Sahara Care Limited

Sahara Lodge

Inspection report

143 Earlham Grove
Forest Gate
London
E7 9AP

Tel: 02085553735
Website: www.saharahomes.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Sahara Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during the inspection.

This inspection took place on 19 and 20 December 2017 and 24 January 2018 and was unannounced. One inspector carried out this inspection. At the previous inspection in July 2015, the service was rated as 'Good' overall.

Sahara Lodge accommodates nine adults with learning disabilities and autism. One person is accommodated in a self-contained basement flat next door. The other eight people are accommodated in a three storey building on the ground and first floors. At the time of this inspection there were nine people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 2008 and associated Regulations about how the service is run.

Relatives, health and social care professionals and other agencies were complimentary about the service people received. The service used a variety of communication methods to enable people to understand information given them and to voice their opinions. People had access to advocacy services to assist them to have a voice. Staff demonstrated a good rapport with people. People's dignity and privacy was respected and care plans took account of the support they needed around relationships. Staff assisted people to reach for their goals and aspirations and were genuinely proud of what each person achieved.

Staff received support through regular supervisions and a wide range of training opportunities appropriate for their role. The premises had been refurbished and redecorated with the kitchen relocated to meet people's needs. Building safety checks were carried out as required. The communal garden was spectacular and had been designed with the involvement of people who used the service. People were involved in menu planning and food preparation to meet their nutritional requirements. Staff assisted people to access healthcare professionals as they needed.

People's care was personalised. Staff were responsive to any change of needs. People participated in activities of their choice. The wide variety of activities offered included the development of independent

living skills and reflected people's cultural or religious needs. People and their relatives knew how to complain but told us they had not needed to. Care plans included very detailed end of life care plans and staff were knowledgeable about how to make people's end of life wishes happen.

The provider had systems in place to ensure people were protected from harm. Staff were knowledgeable about the actions to take if they suspected someone was being abused. People had risk assessments and risk management plans to mitigate the risks they may face. Safe recruitment checks were carried out and people were given the opportunity to participate in the interview process of new staff. Medicines were managed safely. The provider had systems in place for the control of infection.

The provider had various systems in place to obtain feedback from people and their relatives including regular meetings and feedback surveys. People were encouraged to participate in the development of the service. Staff had regular meetings so they could be updated and contribute to service development. The provider had various quality assurance systems in place to identify areas for improvement. The service had good local links to enable people to feel part of the community.

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. Staff were knowledgeable about safeguarding and whistleblowing procedures to keep people safe from harm.

People had risk assessments and risk management plans to mitigate the risks they may face. Building safety checks were carried out in line with building safety regulations.

There were enough staff on duty to give people interaction and to meet people's needs. The provider had safe recruitment processes.

Medicines were managed safely and people received their medicines as prescribed. The provider had systems in place to protect people from the spread of infections.

Is the service effective?

Good

The service was effective. Staff were supported through regular training and supervisions.

People were involved in menu planning meetings and food preparation. The provider worked effectively with other agencies to ensure people had access to healthcare and information they could understand.

The premises had undergone redecoration and refurbishment since the last inspection. People were involved in the design and creation of a spectacular garden which promoted self-awareness and had a calming effect.

The registered manager and staff had an understanding of the legal requirements of depriving people of their liberty. Staff were knowledgeable about obtaining consent from people before delivering care.

Is the service caring?

Good

The service was caring. People and relatives thought staff were

very caring. Staff had strong caring relationships with people and were skilled in getting to know people's needs.

Staff used various communication methods to help people's understanding and make choices. People were involved in decision making about their care.

The provider had a system where each person had a named care worker to oversee the care they received. The named care worker provided people's family with a written report each month.

Staff promoted people's independence, privacy and dignity. Care plans took account of people's relationship status and the support they needed around this.

Is the service responsive?

Good

The service was responsive. People received a personalised care service and were assisted to live the life they chose. Care plans were very detailed, pictorial and contained individual aspirations.

The strong teamwork ethos and staff passion was demonstrated in how they responded to people's changing needs. People could participate in any activity they wished and activities were used as a form of education and to promote independence. Activities took account of people's cultural and religious needs.

People and relatives told us they had not needed to make a complaint but understood the process.

Detailed end of life care plans were in place and the service had included other professionals in the decision making when appropriate. Care plans included information about whether the person should be resuscitated if they stopped breathing.

Is the service well-led?

Good

The service was well led. People, relatives and staff gave high praise to the leadership in the service. The registered manager and their staff team were observed to be passionate about their jobs and about the people they worked for. The staff team demonstrated strong and effective team work and were skilful in solving issues and dealing with challenges.

The provider had a system of obtaining feedback from people using the service and their representatives in order to improve

the service provided. The service received extremely positive feedback from outside agencies for the positive work they did with people who used the service.

