Sahara Homes Limited

Sahara Lodge

Inspection Report

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Summary of findings

Overall summary

Sahara Lodge is a home for people with learning disabilities. Care and support is provided for up to six people. At the time of our inspection six people were living at the service.

During the inspection we talked with the registered manager who had been managing the service since May 2012.

People were relaxed and comfortable at Sahara Lodge. We saw that staff had a good rapport with people using the service. People were able to express their views at meetings. These were held every three months.

People were involved in making decisions about all areas of their care. We saw that their individual care files included appropriate risk assessments and care documentation, so that staff knew how to support people according to their needs and preferences.

People were supported to access a range of activities such as singing, going to day centres and individual and group trips out.

Staffing levels at Sahara Lodge reflected the activities and the support needed by people. On the day of the inspection we saw that there were enough staff to assist people with their activities. The service demonstrated strong leadership through involvement of people using the service, relatives and staff to influence care delivery.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We were told by relatives and staff and we saw that there were sufficient staff available to meet people's needs. The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The DoLS aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards ensure that a care home only deprives someone of their liberty in a safe way and that this is only done when it is in the best interests of the person. We found that Sahara Lodge was meeting the requirements of the DoLS.

We looked at care records for two people who used the service and saw that risk assessments were completed when required. Staff told us that they had received safeguarding adults and Mental Capacity Act 2005 training and they demonstrated a good understanding of this. Training records viewed confirmed that staff had received this training and for care workers who had worked at Sahara Lodge for more than 12 months annual refresher training was provided. We looked at two staff files and saw the home had completed all the necessary checks to recruit staff safely. We viewed the homes medicine storage which was compliant with their policy and the Royal Pharmaceutical Society's guidance for storing medicines in care homes.

Are services effective?

We spoke with two relatives of people who use the service and an advocate of another person. People told us that they knew about their relative's care plan and that they were invited to be involved in the review of the care plans. We looked at two care plans and these included a detailed pre-admissions assessment of the person's health and social care needs, likes and dislikes, hobbies, interests and people important in their lives. Staff had up to date information about each person's care needs and how these should be met in the home. The care plans and risk assessments we saw were all up to date and current. Care plans included information about people's health care needs and a health action plan provided in a user friendly format was in place. We saw that people who used the service had individually tailored activity plans which were included within their care planning documentation.

Staff we spoke with told us they felt they received enough training to do their job effectively. Staff and management told us, and we saw

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from the records that supervision took place on a regular basis. Staff and management told us staff meetings were held regularly and minutes were made available for all those who were unable to attend.

Are services caring?

We were unable to speak to people who use the service. We carried out observations using the Short Observational Framework for Inspection (SOFI) and observed positive interactions between staff and people using the service. Relatives told us that privacy and dignity of people was always maintained and we saw this in practice. Staff we spoke with were aware of the need to protect people's dignity whilst helping them with personal care. Care plans included detailed instructions on how people wanted their personal care delivered.

There was a core team of staff who had worked at the home for some time and knew the people they supported well. People we saw throughout the day were dressed in clean clothes and looked physically well cared for. Staff spoke fondly and knowledgeably about the people they supported. The staff at Sahara Lodge encouraged people and their relatives to make their views known about the kind of care and support they wanted.

Are services responsive to people's needs?

People who lived at Sahara Lodge had communication difficulties, but staff were able to explain their methods of communication and what particular behaviours meant. We saw that, as well as guiding staff in how to support people with personal care, care plans also advised on the best approach to support people emotionally. On the day of the inspection we saw people were occupied and supported. Each person had their own individual activities plan and staff confirmed that activities were planned every week. Care plans we looked at took account of the person's interests and preferences as well as their health needs.

We saw the home's complaints policy and procedure. This was also available in an easy ready format.

Are services well-led?

We saw evidence that the management believed in openness and demonstrated a willingness to listen. We observed a team meeting on the day of our inspection. The meeting was led by the registered manager and we observed extensive participation from other staff which included discussions and asking questions.

Accidents and incidents were recorded appropriately. Sahara Lodge had a satisfactory complaints procedure in place. We saw a copy of

Summary of findings

the complaints procedure and were told by staff that they had not received a complaint for some time. Relatives we spoke with confirmed that they did not have any complaints, but confirmed that all their suggestions were actioned so they felt listened to.

