Sahara Care Limited

Sahara House

Inspection report

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Date of inspection visit:
22 March 2017
24 March 2017

Date of publication:
28 April 2017

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

This unannounced inspection took place on 22 and 24 March 2017.

Sahara House provides care, accommodation and support with personal care for up to 19 people with a learning disability. 15 people were using the service when we visited.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection in January 2016, we found one breach of regulations. The registered provider had not appropriately managed people's medicines. At this inspection we found action had been taken and people received their medicines safely. Medicines were administered by staff who were trained and assessed as being competent to do this.

Systems were in place to minimise risk and to ensure that people were supported as safely as possible. Staff were aware of their responsibilities to ensure people were safe and what to do if they had any concerns. They were confident that the registered manager would address any concerns.

People were supported and encouraged to make choices about all aspects of their care and support.

People were protected by the provider's recruitment process which ensured staff were suitable to work with people who need support.

Staff were knowledgeable about people's needs and how best to meet these. The training and support they received helped them to provide an effective and responsive service.

People received a person centred service. Their cultural and religious needs were respected and celebrated and their nutritional needs were met. They were encouraged to be as active as possible. There were enough staff to support them to do things that they liked and provide the care and support they needed.

People's healthcare needs were identified and monitored. Action was taken to ensure they received the healthcare they needed to enable them to remain as well as possible.

The quality of the service was monitored by the provider and the registered manager to ensure people received a quality service that met their needs and wishes

Staff were clear about their roles and responsibilities. The registered manager and staff team were committed to continuous improvement of the service and to improving people's quality of life.

People and their relative's views were sought and valued. Their feedback was used to inform developments in the service.

People were supported by kind, caring staff who treated them with respect. They were supported to do as much as possible for themselves and to gain new skills. Care records contained detailed information about people's needs, wishes, likes, dislikes and preferences.

People lived in an environment that was suitable for their needs. Specialised equipment was available and used for those who needed this.

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. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

Risks were clearly identified and strategies to minimise risk enabled staff to support people as safely as possible both in the community and in the service.

People were supported to receive their medicines safely and were protected by the provider's recruitment process.

Is the service effective?

Good

The service was effective. Systems were in place to ensure that people were not unlawfully deprived of their liberty.

People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure they supported people safely and competently.

People's healthcare needs were met.

Is the service caring?

Good

The service was caring. People were treated with kindness and their privacy and dignity were respected. Relatives were very happy with the way staff treated people.

People received care and support from staff who knew about their needs, likes and preferences. They were encouraged to be as independent as possible.

Staff were attentive to people's needs and before they provided care and support they took time to explain to people what was going to happen.

Is the service responsive?

Good

The service was responsive. People received individualised care and support. They were encouraged to make choices about their

daily lives.

Systems were in place to ensure that the staff team were aware of people's current needs and how to meet these. Individualised care plans gave clear information about how people liked and needed to be supported.

People were supported to be involved in activities they enjoyed in the community and in the service.

Any complaints or concerns were listened to and addressed.

Is the service well-led?

Good

The service was well-led. The provider's quality assurance systems ensured that people received a safe and effective service.

Relatives were very happy with the way the service was managed and with the quality of service.

Staff told us they were well supported by the management team.

Sahara House

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 22 and 24 March 2017 and was carried out by 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 service. At the last inspection on 6 January 2016 the service was rated good and had one breach regarding medicines management.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection we spoke with one person's social worker and we also reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection we spoke with eight people who used the service and observed the care and support provided by the staff in the communal areas. We also spoke with ten staff, the registered manager, the regional manager and five people's relatives. We met two relatives at the service and talked to three more by telephone. We looked at four people's care records and other records relating to the management of the service. This included three sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine management records.

Good

Is the service safe?

Our findings

People told us that Sahara House was a safe place to be. One person said, "I feel safe and they [staff] phone me when I'm out." Relatives felt that people received a safe service. One relative said, "Staff are conscious of [family member's] mobility needs and their unsteadiness and make sure they don't come to any harm. They keep [person] safe with their seizures." A social worker felt that people were "safely placed" there.

At our last inspection in January 2016 we found that medicines were not always managed well. There were gaps in medicine administration records (MAR) charts and it was not always clear if people had received their medicines as prescribed by their doctors. At this inspection we found MAR charts were properly completed and up to date. They included people's photographs to check that medicines were given to the correct person. There was an accurate record of the medicines that people had received. Allergies were also indicated. A system of monthly medicines audits was in place. If an issue was identified this was added to the homes development plan and audits increased to weekly until the registered manager was satisfied that the issue had been resolved.