People who used the service had the opportunity to participate in the provider's quarterly forum to assist with the development of the service. Achievements of people using the service were published in the provider's newsletter.

The provider held regular meetings with staff and with people who used the service to keep them updated on service developments. There were various quality audits which were used to identify areas for improvement.

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.

This inspection took place on 19 and 20 December 2017 and 24 January 2018 and was unannounced. One inspector carried out this inspection. At the previous inspection in July 2015, the service was rated as 'Good' overall.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the evidence we already held about the service before the inspection including notifications the provider had sent us. A notification is information about important events which the service is required to send us by law. We also contacted the local authority to obtain their view about the service.

During the inspection we spoke with the registered manager, the deputy manager and three care staff and a visiting advocate. We also spoke with two people who used the service. We observed care and support in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed four people's care records including risk assessments and care plans and three staff records including recruitment, training and supervision. We also looked at records relating to the how the service was managed including medicines, policies and procedures and quality assurance documentation.

After the inspection, we spoke with four relatives of people who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the care home and there were enough staff to meet their needs. A relative said, "The service is very safe. [Family member] is very well looked after." Another relative told us, "There seem to be enough staff when I'm around."

The provider had comprehensive safeguarding and whistleblowing policies which gave clear guidance to staff on what to do if they suspected someone was being harmed. The whistleblowing procedure was also clearly displayed on the staff noticeboard. Records showed the local authority and CQC were notified when there was a safeguarding incident. The outcome of safeguarding investigations was shared with staff in team meetings so that agreed actions could be used to improve the service.

Staff received training in safeguarding adults and children and this was up to date. One staff member told us if they suspected abuse, "I would go to the deputy manager, the manager, the area manager and if not then go to CQC or the social worker. If you see something untoward, bullying or abuse, I would report it. There is a number on the board and I would ring that number." Another staff member said, "Report to management or higher in authority, the local authority, CQC. It's all kept confidential. We see anything wrong then we report it. The numbers are on the noticeboard for local authorities and CQC." A third staff member told us, "I would take the matter to my team leader or deputy or the manager. Whistleblowing is informing others of something you deem inappropriate or unacceptable or if you think your clients being taken advantage of or abused. The information [about] who you can whistleblow to is on the noticeboard."

People were protected from bullying, harassment and avoidable harm. The registered manager told us and records confirmed that supervisions and staff meetings were used to discuss these issues with staff. People who used the service were educated in these areas through the use of drama. This involved staff and people who used the service role playing to show people how they can get help if they are being harmed, bullied or abused.

People had risk assessments carried out and risk management plans put in place to mitigate the risks associated with receiving care at home and in the community. Risk assessments were evaluated regularly. For example, one person's risk assessment stated, "I am protective over people and will get upset if people are messing about or being horrible to each other." The risk management plan stated, "When [person] is upset, staff should try and remove the source of distress. If residents are arguing, encourage them to stop. If removing the source is not possible, distract [person] and encourage him to move away from the thing that is upsetting him." The person signed by way of agreement to the risk assessment and it was noted that the person felt the risk assessments helped them to achieve their life skills. Records showed risk assessments were reviewed monthly and these were up to date.

Building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, the five year electrical installation test was last carried out on 18 June 2016, portable electrical appliances were tested on 13 June 2017 and a gas safety check was carried out on 7 July 2017. The deputy manager and team leader shared the responsibility of passing on maintenance issues to the

maintenance person.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had given written references. New staff had criminal record checks (DBS) to confirm they were suitable to work with people and the provider had a system to obtain regular updates. This meant a safe recruitment procedure was in place.

Staff told us there were enough staff on duty. We observed that staff responded instantly when people requested assistance or when people initiated conversations with them. Records showed there were enough staff on duty to meet people's needs with at least three staff on duty in the main house and one staff working with the person who lived in the flat. Extra staff were rostered to enable people to participate in activities as needed. There was also a staff member dedicated to the on-site day service. The provider did not use agency staff but had their own bank staff who covered staff absences.

The provider had a comprehensive medicines policy which gave clear guidance to staff of their responsibilities regarding safe medicines management. Records showed medicines were given to people by appropriately trained and competent staff. Medicine administration records (MARs) for medicines taken daily were completed correctly. Staff had signed to say the medicines had been administered. There were no gaps in signatures indicating people had received their medicines as prescribed.

Medicines were stored appropriately in locked cabinets in a locked room. The temperature of this room and the medicine fridge were checked daily and records showed these were within the correct range. Some prescription medicines are controlled under the Misuse of Drugs legislation to prevent them being misused, being obtained illegally or causing harm. The provider had systems in place to ensure controlled drugs were stored appropriately and correctly accounted for. There were also appropriate arrangements in place for the receipt and disposal of all medicines.