At the time of the inspection we were told that there were some vacancies at the home, but that they were using bank staff to cover these vacancies in the interim. We were told by the manager that the bank staff used at the service had been working there for some time.

The deputy manager told us all new members of staff completed a six week induction that followed Skills for Care Common Induction Standards (CIS) and we saw records to confirm this. Staff we spoke with were positive about the management of Sahara Lodge.

A member of the management team told us, and we saw from the documentation, that staff at Sahara Lodge carried out quality and safety audits. The staff in the home were proactive in attempting to engage with relatives and involve them in care planning. Relatives confirmed that they were contacted regularly by the service. The views of people at the home and their relatives were sought in order to influence and improve care practices.

Summary of findings

What people who use the service and those that matter to them say

We were unable to speak to people who used the service as we were unable to understand their methods of communication. We therefore carried out general observations and spent a period of time carrying out a Short Observational Framework of Inspection (SOFI), which is a specific way of observing care to help us understand the experiences of people. We saw positive interactions between staff and people using the service.

We sought the views of two family members and one advocate of a person who used the service. They were happy about the care being given and felt that they had been fully informed about the changing needs or any updates regarding their relatives. Both relatives stated that they could visit the service whenever they wanted. One relative said “the staff and managers are really good”.

Sahara Lodge

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Prior to this visit the service was last inspected by the Care Quality Commission in January 2014 and at the time was meeting all national standards covered during the inspection.

We visited the home on 14 May 2014.

We spent time observing care in the communal living and dining area and used the Short Observational Framework (SOFI), which is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at areas of the building, including the kitchen, bathrooms and communal areas. Throughout the inspection we saw how staff supported and interacted with people who used the service. Staff were friendly and supportive at all times. We also spent time looking at records, which included people's care records, and records relating to the management of the home.

Before our inspection, we reviewed the information we held about the home. We also spoke with the local safeguarding team who confirmed that they did not have any concerns about the service.

Care and support is provided for up to six people. On the day of our inspection six people were living at Sahara Lodge. We spoke with two relatives, one advocate and four members of staff which included the registered manager.

Are services safe?

Our findings

We spoke with four members of staff and two relatives of people living at the service and an advocate of one person living at the service. Staff demonstrated a good understanding of people's behaviours and their likes and dislikes.

Staff and family members told us that there were sufficient staff available to meet people's needs. We were told that staffing numbers were increased to ensure people's needs and demands were met where necessary and we noted that this had taken place on the day of our inspection to accommodate a team meeting. We spoke with the registered manager who informed us of the staffing numbers that were required on each shift and this was verified by staff we spoke to. We looked at staff rotas for the last two weeks and saw that these confirmed what we were told and also reflected the staff numbers that were available on the day of our inspection. We observed during the day of our inspection, that there were enough staff to offer people various activities. These included going to the day centre which was next door to Sahara Lodge, going into the large garden which was located at the back of the home and going outside to the local shops.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found that Sahara Lodge was meeting the requirements of the DoLS. Staff received appropriate DoLS and Mental Capacity Act (MCA) 2005 training and were able to tell us the appropriate process to follow if required. None of the people currently living at Sahara Lodge were under DoLS. However, we observed the subject being discussed in a staff team meeting in relation to one person. Staff concluded that the person was not having their liberty deprived and the manager reminded staff of who to contact at the local authority if they had any queries. We did not observe any potential restrictions or deprivations of liberty during our visit.

We looked at care records for two people who used the service and saw that risk assessments were completed when required. The risk assessments we saw covered community access, nutrition, activities, personal care, behaviour and medicines management. Where risks had been identified, clear behaviour management guidance ensured that people's risks were minimised. Staff told us that they would review risk assessments as part of their monthly review process or if people's risks and needs had changed. We were given an example of how staff were dealing with a change in a person's behaviour. We observed this issue being discussed among staff in a team meeting and the manner of responding to the behaviour was clarified. We saw that an up to date risk assessment had been completed which reflected this.

We spoke with one care worker who told us they had received safeguarding adults and Mental Capacity Act 2005 training. Training records viewed confirmed that staff had received this training and for care workers who had worked at Sahara Lodge for more than 12 months annual refresher training was provided. We asked the care worker and a team leader how they would respond to allegations of abuse. They all told us that they would report it to the manager, but also ensure that the manager was dealing with this appropriately by referring the matter to the local authority and police where required. Staff also told us that they would use the homes whistleblowing procedure if they felt that their concerns had not been taken seriously. Since our last inspection there had been no safeguarding alerts and this was confirmed by a member of the safeguarding team at the local authority. They confirmed that the last concern they had was in 2012 and that they had found staff to be "very helpful regarding the safeguarding process". We saw a record at the home of the actions taken following the concern in 2012 and we saw that all actions had been taken appropriately.