People received their prescribed medicines safely and when needed. Medicines were administered by staff who had received medicines training and been assessed as competent to do this task. Although guidelines were in place for the administration of 'when required' (PRN) medicine these were not sufficiently detailed to give staff clear information about when and how to administer these. On the first day of the inspection we discussed this with the registered manager. When we returned to complete the inspection, the registered manager had taken action and new more detailed guidelines were in place.

Medicines were securely and safely stored either in the office or in the person's room. Where the medicines were stored was determined on an individual basis according to risk. There were also storage facilities for controlled drugs if the need arose. In line with good practice opening dates were recorded on liquid medicines, drops and creams to ensure that they were not used after the expiry once opened period.

Staffing levels were sufficient to meet people's needs and to support them with what they chose to do. This was both in the service and out in the community. There was a stable staff team and any absences were covered by them or regular bank staff. This meant people received consistent support from staff they knew and who were aware of their needs and of the support needed to maintain their safety. Staff and relatives confirmed that staffing levels met people's needs. One relative told us, "We have no concerns at all about staffing. [Family member] gets practically one to one care." Another said, "There are sufficient staff." A member of staff commented, "We use our own bank or offer overtime to provide short notice cover. Not used agency for over a year. I think there's enough staff." Another said, "There's always enough staff on duty. One person has respite care at weekends and extra staff are on duty."

Risks were identified and systems put in place to minimise risk. People's files contained risk assessments which were up to date and were relevant to each person's individual needs. They covered areas where a potential risk might occur and how to manage it. For example, accessing the community, self-harm or behaviour that challenges. The plans were clear and gave staff the information needed to enable them to

support people as safely as possible.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Information was displayed in the office detailing how to report safeguarding concerns and raise concerns with CQC. Staff had received safeguarding training and were aware of the safeguarding policies and procedure in order to protect people from abuse. They were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. Staff were clear they would report anything of concern to the registered manager and confident that action would be taken. One member of staff told us, "If I had concerns, like staff shouting or being rude or rough handling I'd raise it with the team leader and then the manager, if necessary. That wouldn't be a problem."

There were systems to protect people's finances from possible misuse. Cash for daily use was securely store in a safe and accessed by the shift leader. Additional cash was kept in another safe accessed only by the registered manager. Both the registered manager and the regional manager checked and monitored people's finances. In addition the provider commissioned external financial audits and we saw that when any potential issues had arisen from the audit they were addressed immediately by the registered manager. One relative, who had power of attorney to manage their family member's finances, told us they received a monthly expenditure sheet and copies of bank statements from the service. This enabled them to oversee the person's expenditure and gave them confidence that they were being appropriately supported with their finances and safeguarded from possible abuse.

The provider had an effective recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at three staff recruitment files and found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who needed support. There was evidence in staff records to confirm that they were legally entitled to work in the United Kingdom. This helped to ensure people were protected by the recruitment process.

Systems were in place to keep people as safe as possible in the event of an emergency arising. Staff had received fire safety and first aid training and were aware of the procedure to follow in an emergency. A fire risk assessment had been completed and fire alarms were tested weekly. Each person had an individual personal emergency evacuation plan detailing how they would need to be supported if the building needed to be evacuated. There was an 'emergency evacuation' bag containing essential information. For example, individual evacuation plans, medicines information and the emergency contingency plan.

The premises were in a good state of repair. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. All this helped to ensure people were cared for in a safe environment.

Good

Is the service effective?

Our findings

Relatives had confidence in the staff who provided support. One relative said, "The staff definitely know what they are doing." A social worker told us that staff had worked very hard with a person who at times was "violent" and had "turned things round."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

Staff had completed MCA and DoLS training and were aware of people's rights to make decisions about their lives. When important decisions needed to be made about a person's care and treatment, meetings were held with relatives and other professionals to discuss what was in their best interest. The registered manager was aware of when to make a referral to the supervisory body to obtain a Deprivation of Liberty Safeguard (DoLS). Records showed that this was thought to be necessary for most of the people who used the service and relevant applications had been made to supervisory bodies. This helped to ensure that people were not being unnecessarily or unlawfully deprived of their liberty and that their human rights were protected.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. A social worker told us, "The staff know what they are doing. They work together as a team." Training was a combination of e-learning and face to face courses. Staff told us that they received support and encouragement to obtain qualifications in health and social care. There was a computerised system that indicated the training staff had received and when this needed to be updated or new training completed. This enabled the registered manager to monitor staff training and to ensure staff had received the necessary training.

