

# Sahara Care Homes Limited

## Sahara Lodge

### 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 |  |

### Overall summary

Sahara Lodge is a residential care home for up to nine adults with learning disabilities. At the time of this inspection there were seven people using the service.

There was a registered manager at the home. 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.

We found people consistently received their medicines safely and as prescribed. There were systems in place to check and maintain the safety and suitability of the premises and these were up-to-date. Staff were knowledgeable about the procedures relating to safeguarding and whistleblowing. Safe recruitment checks were carried out and there were adequate numbers of staff to meet people's needs. People had an assessment of their needs and risk assessments were carried out to ensure safe care was provided.

# Summary of findings

People were given a choice of food and drink and took part in the menu planning and grocery shopping for the house. Staff knew the people they were supporting including their preferences to ensure a personalised service was provided. There was a variety of activities offered in the home and in the community to ensure people had their social and emotional needs met. Staff respected people's privacy and dignity. People had access to healthcare professionals as required to meet their day-to-day health needs.

Staff received regular training and opportunities for skill development. The manager and staff were aware of their responsibilities around legislation regarding people's mental capacity. Staff described how they obtained people's consent before delivering care.

People knew how to make a complaint and these were responded to within the timescales of the provider's policy. Staff felt able to raise concerns or issues with the registered manager. The provider had systems to check the quality of the service provided. People and their representatives were able to give feedback through satisfaction surveys. Staff received regular supervisions to ensure good quality care was provided and attended regular staff meetings to receive updates on the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. The premises were maintained to an adequate standard to ensure that people using it were kept safe. There were enough staff to meet people's needs and safe recruitment checks were made for new staff.

Staff were knowledgeable about the safeguarding and whistleblowing policies and knew how to report concerns or abuse. People had risk assessments and plans to manage risks.

The service had systems to manage the storage, administration and recording of medicines to ensure people received their medicines safely. There was an on-call system out of hours so staff could access support in an emergency.

Good



### Is the service effective?

The service was effective. The registered manager and staff were knowledgeable about mental capacity and deprivation of liberty. Staff explained how they sought people's consent before delivering care.

People were given choices of suitable and nutritious food and drink to protect them from the risks of inadequate nutrition and dehydration. The service worked together with health professionals to ensure people received care appropriate to their needs.

Staff had regular supervision and appraisals. People received care from staff that were skilled and trained to deliver care.

Good



### Is the service caring?

The service was caring. Staff had developed positive relationships with people and had a good understanding of their needs. Each person had a named keyworker who was responsible for overseeing the care they received. A co-keyworker checked all the keyworking tasks had been completed.

Staff promoted different methods of communication to assist people who had difficulty expressing themselves.

Relatives were encouraged to maintain contact with their family member and were invited to parties and events held at the home. People were treated with respect and their privacy and dignity were promoted. There was a calm, relaxed atmosphere at the service.

Good



### Is the service responsive?

The service was responsive. Staff were knowledgeable about personalised care. Care plans were comprehensive and were written in a person-centred way.

There were a variety of activities which people could take part in within the service or in the community. Staff were observed encouraging people to take part in the activities on offer.

Good



### Is the service well-led?

The service was well led. There was a registered manager in post. Staff told us they were able to raise concerns with the registered manager who was supportive.

Good



## Summary of findings

There were regular meetings with people where they could express their wishes and concerns. People were involved in the staff recruitment process. Staff had regular meetings to keep up to date with policy changes and issues concerning people they worked with.

The provider had systems in place to monitor the quality of care and support in the home. There was a system in place to obtain the views of people using the service and their representatives.

# 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 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.

At the last inspection on 14 May 2014, the service was meeting the legal requirements. This inspection was unannounced and took place on 18 June and 2 July 2015. The inspection was carried out by two inspectors on the first day and one inspector on the second day.

Before our inspection, we reviewed the information we held about the home including notifications that the provider had sent us since the last inspection and the previous inspection report.