People who required 'pro re nata' (PRN) medicines had guidelines in place. PRN medicines are those used as and when needed for specific situations. Records showed PRN medicines had been administered and signed for as prescribed. The provider had a system of checking how much medicine was in stock. We checked the amount of medicine against the stock check sheet and found no discrepancies. The team leader and deputy manager jointly carried out medicines audits. Records showed these were up to date with no issues identified.

Staff told us they were provided with sufficient personal protective equipment such as disposable gloves and aprons. The provider had an infection control policy which gave clear guidance to staff on how to control and prevent the spread of infection. Training records showed staff were up to date with infection prevention and control training. Staff were observed to wear gloves and aprons before giving care and to change these before giving care to the next person. There were adequate hand washing facilities throughout the home including wall mounted soap dispensers which blended in well with the home's decor. This meant people would be protected from the spread of infection.

Good

Is the service effective?

Our findings

People told us they were happy with the care they received. Relatives told us they felt staff had the skills needed to provide care to people who used the service. A relative told us, "I see how [person] has improved since they moved here." Another relative said, "I'm very happy with the way [person] is looked after and [person] is very happy."

People had a comprehensive assessment of their care needs before they began to use the service. The needs assessment included people's preferences for care, relationship needs, cultural and spiritual needs. Assessments also indicated if the person needed to build up skills in a particular area and contained a plan of how staff could help them achieve this. Staff were knowledgeable about how to meet people's individual needs in accordance with people's wishes. For example, staff described the night time guidelines for one person who had requested for staff not to check on them during the night as they are a light sleeper and this disturbed them. Records confirmed staff knowledge was correct.

Staff confirmed they were offered regular opportunities for training and they found it very useful. Staff also told us they were able to request specific training if they thought it would help them to be more effective in their role.

The training matrix showed that staff had received up to date training in a wide range of topics. Safety-related training included first aid, moving and handling, food hygiene and health and safety. Staff had completed training specific to their role in learning disability, autism, mental health, diabetes, epilepsy, communication, challenging behaviour and de-escalation and person centred care.

Records showed that staff completed the care certificate. The Care Certificate is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised. Staff who had completed the Care Certificate were given the opportunity to complete the different levels of the National Vocational Qualification (NVQ) in Health and Social Care. This qualification enables staff working in the health and social care sector to become more effective when performing their duties at work. Staff confirmed this was the case and they felt more confident to perform their role with the increased knowledge they gained.

Training records showed that new staff completed a thorough and robust induction which included a minimum of one week shadowing of an experienced senior staff member who was assigned as their mentor. The deputy manager told me the role of the mentor included supporting the new staff member to realise their full potential, increasing their confidence through learning on the job and ultimately increasing their skills and knowledge. New staff completed a six month probation period during which time they received monthly supervision from the mentor and their professional development was documented. The mentor's role was to sign off the new staff member once assessed as being competent which signified completion of the probation period.

Staff confirmed they were supported with regular supervisions. One staff member told us, "Yes [supervision

is] every two months. Definitely useful. It's good to know what the manager expects from us." A second staff member said, "Yes they [supervisions] are useful. It tells me if I'm doing anything wrong or what I can improve on and if I've got any training to do or to be updated."

The provider had a supervision policy which informed staff about the support they could expect to receive to help them fulfil their role. Records confirmed supervisions were up to date and were highly focussed on staff performance and professional development. Topics discussed included when to seek medical advice, handover and shift planning, timekeeping, accident and incident reporting, record keeping, policy of the month, the communication book, training, keyworking, conduct at work and team meetings.

Staff told us people had choices with the food and drink they consumed. One staff member told us, "They do have choices. They have a menu meeting every week and they all say what they would like." This staff member explained they get pictures out of meals to show people examples of what they can have. Another staff member said, "Yes they do have choices." A third staff member told us, "We have regular weekly menu meetings. We talk about healthier food options. At the end of the day it's their decision." Records confirmed people were involved in a weekly menu planning meeting and their choices were respected. We observed people were able to choose an alternative from the menu if they changed their mind on the day. Menus were varied and demonstrated the cultural diversity of the home.

Staff demonstrated a detailed understanding of people's different dietary requirements. The kitchen was well stocked with fresh and nutritious food including fresh fruit and vegetables. We observed people were involved in meal preparations and were seen enjoying the food at mealtimes. People told us they enjoyed the food. One person told us, "I'm enjoying the food here. It's lovely."

The service kept a record of people's monthly weights and records showed when there was a concern an appointment was made for the person to visit the GP. Records showed people had access to healthcare professionals including the optician, dentist, chiropodist, diabetic nurse, physiotherapist, dermatologist and psychiatrist as required. Care plans included a pictorial "My Health Matters" book and included health specific guidance for care workers to follow such as for multiple sclerosis and diabetes.

People had a health passport which was taken to appointments for the health professional to write the outcome of the appointment. Care records contained easy read information on specific health conditions and medicines. A visiting advocate told us, "I think the home does a good job with people." One person's care record documented the psychiatrist had visited the person one evening to wish them a happy birthday. This showed the provider worked jointly with outside agencies to ensure people received the healthcare they needed and information in a way they could understand.