We looked at two staff files and saw that they contained the necessary information and documentation. Files contained photographic identification, evidence of disclosure and barring service (DBS) checks, references including one from previous employers and application forms. We saw from the records that newly appointed staff received an induction when they commenced employment at Sahara Lodge. This included a period of shadowing more experienced staff. The care worker we spoke with confirmed they had received a robust induction and subsequent training. They told us the induction had made them feel confident about their ability to carry out their role competently.

We looked at the homes medicine storage, which was compliant with their policy and guidance of storing medicines in care homes by the Royal Pharmaceutical Society. Staff had received training in the administration of medicines and records were legible, fully completed and

Are services safe?

up to date. Medicines were audited by the manager monthly and annually by the dispensing pharmacist. We saw a copy of the last three months of medication audits and saw that these did not identify any concerns.

Are services effective?

(for example, treatment is effective)

Our findings

We spoke with two relatives of people who use the service and an advocate of another person. People told us they knew about their relative's care plan and that they were invited to be involved in the review of the care plans. Care planning records we looked at confirmed this. One person told us "I can get involved as much as I like. They always keep me informed of any changes." We saw from records that people were involved in their care planning reviews and their contributions were documented. Staff gave us examples of how they communicated with people in order to get their feedback on topics including what activities they liked and what they liked to eat.

We looked at two care plans and these included a detailed pre-admissions assessment of the person's health and social care needs, likes and dislikes, hobbies, interests and people important in their lives. We saw that this information had been used to develop a detailed individual care plan and risk assessments which were updated as and when required or every six months.

Staff had up to date information about each person's care needs and how these should be met in the home. The care plans and risk assessments we saw were all up to date and current. Staff conducted monthly reviews of people and filled in a form when this was completed. The matters reviewed were people's general health and wellbeing, how they were progressing with their support plan and objectives and whether anything could be done to further promote their independence. The monthly reviews we saw also included further guidance to ensure that the objectives were being met. We saw evidence that care plans had been updated when people's needs had changed and staff we spoke with were aware of these changes.

Staff completed daily care notes in the home and we saw that daily notes were completed by staff at the day centre which was next door to the service and shared with staff at the home. We found daily care notes to be detailed, providing sufficient information about how people who used the service spent their day, their behaviour and any concerns about their health. The daily review also assessed people's progress against their objectives.

Care plans included information about people's health care needs and a health action plan provided in a user friendly format was in place. Staff spoken with demonstrated a good understanding and knowledge of people's health care needs and how these were best met in the home.

We saw that people who used the service had individually tailored activity plans which were included within their care planning documentation. For example, one of the people living at the home required two staff to support them when accessing the community and we listened to staff discussing this in the team meeting. We saw in rotas that additional staff were provided to accommodate this. Staff also discussed how to provide more activities to people which included horse riding and swimming. During the day of our inspection we observed people who used the service accessing the day centre, going outside for a walk and to local shops with staff.

Staff we spoke with told us they felt they received enough training to do their job effectively. A relative we spoke with said "the staff and managers are really good." Training in areas such as infection control, moving and handling and safeguarding were up to date. In addition the home provided training in areas specific to the people living there. For example we saw on the staff training matrix that approximately half of the staff had received epilepsy training in the last year.

Staff and management told us, and we saw from the records that supervision took place on a regular basis. Supervision enables staff to receive support and guidance about their work and discuss on-going training needs. We saw minutes of supervision records that showed these were an opportunity to discuss any issues or problems the staff member might have as well as check on their knowledge of the home's various policies and procedures.

Staff and management told us staff meetings were held regularly and minutes were made available for all those were unable to attend. We observed a staff meeting on the day of our inspection and saw minutes of previous meetings which indicated that these were taking place every month.

Are services caring?

Our findings

We were unable to speak to people who use the service. We carried out observations using the Short Observational Framework for Inspection (SOFI) and observed positive interactions between staff and people using the service.