During the inspection we spoke to the registered manager, six care staff, a visiting social worker, two relatives and two people who lived at the home. We observed care and support in communal areas, spoke with people in private and looked at care records for seven people and four staff files. We also looked at records that related to how the home was managed including medicines administration records.

We used the Short Observational Framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

# Is the service safe?

## Our findings

The provider had effective procedures in place to ensure the safety of people using the service. People told us or indicated that they felt safe. Relatives told us they felt there were enough staff. The registered manager told us the home had three staff working during the day and two staff awake on duty at night. We saw evidence of this from the four week rota. The manager explained that staff absences were covered with a bank of staff and the home did not use agency staff.

The premises were safe. The house was clean and well maintained. The building safety checks had been carried out in accordance with building requirements with no issues identified. For example, the gas safety check and portable electrical appliance testing was carried out on 02 July 2015. There was a maintenance book where staff recorded repair jobs that were needed and the registered manager signed these when completed.

We found that safe recruitment checks were made. We looked at the recruitment records for four staff and found all pre-employment checks had been carried out as required. Staff had produced evidence of identification, had completed application forms with any gaps in employment explained, had a disclosure and barring service (DBS) check, and had completed a pre-employment medical questionnaire. Where appropriate, there was confirmation that the person was legally entitled to work in the UK.

There were enough staff. The manager told us the home had three staff working during the day and two staff awake on duty at night. One person had their own dedicated staff to work with them during the day and at night. We saw evidence of this from the four week rota. The manager explained that staff absences were covered with a bank of staff and the home did not use agency staff.

People were protected from abuse. The service had a safeguarding policy which gave clear guidance about recording and reporting safeguarding concerns using six key principles. These principles included empowerment, prevention of abuse, and protection. The whistleblowing policy gave a definition of whistleblowing and informed staff of the process. We saw from the training matrix that staff had received up-to-date training in safeguarding and whistleblowing.

Staff demonstrated a clear understanding of the types of abuse that could occur, what signs they would look for and what they would do if they thought someone was at risk of abuse. For example, one staff member told us that whistleblowing is "Saying something you've found is not acceptable and knowing it is confidential." Another staff member said if they were not happy their concerns were being acted on by the registered manager, they would go higher in the company or to the local authority and "If I'm still not happy, I'm coming to you guys [CQC]."

People had risk assessments to assess if it was safe for them to move freely around the home and to take part in activities in the community. There was a general risk assessment for each person, a risk assessment included within each person's health plan and other risks were flagged up at the start of each section of the support plan. For example, we saw assessments of specific risks concerning moving and handling, fire evacuation, medicines and community activities. The risk assessments were comprehensive and contained information for staff about minimising the risks to the person.

Medicines were managed safely. The provider had a medicines policy which covered the process of ordering, storage, administration, recording and disposal of medicines. The policy was comprehensive and clear and gave guidance on what to do if there was an error with administering. Medicine audits were carried out regularly by a named senior staff member. We saw medicines were given to people by appropriately trained and competent staff. One person was taking controlled drugs and we found these were managed appropriately. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature and so would be fit for use.

We checked the medicines administration records for the seven people living at the home. We saw appropriate arrangements were in place for recording and administration of medicines. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded. Where medicines were prescribed to be given "only when needed" or where they were to be used only under specific circumstances, individual when required protocols were in place. The protocols gave administration

## Is the service safe?

guidance to inform staff about when these medicines should and should not be given. This ensured people were given their medicines when they needed them and in a way that was both safe and consistent.

The service had an emergency plan. The registered manager and deputy manager alternated on a weekly basis to be on call out of hours during the week. At the weekends

the on call system was shared on a rota basis between three home managers and three deputy managers. Staff we spoke with were aware of the on call system and were able to describe what they would do in an emergency, for example, how they would respond if there was a fire in the house.