The building was spread across three floors with the manager's office located on the top floor. People's bedrooms were personalised and those with mobility difficulties occupied the four ground floor bedrooms. One person lived in a self-contained flat next door which meant they were able to spend time separate to other people when they wished. Since the last inspection, the bedrooms and living environment in Sahara Lodge had been redecorated and refurbished to a high standard. The kitchen and laundry room were swapped around and a new spacious kitchen had been fitted which made it easier for people to be involved in food preparation. The registered manager showed us the plans to redecorate the hallways during 2018. Records showed people were involved in discussions and decision-making about the redecoration and refurbishment.

There was a spectacular interactive communal garden which the provider had designed in consultation with the people who used the service and included everybody's wishes. The garden was divided into zones. One

zone formed the sensory garden which included a sensory touch board, wind chimes, aromatic plants such as lavender and a water feature which people could touch. There was also an insect hotel and a hedgehog home in the sensory zone. Another section of the garden was decorated with sensory lighting in the ground and around the shaded seating area. Sensory gardens are especially beneficial to people with a learning disability or autism as they promote self-awareness and the calming effect can reduce or de-escalate challenging behaviour.

Staff told us that there were plans to get rose bushes in memory of two people who had recently passed away. The registered manager told us there were plans to relocate the small fish pond to the sensory garden area and make it bigger with a waterfall feature. People told us they enjoyed the different areas of the garden and photographs showed this was the case. During the inspection, we saw people making use of the different areas of the garden including looking out at the light display from the warmth of the lounge in the house. Records indicated the sensory garden had a positive impact on people's behaviour.

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. At the time of this inspection five people had authorised DoLS in place because they required a level of supervision at home and in the community that may amount to their liberty being deprived. Care records showed assessments and decision making processes had been followed correctly.

Records showed that one person moved into the service from hospital in October 2017 without money or financial information. This person had previously lived independently in the community. Their hospital admission was due to developing a health condition that severely reduced their ability to put words together to make meaning, their cognition, mobility and awareness of time and place. The service applied for and obtained a DoLS for the person due to them needing staff support to access the community in order to keep safe. The person's health condition meant they lacked capacity and lacked the ability to give consent for people to act on his behalf.

The service had to overcome many hurdles to obtain assistance with resolving this person's financial position because it was unclear which authority had the duty of care and should take on the responsibility. The registered manager and deputy manager told us that they argued for an advocacy service to become involved. The first assigned advocate was unable to assist so the registered manager made a second referral. A social worker and an advocate visited in January 2018 and all relevant paperwork was passed to the advocate. During this time the person had received threatening letters for unpaid bills but without access to funds the situation could not be resolved. Records showed that since the meeting the registered manager continuously chased the advocate and the social worker.

Since the inspection, the registered manager informed us that the case has now been accepted by a London borough who are acting as this person's financial appointees. During this time, the provider assisted this

person financially to ensure they did not have to do without essential items such as toiletries. The above showed the determination and willingness of the service to fight for people's human rights.

Care files contained pictorial consent forms for a range of situations. These included the use of CCTV in the outside areas of the home and consent to use photographs for medicine records, care plans and for the provider's newsletter. People who had capacity had signed the consent forms by way of agreement.

Staff described when they obtained consent from people who used the service. One staff member told us, "Well you always do [ask for consent]. If it's a verbal resident you can ask them. If it's a non-verbal [person] you can use pictures or 'yes' and 'no' cards or body language." Another staff member said, "[I ask people for consent] straight away, if they need to do something and they have said no, I leave it be and come back later or maybe try to word it a different way or maybe use picture cards. You take your time with them." A third staff member told us, "You ask for consent right at the beginning for everything."

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. One person told us, "Yes they are caring and they listen." A relative told us, "I think they are very caring. The staff are comfortable with [people who used the service] and [people who used the service] are comfortable with the staff." Another relative told us, "They [staff] are very caring."

Staff described how they got to know people who began to use the service. One staff member told us, "I would read [their] care plan and what [person] likes to do and what [person] doesn't like to do. Maybe sit at the table with [them] and play a game and involve [person] as much as I can." Another staff member said, "I use a person-centred approach. Over time you get to know somebody's personality more and as you get to know them more you can cater for them more. I read the pre-admission documents. Families can tell you about their history and you get different perspectives." A third staff member told us, "You familiarise yourself with their files, learn about their favourite things, like if they prefer showers to baths. You take your time with them, make them feel welcome, slowly integrate them into the schedule of the house."

The home had a happy, jovial and energetic atmosphere. There was lots of activity and chatter and people were seen laughing and smiling during interactions with staff. People were relaxed in the presence of staff and other people who used the service. Staff knew each person well and had built up strong caring relationships with them. People initiated interactions with staff who, even when busy with another task, responded immediately.