Staff told us that training was relevant to the needs of the people who used the service and was up to date. One member of staff said, "I had a one week induction where I shadowed staff. As well as e-learning I was given one to one on health and safety, manual handling, infection control, food safety, safeguarding, mental capacity and fire training. Although I don't give out medicines I was made aware of medication issues. I get training nearly every month." Another said that training on dealing with behaviours that challenge had really helped and as a result there had been a reduction in the frequency of these.

People were supported by staff who received effective support and guidance to enable them to meet their assessed needs. Staff told us that they received good support from the management team. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to

discuss work practice and any issues affecting people who used the service). A member of staff told us, "I have supervision every month where I can talk about work and raise concerns. At my annual appraisal I was asked how happy I am here and what support I wanted. I was also asked for my opinions."

People were provided with a choice of suitable, nutritious food and drink and were encouraged to eat and drink sufficient amounts to meet their needs. Menus were chosen at weekly meetings but people were able to have something different if they wished. Snacks were available if people wanted this. For example, in one person's notes we saw they had got up at 5am and had a bowl of cereal. People told us that they usually had a takeaway meal on Saturdays and that they enjoyed this. Drinks were available throughout the day and those that were able to make their own drinks did so.

If there were any concerns about a person's weight, nutrition, or ability to swallow this was monitored and if necessary a referral was made to the relevant professional. A relative told us, "There's a bit of a problem at the moment, with swallowing, and [family member] has been referred to a speech therapist." Individual files contained details of people's dietary requirements and likes and dislikes. Also what help they needed eating and drinking and any risk. For example, one person needed a soft diet and decaffeinated drinks. Another had a specific digestive condition and staff had received training to enable them to support the person to manage their condition. A relative said, "The staff are very supportive of [family member's] needs. They get the food they like and they avoid their dislikes."

Some people had specific dietary requirements in relation to their religious or health needs and these were accommodated. For example, halal meals and a diabetic diet.

People were supported and encouraged to maintain good health and had access to healthcare services. They saw professionals such as GPs, dentists, psychiatrists, physiotherapists, dietitians and specialist nurses. Individual files gave details of the person's health needs and how to meet these. They also gave details of what might indicate that a person was unwell. Staff told us about these. One member of staff said, "Some residents have difficulty expressing their health needs. Body language and knowing their usual demeanour is important in detecting problems." Another told us, "[Person] is non-verbal. Clicks mean they are happy but if they are quiet and making groaning sounds something is not quite right." The member of staff then went on to say what they would do to try to establish the cause. For example, offer a drink, change the activity or give pain relieving medicines.

Details of medical appointments, why people had needed these and the outcome were all clearly recorded. Each person had a 'my health passport' which contained information to assist hospital staff to appropriately support them if they were treated at the hospital. A relative told us, "The staff registered [family member] with a GP and I know they get annual eye check-ups. They [staff] phone me up about everything and they are very good about that." We saw that another relative had written a letter to staff saying, "Thank you for all the great support, kindness and excellent care you have obviously provided for [family member]. After ill health and a hospital admission they are looking better than ever. This is due solely to staff commitment to their care."

People lived in an environment that was suitable for their needs. Sahara House was in in a residential area close to local services and transport links. The service was provided in two adjacent houses and was accessible for people who used wheelchairs. There were adapted baths and showers and specialised equipment such as hoists were available and used when needed. Both houses had recently had new kitchens fitted. In one house the kitchen was large and had a sink and cooker that were accessible for people who used wheelchairs.

Good

Is the service caring?

Our findings

Relatives gave us positive feedback about the caring way in which people were supported. One relative said, "They [staff] are very caring. I've visited several homes in the past and Sahara is exceptional and very, very good. Nothing is too much for them. They work together as a family unit." Another had posted feedback on a care website saying, "Since my [family member] went to Sahara House they have received top quality care."

People were supported by a consistent staff team who knew them well. Staff told us about people's needs, likes, dislikes and interests. They knew people's individual routines and any signs that might demonstrate they were unwell or had a problem.