# Is the service effective?

## Our findings

The registered manager and staff demonstrated they understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived. The registered manager understood the importance of identifying people whose liberty was deprived. At the time of this inspection mental capacity assessments had been completed and there were DoLS authorisations in place for four people.

We saw that care plans had been signed by the person or where the person did not have capacity they were signed by their representative. We observed staff obtained people's consent before carrying out any aspect of care. One member of staff said they asked people before supporting them and "use pictures if they are non-verbal."

People were provided with a choice of suitable and nutritious food and drink. We saw the kitchen was well stocked with food which was stored safely and appropriately to prevent people being at risk from unsafe food handling. One person told us, "I help with the menus and go shopping." Staff told us people chose their own breakfast from the range of cereals stored in the kitchen and could have a cooked breakfast if they wished.

We saw a file of information promoting healthy choices with pictures of balanced meals.

People were supported to make food choices at a weekly meeting using pictures of different meals. We saw evidence of people's choices of evening meals in the records of the weekly meetings. There was also a record of fruits chosen by people. We looked at the menu for the past three weeks and found that food selected by people had been incorporated each week for the evening meal.

On the first day of the inspection we noted there was no plan in place for food options listed for lunch each day. Staff told us lunch was prepared by the onsite activities person based on what food was available. We observed the lunchtime meal and saw one person choose to have their lunch outside and another person chose to eat away from the dining table. We noted lunch was a little disorganised, for example, there was only one meal on offer and the

portions served did not seem adequate. However, we saw people were able to tell staff when they finished if they wanted more to eat and staff provided other food. People were then given a choice of desserts.

When we returned for the second day of the inspection the registered manager told us they had addressed the issues we raised about lunchtimes. We saw this was the case, for example the menu now included what was on offer for lunch and there was plenty of food offered to people. Staff we spoke with demonstrated an understanding of people's nutritional needs and food preferences. People seemed to like the food and one relative told us, "The food, it's good, they have a choice of multi-cultural food." Another relative told us their family member, "Was fussy when living with me but is now eating everything."

Care records showed that when there were concerns people were referred to appropriate healthcare professionals. People were registered with a local GP and people had access to an optician and dentist. Where people were not able to attend outside medical appointments we saw home visits were arranged. We saw phone calls with other professionals were recorded on people's files. A relative told us that a chiropodist visited their family regularly.

We saw from staff records that staff received supervision every two months. Staff confirmed they had regular supervisions to help them provide good quality care and to ensure a consistent approach. Supervision records showed that the topics discussed included care issues arising for people, keyworking, training and policy feedback. Staff records showed that staff had received an annual appraisal where goals and an individual development plan for the staff member were set for the year.

Staff confirmed they had regular opportunities for training and skill development. Relatives told us they were confident staff had the skills needed to work with their family members. The registered manager told us and new staff confirmed there was a one month induction process which included e-learning, shadowing experienced staff on shift and monthly supervisions during the six month probation period. The registered manager also told us that new staff were paired up with experienced staff who acted as their mentor and provided support where needed.

We reviewed the staff training matrix which showed the dates that staff had completed each training course. This

## Is the service effective?

enabled managers to see when staff were due refresher training. We saw staff had received training in the core topics, for example, health and safety, fire safety, communication, mental capacity, person-centred planning and record-keeping. The registered manager told us and we saw all staff had completed the Skills for Care Common Induction Standards and the registered manager said the organisation would be transferring over to the new Care Certificate in the near future. The Common Induction

Standards and the Care Certificate are training in an identified set of standards of care that staff must receive before they begin working with people unsupervised. We also saw a plan for staff to attend training in August 2015 for diabetes, epilepsy and autism. This showed that staff were supported to receive appropriate professional development to ensure they were qualified and skilled to care for the people using the service.