Staff and the management team spoke proudly about the achievements of each person who used the service. One person who returned from college showed staff, the registered manager and the inspector a piece of art work they had completed that day which was very impressive. Staff and the registered manager praised the person for their achievement and agreed to display the art work in a safe prominent place for everyone to see.

We observed one situation where a person became upset at the vocalisations of another person who used the service. Staff responded immediately and demonstrated excellent skilfulness and teamwork in diffusing the situation. One staff member redirected the person who was vocalising to another area of the premises and engaged them in an alternative activity. Another staff member sat with the person who was upset, spoke calmly in a reassuring manner and directed the conversation to a positive topic. This meant the situation was handled quickly, calmly and appropriately. The result was both people were happy and smiling.

Staff used a variety of communication aids to help people's understanding and to make choices. People's communication needs were detailed in their care plans and support was provided accordingly. Communication methods included pictures, objects of reference, body language, facial expression and social story boards. Whenever possible staff obtained easy read versions of information supplied to people using the service to help their understanding. The registered manager told us if a visually impaired person moved into the service who could read then information would be provided for them in braille.

The provider had a "keyworking system" where each person who used the service had a named care worker. A "keyworker" is a staff member who is responsible for overseeing the care a person received and liaising with other professionals or representatives involved in a person's life. Staff told us they met regularly with the person they were keyworker to in order to update the care plan and agree how staff would support them. People were able to work with their keyworker to devise individualised and realistic goals towards achieving community integration and social functioning. Records confirmed this was the case and the person's comments were documented. This meant people were involved and supported in decisions about their care.

Staff told us how they involved people who used the service in their care. One staff member told us, "We give them [people who used the service] options, choices and ask their opinion. We get to know their preferred communication [method]." A second staff member said, "We read the care files to find out if they are able to verbally communicate or use picture cards. This way [people who used the service] can inform you of what they want."

The service kept families updated on events and developments. Relatives told us staff sent them a written report each month updating them on the wellbeing of their family member, what activities they had been involved in and their achievements. The registered manager told us they had 'meet the staff evenings' for people's representatives to pop in and have a chat. Records showed staff phoned relatives with people's consent to discuss important issues. Care records also showed advocacy services were used to help people to have a voice.

Staff were observed to knock on people's doors before entering their rooms. The provider had a dignity in care policy and all staff had received training in dignity and respect. Staff were knowledgeable about how to promote people's privacy and dignity. One staff member told us, "I always close the door. I knock and then I enter." Another staff member said, "I always ask if they are ready. I promote people's privacy and dignity by shutting and knocking on doors, by generally being polite and respectful and by going at the right pace of the person. I give them choices." A third staff member told us, "When they are getting changed I make sure all doors are locked and make sure they have all garments on them if they are leaving the bathroom or their rooms. If they are in their room I make sure the door is locked." The above demonstrated people were provided with a service that respected their privacy, dignity and diversity.

The provider had a relationships, intimacy and sexuality policy which gave clear guidance to staff on how to support people who used the service with this aspect of their life. People had a sexuality and relationships support plan which detailed whether or not the person had relationship needs and the actions staff needed to take to provide appropriate support.

The registered manager and staff told us at the time of this inspection, people who used the service did not need support in this area. The deputy manager told us that one person who had passed away recently had a girlfriend who attended the same day service as them. This person had become unwell and had a prolonged stay in hospital which made it difficult for them to continue attending the day service regularly. Staff at Sahara Lodge arranged for the person to be supported to the day service on the days they were well enough to meet up with friends and the girlfriend. Staff also invited the girlfriend and friends to attend all the many social events held at Sahara Lodge. Records confirmed this was the case.

The provider had an equality and diversity policy. Staff described how they assisted people to maintain their culture and diversity. One staff member told us, "It depends on the individual." This staff member described how they supported people to maintain their religious beliefs and how they offered to go with people to their place of worship. Another staff member gave examples and described how supporting people with

their cultural religious beliefs included wearing specific types of clothing, eating a specific diet, observing religious days and maintaining links with their families.

People's care plans contained their goals and aspirations which included increasing their independence. Staff described how they maintained people's independence. One staff member told us, "I just encourage them to do as much as they can if they can. They are all very happy here." Another staff member said, "I don't agree with deskilling people. I get [person] to do small bits. I'm there to support." This staff member gave an example of one person who preferred not to do things independently but over time with staff support had been able to do more and more. A third staff member told us, "I explain the task to [person], take it slow and I prompt them. If they refuse, I come back to it another time. I make sure they do it [themselves] and I don't take over it."

Good

Is the service responsive?

Our findings

Staff were knowledgeable about what providing personalised care meant. One staff member told us, "[Personalised care] is supporting an individual in their own way." Another staff member said, "[Personalised care] is the most important thing in delivering care. [The care] has to be unique to the person you are supporting and includes offering choice." A third staff member told us, "It's their own individual care that is different to anyone else. [Personalised care] is about their way of doing things."