Relatives told us that privacy and dignity of people was always maintained. Comments included: "They're very mindful of [my relative's] privacy. I always see them knocking and being polite like that. If [my relative] wants to be left alone, they respect that", "It's a very positive environment." We spoke with an advocate of one of the people living at the home. They commented: "Staff listen and things get resolved quickly."

There was a core team of staff who had worked at the home for some time and knew the people they supported well. The manager told us that they used some bank staff, but they had also worked at the service for some time and knew the people well. Staff members we spoke with explained people's behaviours and demonstrated that they understood what people wanted. We saw several examples of people's needs being responded to by different staff members in a kind and patient way. We also observed staff playing games with people, telling jokes and making them laugh.

People we saw were dressed in clean clothes and looked physically well cared for. One relative said their family member "always looks well. He's doing really well here. He's very, very happy."

Staff spoke fondly and knowledgeably about the people they supported. We were told by staff that the people living at the home loved pets and we saw that two cats and some fish were kept at the home. We observed one person playing with the cats and we were told by staff that this brought them comfort and happiness and we saw that they were enjoying the experience.

People were able to have keys to their rooms and could lock their doors if they wanted. Staff members told us that they always knocked on people's doors before entering and this was confirmed by a family member we spoke with and observed by us during the inspection. Staff we spoke with were aware of the need to protect people's dignity whilst helping them with personal care.

Care plans included detailed instructions on how people wanted their personal care delivered. We were told by the manager that they included information about whether the person wanted to have male or female carers delivering personal care. However, the two care plans we reviewed did not include this information. We spoke with a care worker and a team leader and they both gave examples of how they protected people's privacy and dignity and explained why this was important.

The staff at Sahara Lodge were proactive in encouraging people and their relatives to make their views known about the kind of care and support they wanted. Managers and relatives told us there was regular and effective communication between them. Staff at Sahara Lodge invited relatives to care planning reviews. One relative we spoke to told us "they make changes if I want them to. I don't have to call in advance, I just drop in and they welcome me every time." Another relative told us "I can get involved as much as I like." Staff confirmed that people were always present at their care planning review meetings and we saw that this was documented. Staff gave examples of how they communicated with people and obtained their responses to questions asked.

Care plans we reviewed included information regarding health needs and information about how best to support someone. Both care plans reviewed contained specific information about how to respond to people's behaviour when distressed in a caring way. The manager told us "it is not our job to change people, we help them to live their lives as happily as possible."

We spent some time in communal areas observing interactions between staff and people who lived at Sahara Lodge. We saw staff were respectful and spoke to people kindly and with consideration. We saw staff were unrushed and caring in their attitude towards people. For example, during the visit we observed one person was distressed and required assistance. The manager explained the behaviour which was adopted to calm the person and we saw staff members responded to the person in this manner quickly and calmly. They spoke to the person in a reassuring tone and adopted a responsive, patient and caring approach. We found that this soon reassured the person.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People who lived at Sahara Lodge had communication difficulties, but staff were able to explain their methods of communication and what particular behaviours meant. Relatives we spoke with told us they felt communication with the home was "excellent" and they were kept up to date regarding care planning and any changes in health needs.

We saw that, as well as guiding staff in how to support people with personal care, care plans also advised on the best approach to support people emotionally. The files we looked at contained specific behaviour risk assessments which detailed how staff should respond to distressed or challenging behaviour. We saw this guidance being followed on our inspection when one person became distressed.

We saw that care plans contained detailed information about people's history, their likes and dislikes and their methods of communication. We spoke with four members of staff and they all had a good understanding of this information and how to support people.

On the day of the inspection we saw people were occupied and supported. For example, we saw some people listening to music and dancing, some people were in the garden and others were spending time in the day centre next door or outside in the local area. We observed staff encouraging one person to dance to some of their favourite music and we saw the person enjoying this.

We asked staff what activities were available for people. They showed us that each person had their own individual activities plan and they confirmed that activities were planned every week. Staff tended to focus on shorter activities for people due to their varying interests. These included cooking, swimming and music sessions. We were told that some forthcoming trips had been planned for all the people to take together. We were told that a trip to Bath had been planned and we saw photographs displayed in the living room of a recent trip to the Isle of Wight. We saw examples of where people had been supported to take part in organised activities, such as singing and membership to football clubs. This was confirmed by relatives we spoke with. We also saw records of what activities people had participated in at the day centre next door. These activity records were being reviewed by staff in line with people's preferences and choices.