# Is the service caring?

## Our findings

The atmosphere in the home was positive and friendly. Throughout the inspection we saw that people were treated with respect and in a kind and caring way. We saw that staff took the time to speak with people as they supported them. People looked happy. One person told us, “Yes, I like living here.” Relatives we spoke with said the staff at the service were very caring. One relative said, “Since the day [relative] moved in, we are over the moon. [Relative has] got a completely different life now.” We saw the service had a compliments folder which contained emails and cards from relatives and professionals thanking the staff for the care they had given. For example, correspondence sent from health professionals said, “We were impressed by how much you cared”, and from relatives, “Thank you for the care you all have given.”

Staff were able to tell us about how they developed positive caring relationships with people using the service. One staff member told us they got to know people by, “Putting yourself in their shoes, giving it my all and afterwards, asking the person if they are satisfied.” Another staff member said, “Need to be positive, have patience, follow their support plan, talk to their keyworker and have to have a caring heart.” Staff were able to detail people’s individual likes, dislikes and preferences.

The service had a “keyworker” system and a “resident of the day” system. A keyworker is a staff member who is responsible for overseeing the care a person received and liaising with other professionals involved in a person’s life. Senior staff acted as co-keyworkers and their responsibility was to check the keyworking tasks had been completed.

The registered manager explained the “resident of the day” system gave each person the opportunity to spend one day a month with their keyworker on one to one activities and updating their personal file.

People had a communication section in their care files which detailed their ability to communicate and their preferred method of communication. We saw that staff had worked on promoting communication with people who had difficulty expressing themselves. For example, we saw staff used Makaton, which is a form of sign language for people with learning disabilities.

The registered manager told us they encouraged contact with friends and family. We saw events were arranged throughout the year and saw evidence that relatives were invited to attend. Relatives told us the service included them in care planning and decision-making, for example, one relative said, “They always phone me up and keep me informed.” We saw evidence that the service referred people to advocacy when needed.

During the inspection we saw staff ensured people’s privacy and dignity were respected. We saw staff knocked on people’s doors before entering their rooms and made sure information about them was kept confidential. Personal care was given in people’s own rooms and peoples preferences about whether they wanted their doors closed at night were noted in the care records. One staff member explained how they asked people’s permission before going into their bedroom and another staff member told us they, “Encourage service users to close the door when using the toilet or shower.” We saw the service had a privacy and dignity policy which gave guidance to staff on the best ways to promote privacy and dignity.

# Is the service responsive?

## Our findings

A visiting social worker told us the staff were very responsive, there was good communication and staff used their initiative. We saw that staff encouraged people to do things and to be involved. One person said, “I do the daily board” referring to a board which showed the day, month and weather. A number of people told us that they were going on holiday soon to Dorset with people from the home next door. One person said “We are going on holiday soon. We decided this at our meeting.” Relatives told us their respective family members had enough activities and were planning to go on holiday soon.

People spent most of the day in the on-site activity day centre. This large room was set up to enable people to engage in a wide range of activities including puzzles, art and bead work, picture making and cutting shapes or pictures out of magazines. One person preferred to watch an old movie on an individual computer and during the day there was music and singing. We saw staff encouraged people to get involved in a variety of activities including making necklaces and puzzles. The home’s pet rabbit wandered about and one person showed us the covered fish pond and the terrapin tank. The home was also shared by two cats. People told us about the meetings they had to decide on outings and the big party that was planned for the day after the second inspection day to celebrate the home’s fifteenth anniversary.

During this inspection we reviewed people’s care files and found they were comprehensive. Information was included on how to manage individual health needs and behaviours. We noted some information was duplicated on people’s files and when we raised this with the registered manager, they explained the service was in the process of changing the files over to a new system of recording information. In order to not lose important information, the registered manager had asked for the old documentation to remain on files until the changeover was completed.

People’s care files included daily care and health needs assessments and detailed what people’s likes, dislikes and preferences were. This enabled staff to care for and support

people in the way that they wished. The care plans were written in a personalised way and we saw evidence they were reviewed every month. The registered manager and staff explained if a person’s needs changed the care plan would be reviewed as required. Staff described what personalised care is and their comments included, “Care is centred around the individual” and “They all have individual needs and we work with their individual needs.”