Care records were personalised, pictorial and contained people's preferences. One person's care plan stated, "I like to spend time on my own. I like my music which I play sometimes in my room. Friends are important to me and I have some very important ones in Sahara Lodge. I enjoy watching football. I normally go out to the local shop to buy my newspaper." Care plans contained a 'Listen to me' section which included which people were part of their life, great things about the person, what is important to them and the support needed to assist the person to live the life they chose.

Care records showed the keyworker completed a monthly review form to document updates on the person's wellbeing and progress on the person achieving their individual objectives. This included goals being achieved and new goals being set. The above meant that people received personalised care in accordance with their wishes and were encouraged to achieve their potential.

The service was responsive to people's changing needs. Staff worked in line with the provider's philosophy of care which included an "anything is possible" approach to enable people to live as full and independent life as they were able. Care plans were very detailed and were regularly reviewed with the person involved. For example, one person had never previously had the opportunity to see their favourite football team play, had wanted this as one of their goals and their keyworker had made sure they were able to achieve this.

One person who used the service had a phobia of healthcare environments which presented challenges to the service on assisting them to maintain their health. This person was non-verbal and had behaviours which could challenge services. Staff described how they were alerted to the fact that something was wrong when there was an increase in the person's challenging behaviours. Through a process of elimination, staff deduced there was a problem with this person's teeth. This showed staff were resilient and determined to ascertain the cause of the person's distress.

Records showed staff initiated a discussion with the learning disability nurse and the dentist at the hospital and proposed a plan to ensure the person would successfully receive dental treatment. The staff team thought about the best and quickest way to help the person to overcome their phobia and put their proposed plan forward. Initially health professionals were not convinced the plan would be successful because of previous failed attempts. Records documented the progress that was made each week from the person being able to enter the hospital entrance to eventually being able to sit on the treatment bed wearing the gas mask.

Staff had initially taken photos of the journey and environment to put into a social story which was used

prior to each visit. Social stories are used with people who have autism to describe a particular situation, event or activity, what to expect and why. This showed the skilfulness of staff in finding the best way to communicate what was happening with the person.

The plan was detailed and included the person visiting the dental department at a set time each week so that it would become part of the their routine. Staff described how they ensured the person's favourite music was played in the dental treatment room each visit and the person's choice of drink was available to take their medicine with. This ensured the person could feel comfortable in the dentist environment and with the routine as it became established.

Staff explained there was a point where they thought the plan would not work because health professionals suggested the visits should stop when the dentist was taking annual leave. The determination, dedication and passion of staff in responding to people's needs showed in the way they advocated on behalf of the person. Staff argued that it would be detrimental to the process for the visits to stop before the scheduled treatment date as it was now part of the person's routine. Health professionals agreed there would be no interruption in the visits and the person successfully received the dental treatment. This meant the person received the treatment they needed in a compassionate way that took into consideration their phobia.

People in Sahara Lodge were encouraged to participate in the interview process of prospective staff. One person's care record stated, "I normally get involved with the interview process for any staff wanting to work in this home." This person had set questions that they had chosen to ask applicants at the interview. This showed the provider included people in the choice of staff recruited to provide them with care.

People who used the service enjoyed having pets and taking part in looking after them. This included feeding the animals and cleaning out cages. At the time of inspection Sahara Lodge had a gold fish tank and two budgies in the lounge. They also shared three cats, guinea pigs, a rabbit and turtles with the provider's care home service next door. People proudly showed us some of these pets and spoke fondly of the animals. The registered manager and staff told us the pets were a form of calming therapy for the people who used the service and helped people to develop independence.

There was a wide variety of activities offered in accordance with people's wishes. We observed everyone was busy with activities throughout our inspection within the house and going out in the community. Records and photographs showed group activities included garden parties, animal care, exercise to music, movie with popcorn, pub lunch, music sessions, singing songs and arts and crafts. One staff member told us, "We have regular nights of different cultures. We have Chinese nights, Turkish nights even have British and Scottish nights. Within the day centre, [people who used the service] learn about different cultures."

The service also offered a programme of developing independence which included writing skills, computer skills, money skills, library trips and discussions about safety topics. Each person had their individual activity timetable which included attending college, meal preparation, shopping, attending their place of worship, reading newspaper, board games, and trips to the park. One person told me they enjoyed helping out with the gardening in the spring and summer months. People also attended different social clubs of their choosing. Care plans and monthly evaluations confirmed all the above activities took place.

A photograph album showed people's birthdays were celebrated with a party and a cake and one person had chosen to go to the James Bond Exhibition for their birthday. People enjoyed having themed days or evenings. For example, there was a west end musical night where people and staff dressed up in costumes and played music from west end shows. The service had linked in with local community events which included people attending the 'Forest Gayte Pride' with market stalls and entertainment. There were also

photographs of the annual holidays that people had. The photograph album was continuously added to and used to help people decide what activities they wanted to plan for the next month.