People were treated with respect and their privacy and dignity maintained. Throughout the inspection we saw staff speaking to people in a polite and professional manner. There were positive interactions between the staff and people who used the service. Staff were patient and considerate and took time to reassure people and explain things so they knew what was happening. When people needed support with their personal care this was done discreetly. A relative told us, "My impression is that all the staff know [family member].They need to give them a lot of help and they give them dignified care for the toilet and things (personal care)."

People were supported to be as independent as possible. A member of staff told us, "We encourage independence by people assisting with personal care, laundry and cooking." One person told us, "I help with the cooking." People's care plans highlighted the areas where their independence should be encouraged. For example, one person's personal care plan said to let them do as much as possible for themselves, to let them take their time and to praise them.

People were listened to and involved in decisions about their care and about any changes to the service. As well as 'service user' meetings to discuss issues affecting everyone, people also had individual meetings with their keyworker. In addition one person was supported by an independent advocate to speak on their behalf and to ensure, as far as possible, their wishes were identified.

Staff respected people's confidentiality. They treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information about people was kept securely in the office. One member of staff told us, "We respect confidentiality. We ask people how they want to be addressed." Another said, "We always knock before we go in to someone room and ask them if it's okay to do things for them."

People were supported to maintain relationships with their relatives and friends and relatives told us they visited when they wanted and felt at ease when they visited. One relative told us that they visited frequently and had dinner at the service. Staff also supported them to go out with their family member. Another said, "They help [family member] to phone and speak to their mum and they also bring them home on visits." Friends and relatives were invited to social events at the service and were kept informed of what was happening by the Sahara House newsletter. Another relative said, "They have parties and birthday

celebrations for the residents."

People's religious, cultural and social needs were identified and addressed and festivals from different religions were celebrated. For example, Holi, Eid, Easter and Christmas. Some people had a halal diet and separate storage, pots, plates and cutlery were used in line with cultural practice.

Good

Is the service responsive?

Our findings

People received responsive, individualised care based on their needs, likes, dislikes and preferences. A social worker told us, "I am very impressed. This is an exceptional care provider." In a quality survey a relative had written, "Since our [family member] went to Sahara House they have received top quality care. Whatever request is made is forthcoming."

People's needs were assessed before they used the service to ensure that their needs could be met. Information was gathered from them, their relatives and any professionals involved in their care. A member of staff told us, "There is a pre-admission assessment and another one on admission where we record individual needs and update as time goes by." People's care and support was planned in partnership with them and their relatives. A relative told us, "I know we were involved when [family member] was admitted. Another relative does all that now." In one person's file staff had recorded how they assessed that the person had agreed with the plan. This was by their body language and tapping their head.

People's care plans contained clear information to enable staff to provide personalised care and support in line with the person's needs and wishes. For example, one plan said the person preferred a cup of tea before they had their daily shower. In another person's plan it stated that they would not open their mouth if they did not like the food or if they were not ready to eat.

Staff told us that they followed care plans and routines One member of staff said, "The care plans are in the office and used by all the staff." Another told us, "We know the culture of the residents and keep to the care plan and respect individual needs.

People received a service that was responsive to their changing needs. Care plans were reviewed every six months and updated when needed. Staff told us that in addition to care plans and records they got updates at shift handover from other staff and seniors. Therefore staff had current information about how people wanted and needed their support to be provided. One person's needs changed following an injury that had resulted in a loss in mobility. This person's relative told us, "When they were discharged from hospital they could barely walk with a frame. They really needed special equipment to manage and the home bought it in within 48 hours. They got one to one attention for rehab. Staff moved them to a more suitable room on the ground floor. The doctors were really impressed with their progress and return to mobility."

People were supported and encouraged to make as many choices as they were able. They chose when they got up, what they did, where they went and what they ate. Throughout the day we saw staff responding to individual needs, having individual conversations, planning the day's activities and making choices for lunch and timing of lunch. One person was asked what they wanted to do. They were offered a choice of activities and chose a jigsaw. They were then offered a choice of jigsaws. Another person got up later in the morning. Staff told us people had a choice about "everything" and about how they helped and encouraged people to make choices. For example, one person was encouraged to go to their wardrobe to pick a top to wear. They were also asked if they wanted to wear their watch or not. For another person staff said they took them to the kitchen and showed them food choices. One person told us, "I get up at 9am and go to bed at 11pm.