A member of staff told us details of people's likes, dislikes and preferences regarding food and we were told that menu choices were discussed with people every week. We observed people being offered choice with regard to their meals.

Care plans we looked at took account of the person's interests and preferences as well as their health care needs. We also saw evidence in one person's care plan that their needs had changed over the past year. The care plan had been regularly updated with clear guidance for staff on how best to support the person. We observed this in practice on the day of the inspection.

We saw the home's complaints policy and procedure. This was available in a separate easy ready format. The policy was clearly displayed within the home in the communal living room area in an easy read format. The policy outlined clear stages of the complaints procedure with a timescale of when people could expect their complaint to be addressed. We were told by the manager that they had not received any complaints in more than two years. Relatives we spoke with told us they had not had reason to complain but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately.

Are services well-led?

Our findings

We found that the management of Sahara Lodge demonstrated a willingness to listen to their staff. Staff supervision records showed that there was an opportunity within the sessions to discuss any problems staff might have or suggest any ways in which the service could improve. The care worker we spoke with confirmed that they felt confident in expressing their views both in the team meeting and in private. They told us that they felt the registered manager and deputy manager cared about their general welfare as well as their work performance.

We observed a team meeting on the day of our inspection. The meeting was led by the registered manager and we observed extensive participation from other staff which included discussions and asking questions. Staff were encouraged to give their feedback in an honest way. We observed staff being told in the team meeting that a staff survey was due to be held in which they could give their feedback honestly and anonymously.

Accidents and incidents were recorded appropriately. We saw records to indicate that these were analysed on a monthly basis and follow up actions were taken. However we saw details of one incident which was recorded in a person's care record and in the daily log, but was not reported or investigated in line with the accident and incident policy. We spoke with two members of staff who confirmed what action had been taken as a result and we were satisfied that the matter had been dealt with appropriately.

One relative stated they felt confident in making a complaint if need be as staff had always responded "immediately if I need them to change anything.". Sahara Lodge had a satisfactory complaints procedure in place. At the time of our inspection no complaints had been received at the service for over two years. This was confirmed by the relatives we spoke with. They confirmed that they never had a need to complain about anything.

At the time of the inspection we were told that there were some staff vacancies at the home, but that they were using bank staff to cover these vacancies in the interim. We were told by the manager that the bank staff used at the service had been working there for some time and knew the people well. We observed that staff were unrushed and available to support people as required. Relatives we spoke with said they felt there were enough staff to meet people's needs and that staff were competent and knowledgeable. One relative said "everyone's very good."

The deputy manager told us all new members of staff including bank staff completed a six week induction that followed the Skills for Care Common Induction Standards (CIS). The CIS is a national tool used to enable care workers to demonstrate high quality care in a health and social care setting. During this period they would shadow more experienced staff whilst working shifts. At the end of the induction period a lead senior member of staff would assess competencies before signing the person off as able to work independently. Staff files showed, and staff told us, that this procedure was adhered to. Staff we spoke with confirmed that they had received a comprehensive induction and we saw the staff training matrix which confirmed this.

Staff we spoke with were positive about the management of Sahara Lodge. During our visit we observed staff approaching members of the management team openly for direction and advice and saw there was a relaxed atmosphere. We saw the registered manager working and speaking with staff in the communal living room area. Staff told us they felt supported to do their jobs to a good standard.

Relatives told us they found the registered manager "approachable." The advocate we spoke with confirmed that they found all staff to be approachable and helpful.

A member of the management team told us, and we saw from the documentation, that staff at Sahara Lodge carried out regular audits. These included audits associated with fire safety, medicines as well as audits of people's care documentation such as care plans and risk assessments. Where any improvement or action was needed this was dealt with.

Sahara Lodge had asked relatives of people who used the service to complete a satisfaction survey. The results had been analysed and we saw the results were positive.

We asked the registered manager how they gathered the views of people who lived at the home. She explained that they used various means of communicating with people which included makaton and using various specific words, sounds and gestures to understand their views. This was confirmed by other staff we spoke to and we observed staff

Are services well-led?

communicating in this manner. We were told that "Resident's meetings" were held regularly, at least every three months. We saw the minutes of the last "resident's meeting" which took place in March 2014 and we saw that numerous subjects were discussed with people and their feedback was recorded. Further actions were also listed and we were told that some of these had been implemented whilst others were in the process of being implemented.