One person enjoyed visiting a place of worship each week but due to their presentation experienced negativity from the congregation and was asked not to return. Staff found an alternative place of worship for this person to attend which was more inclusive and welcoming. Another person's care record stated, "My home is a multicultural home, with [people] and staff from different cultural backgrounds. I really enjoy this as I get to join in different celebrations and eat some really good food."

Staff and the registered manager told us how people in the service were involved in the local community. This included fundraising for the Lennox children's charity and Children in Need. The deputy manager told us that people who used the service helped to start up the local Community Garden around two years ago which they can visit to help out with maintaining when they wished and have lunch there. People using the service came third in the cake decorating competition which the Community Garden hosted.

At the previous inspection, we found the provider dealt with complaints appropriately. People and relatives told us they knew how to make a complaint but had not needed to. They told us they were confident that in the event they needed to complain, it would be dealt with appropriately. Records showed this topic was often discussed at meetings held by the provider for people who used the service to ensure people knew what to do if they were not happy about anything.

The provider had a comprehensive complaints policy which gave guidance to staff on how to handle complaints. The registered manager and staff were knowledgeable about handling complaints. The registered manager told us there had not been any complaints made since the last inspection. People who used the service had access to an accessible information sheet about how to make a complaint. This was in a pictorial format and contained a complaints form which was available near the front door.

Care plans included whether or not there was a "Do not attempt cardiopulmonary resuscitation" (DNACPR) agreement in place. At the time of inspection each person's care plan stated that the person wanted to be resuscitated. There was a notice in the office which stated all people at the time were to be resuscitated if they stopped breathing. The notice also confirmed that if anybody changed their mind there would be a copy of the DNACPR in their bedroom to ensure outside healthcare professionals and the police would be aware.

Each person had a detailed end of life care plan which included who the person wanted to be contacted near to the time of passing away and afterwards, what the person would like to happen to their possessions and whether they wanted floral tributes. End of life care plans included the type of funeral service the person wished to have, the music they would like played and how they would like to be dressed.

Records showed that a person who had recently passed away had all their end of life care wishes abided by. A mental capacity assessment had been done around their capacity to make a decision about resuscitation. This person's care record showed an easy read version of 'Preferred priorities for care' and 'Living and dying with dignity'. Records showed the discussion which was had with this person and the communication method that was used. The care record documented that the person shook their head to indicate they did not want to be resuscitated if their heart stopped and they were very ill. Records also noted that 'yes' and 'no' cards were used and the person pointed to the 'no' card when asked if they wanted resuscitation. Following this, medical professionals decided in the person's best interests not to resuscitate. This person had also wanted their treasured photograph album passed to their girlfriend after they passed away and this was done.

The deputy manager showed us photographs of the funeral service. The photographs showed that all this person's end of life care wishes were respected including four horses and a carriage at the funeral. The above showed the provider was proactive in ensuring people received a dignified death and farewell ceremony in accordance with their wishes.

Good

Is the service well-led?

Our findings

There was a registered manager at the service who was supported by a deputy manager, team leaders and senior care staff. People and relatives gave very positive feedback about the management of the service. One person told us, "[Registered manager] does a wonderful job." A relative said, "I think [registered manager] is very good, very pleasant and nothing's too much trouble for her to please me and please [people who used the service]." Another relative told us, "I think [deputy manager's] pretty nice."

Staff told us they felt very supported in their role and spoke very highly of the registered manager. One staff member told us, "[Registered manager] is very, very caring towards [people who use the service] and only wants the best for them. She's always been very understanding towards me when I've wanted help or support. [Registered manager's] very passionate about her job. I wouldn't stay in a place if the manager and the staff weren't caring." Another staff member said, "[Registered manager] is a true professional who definitely knows her role, is caring, supportive and puts [people who use the service] first. I look up to her like a role model." A third staff member told us, "[Registered manager is] probably one of the best bosses I've worked for."

Throughout the inspection the registered manager was observed to frequently work on the floor, as an extra staff member, attending to people's care needs or interacting with people. The strong leadership and collaborative team work enabled the service to be both very effective in helping people to achieve their outcomes and highly responsive to people's changing needs and desires. The whole staff team was passionate about people using the service having the best quality of life. They demonstrated their ability to help people achieve their aspirations and have a meaningful life.

Sahara Lodge and the provider's home next door received the 'Top 20 Care Homes London" award in April 2017. This award is given by www.carehome.co.uk, a website that receives reviews from visiting professionals and relatives. Following the inspection, the deputy manager told us they received this award again on 1 February 2018. A relative submitted a review on this website that stated, "Good experience, contact is good. Friendly staff who are easy to speak to." Another relative stated in their review, "I feel that [person] is well looked after. Their health, dignity, well-being and care is excellent."