Care plans detailed the person’s goals. For example, going on holiday and buying new clothes and we saw staff updated the care plan to show when each goal was achieved. We saw that each person had their own individualised weekly activity plan on their file which included going to college, church or the day service. People’s rooms were personalised according to their wishes. We saw that some people had made a clear choice about whether to have a key for their room or not and whether to allow photographs to be taken.

People from this home had a joint monthly ‘residents’ meeting with the home next door that was run by the same provider. We looked at the record of three recent meetings. The record for the meeting held on 29 May 2015 showed topics of discussion included the holiday to Dorset in August and other activities.

The provider had a concerns and complaints policy which gave clear guidance and timescales to staff on how to deal with complaints. We saw there was an easy-read format on display in communal areas and by the door. Staff were able to detail the actions they would take if a person or their representative approached them with a complaint.

We reviewed the complaints folder and saw that no complaints had been made since the last inspection. However, we noted from earlier complaints that these were concluded within the policy timescales and the person making the complaint was satisfied with the response. Relatives we spoke with confirmed they knew how to make a complaint but felt they did not need to. One relative gave an example of how they had mentioned to staff their relative’s bedroom was starting to look shabby and action had been taken straight away to redecorate and freshen up the room.

# Is the service well-led?

## Our findings

We found that the service was well-led. There was a registered manager in post at the time of inspection. The registered manager told us they attended managers meetings away from the home every two months and these were a good forum to receive up to date information, policy changes and support. The registered manager also told us they were supported by the regional manager to ensure a good quality service was delivered.

Staff told us they felt comfortable raising concerns with the registered manager. One staff member told us about the manager, "I'll always ask for help if I need support. [They are] good, gets involved and is really very supportive." Another staff member told us the registered manager was, "Good and very understanding. The manager and colleagues are all supportive."

Team meetings were held every six weeks, night staff meetings were held every two months and senior staff meetings took place every two to three months. We saw the topics discussed in a staff meeting on 10 June 2015 included team work, cleaning, day trips for people and the garden.

The provider involved people in the staff selection interviews. The manager explained the last recruitment process was carried out three months ago and people decided in advance at the 'residents' meetings what questions they wanted to ask candidates at interview. We saw that people were also involved in the provider's quarterly forum and people's success stories were published in the provider's monthly newsletter.

Satisfaction surveys were carried out by the provider with people and their representatives every year in order to improve the service. The manager explained the 2015

survey had recently been given to people who were being helped to complete them by a work experience student from the local college. We saw the 2014 survey given to people was pictorial with questions requiring either a yes or no tick-box answer. The analysis of the 2014 'residents' survey looked at this home and the home next door jointly and showed 12 surveys were given out and of these three were not returned. We looked at the nine surveys that were returned and saw that these people had responded positively to the ten questions asked. The analysis of the 2014 'visitors' survey showed that, of the seven returned, five visitors indicated excellent for everything and the other two visitors indicated good for some questions and excellent for the others.

The registered manager carried out a monthly audit. This included checking care files, pressure-relieving equipment, health and safety and infections. We found these checks were up to date and the most recent check carried out in June did not identify any issues. We saw the registered manager had reviewed the fire risk assessment on 25 June 2015 and had noted some radiator covers were broken and needed replacing. The actions noted were that new covers were ordered and delivery was expected in August 2015.

The regional manager carried out regular unannounced checks on behalf of the provider. We reviewed the last audit carried out in March 2015 and saw it was noted the care plans and risk assessments needed to be changed to the new format. At the time of this inspection we found that this had been addressed by the manager and most of the files had been completely changed over.

We asked the registered manager what plans they had to improve the service and we saw evidence there were plans to improve the living environment for people by swapping the laundry room and kitchen around and to install a new kitchen.