Those are the times I like."

People were encouraged and supported to do a wide range of activities and trips they liked both in the service and in the community. The arrangements for social activities and education met their individual needs. Activities included going to the day centre, swimming, shopping, day trips, the cinema and meals out. One person was able to communicate that they liked trains and buses and that staff took them on lots of trips. They also said they went to the park and walked with the dog.
A relative told us, "There are lots of activities."

People also had the opportunity to go on holiday and in one house there were several photographs on the wall from when two people went to Cyprus last year. Some other people went to a holiday camp in England. People told us how much they liked the holidays and looked forward to this year's holiday.

There were a number of pets at the service. Some had been purchased for their therapeutic benefits and some belonged to people who used the service. There was a dog, two cats, rabbits, birds and a fishpond in the garden. People were very positive about the animals. In the services October newsletter there were pictures of people with the animals. They all looked relaxed and were smiling. One relative said, "[Family member] often talks about the animals, especially the dog. They really like the dog." Another told us that their family member had really wanted a dog and that they had gone with staff to buy it.

People were supported and encouraged to raise any issues they were not happy about. We saw the complaints procedure was displayed in both houses. One relative told us, "If I had a complaint I would go to [registered manager]" Another said, "If I had a complaint it would depend on the level. I'd go to [team leader] or the deputy manager. Anything more serious I would look it up on the net but I've nothing to complain about." Staff knew what to do if they received a complaint. A member of staff said, "If a relative raised a concern with me I'd assess whether it's within my capacity to deal with it or refer them to a senior or to go direct to the office. I would always inform a senior." The last recorded complaint was in July 2016 and records showed that this had been appropriately addressed. People benefitted from a service that listened to and addressed complaints and concerns.

Good

Is the service well-led?

Our findings

People were very happy with the service provided. In a quality assurance survey a visiting therapist had commented, "I think the team are fantastic. The team and the residents are like one happy family all supporting each other to be the best they can be." A relative told us, "I'd certainly recommend this service and [family member] is entirely reliant on Sahara. We are very comfortable with the service and can't think of a better place. Compared with previous places we are very happy they are there. I don't think anyone could look after them better".

Relatives and social care practitioners told us the service was well managed. One social care practitioner said, "The manager is fantastic to work with." A relative told us, "[Person's name] is the manager. They speak to all the residents on a regular basis. It is well run."

There was a clear management structure in place. In addition to the registered manager there was a deputy manager, a team leader and senior support workers. Staff were clear about their roles and responsibilities and told us they received good support from the management team. One member of staff said, "All the managers listen to me. 80% of the time I go to the team leader, but I'm comfortable with all of them." Another told us, "Management have all the support in place if there is an incident. The registered manager always asks if there is anything we need to talk about. We also have numbers for the on call and they always answer."

All of the staff we spoke with told us that there was good team work and good communication. One member of staff said "I feel it's a great team. It's very open and we can all talk to each other about the things we do. We can try new things and see if they work. Others' ideas are respected. I believe it's well led and I feel able to raise concerns." Another said, "I am happy to work here. We work together. The residents are important and the staff care."

The provider had systems in place to monitor the quality of service provided and to ensure it was safe and met people's needs. The registered manager monitored the service both informally and formally. Informal methods included direct and indirect observation and discussions with people, staff and relatives. Formal systems included audits and checks of medicines, records and finances. The registered manager was required to complete a weekly managers' report confirming checks and audits had been carried out and any safeguarding, complaints or other significant events. This was then monitored and reviewed by the regional manager. The regional manager carried out monitoring visits and these included a minimum of three observations of care of at least 15 minutes duration. From their observations and checks they completed a monthly quality monitoring report. The reports were detailed and thorough. Any issue identified were put on the services development plan and followed up by the regional manager.

People used a service where their feedback and opinions were actively sought and valued. The provider sought feedback from people, relatives and other professionals by quality assurance surveys and there were suggestion boxes with stationery and a pen in the entrance to both houses. In the service's newsletter it said, "We value your feedback in helping us to develop and improve all aspects of our services." The last quality

assurance survey was in June 2016 and the responses we saw were positive. For example, one relative had written, "Staff are exceptional in their care and dedication. The way they look after [family member] goes beyond all expectations."

People were supported to make links with the local community. For example, local school children helped with the garden and were also supported for work experience at the service.