are calmer, incidents have reduced dramatically and he has had a calming effect on everybody else." This showed the registered manager was carrying out their role effectively.

Staff were encouraged to develop their careers both at Sternhill Paddock and within the provider's wider group of services. Staff were promoted from within wherever possible, with the registered manager of this service testament that promotion from within the service works. The registered manager said, "I have found the role good, I have got to know to people and worked my way up and have a good rapport with the residents." This meant people continued to be supported by a consistent and effective team of staff.

The service had an open and transparent culture. People, staff and relatives were asked for their views about how the service could develop and improve. The staff we spoke with told us they felt comfortable to report

any incidents or accidents which occurred and that any learning or recommendations from incidents were shared with them. The registered manager was aware of their responsibilities and ensured the CQC were notified of all reportable incidents.

The operations director told us that since the last inspection there had been a review of the culture and ethos of the home as well as the provider. They acknowledged that improvements were needed and action had been taken. Four key values were key to the success of the home. These were; 'Safe', 'Trusted', 'Effective' and 'People first'. The operations director said, "The whole culture across the organisation has changed, we want to make a difference and to give people the opportunity to grow and develop." It was clear from this inspection that these values were embedded in all the staff did for people.

Records showed feedback received by the provider from people, relatives and staff and was almost universally positive. One relative said, 'I do feel there has been an amazing improvement at Sternhill. The home is looking more like a 'home' and it feels that way too. As a parent it is so important that the environment is right and I have to say that it feels right now.' Another relative stated the support given by staff was 'outstanding'. A third relative said, 'The home has improved with communication and correspondence. [Family member] is the most settled they have ever been in the health and social care system.' This positive feedback was endorsed with feedback from people and staff. Questionnaire responses from both showed they were happy with the way the service was progressing.

The staff felt comfortable raising any issues of concern and were familiar with the service's whistleblowing procedure. Whistle blowing is a term used to describe the reporting of concerns about the care being provided by a person who works at the service. The staff felt confident to raise concerns and were assured these would be dealt with.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the home and on the provider's website.