The service also received feedback from outside agencies. A healthcare professional had written referring to the joint work with the staff team, "Thank you for your input, responsiveness and thoughtfulness during our work together". The registered manager had received a letter from the Mayor of Newham which stated, "I was delighted to hear that you were awarded, 'Care Home Worker of the Year' recently by Towergate Care Awards for all your efforts in serving [people] at Sahara Lodge and [provider's care home next door]. Your achievements are a credit to you and to the borough. This award reflects your hard work and I am delighted this has been recognised." The registered manager had received the award for her excellent leadership skills in providing an effective service to people who used the service.

The provider had a system of obtaining feedback from people using the service and their relatives and completed an action plan to deal with any concerns. The annual survey for 2017 showed people and

relatives were happy with the service provided. A relative had commented that their family member could not communicate. The action was the registered manager telephoned the relative to explain the various ways the person who used the service could communicate which included body language, facial expression and pictures.

The service offered work placements to college students from a local college. All necessary checks were carried out before the students began their placement and they were given specific tasks to do. For example, the registered manager told us, the student would be asked to interact with an individual and assist them to complete the annual feedback survey.

The registered manager had given an educational talk to the college students about their knowledge and experience of working in the care industry and to share good practice. The work related curriculum adviser from the college confirmed to us that Sahara helped "Students to gain the confidence and knowledge required to work within this specialised industry." Feedback from one work placement student, stated, "Sahara is a welcoming and amazing care home. For the weeks I have been here, the staff and [people who used the service] have all treated me in the best way ever. I am very, very happy with the service provided."

People who used the service were encouraged to become involved in the development of the service and to celebrate its successes. We saw people's success stories were published in the provider's monthly newsletter. The provider had a quarterly forum for people from all their services to attend and discuss plans. . At one of these forum meetings people from Sahara Lodge and the provider's service next door had requested chickens for the enclosure at the back of the sensory garden. Records showed the provider was looking at the most effective way to implement this within the next six months.

The provider held monthly meetings with people who used Sahara Lodge and their service next door. We reviewed the minutes of the two most recent meetings held in October and November 2017. Topics discussed included Christmas, festive events, world themed meal nights, infection prevention, dressing appropriately for cold weather, fire evacuation, menu meeting day change and new staff. The meeting minutes documented each person's contribution and were pictorial. This meant people could remind themselves of what was discussed by reading an accessible format they could understand.

The provider had a system of having meetings with night staff and day staff of both Sahara Lodge and their service next door every six weeks. We reviewed the minutes of the most recent night and day staff meetings held on 13 December 2017. Topics discussed included, safeguarding, whistleblowing, training, record keeping, communication, keyworking, time management, housekeeping and security.

The registered manager had introduced "professional discussions" and this was discussed at the staff meetings on 13 December 2017. Records documented "professional discussions" were not a disciplinary tool but were aimed at helping to improve staff performance. We reviewed examples of the "professional discussions" and saw they acted as constructive criticism to support staff to improve the quality of their work. The records demonstrated the leadership skills of the registered manager and her ability to motivate staff to continuously strive to improve and be the best.

Staff confirmed they found team meetings useful. One staff member told us, "Yes I do find them useful." Another staff member said, "Very useful. It's so important for everyone to voice their opinion." This showed the provider kept staff up to date with service developments.

The provider had various robust quality audit systems to ensure high quality care was delivered. The regional manager visited monthly to look at a sample of management records, personnel files, people's care

records and to carry out observations of staff working and check staff knowledge. Records showed "the service has met all required standards this month" during November and December 2017.

The registered manager carried out monthly audits for infection control, hand hygiene and care files. Records showed these were up to date with no issues identified. The registered manager showed us records of an unannounced spot night check they had done where they noticed there was no movement along the corridors. This was a concern because it indicated that people were not receiving care in line with their care plan during the night and resulted in performance management measures being taken for two staff members. Following investigation, the yearly night staff health checks were increased to six monthly. A system was introduced for night staff of Sahara Lodge and the provider's service next door to swap around during the night to help them to stay awake. Additionally, the registered manager advised night staff they could take the laptop to the flat and catch up on E-learning when the person who used the service was asleep.

The deputy manager's checks included weekly checks on care files, activities, finances, follow up work to staff meetings, catering and fridge and room temperatures. The audit carried out on 1 January 2018 identified work needed to be done on completion of care records. This was actioned on the same day by an email being sent to seniors to remind staff to include more information. The team leader's weekly checks included night staff cleaning, care files, inclusion of people who used the service, dignity and independence, follow up work to meetings held for people who used the service, vehicle checks and medicines ordering. The above meant the provider had systems to check the quality of the service provided and make any necessary improvements.

During the inspection the provider's management board contacted the inspector to request a copy of the Registering the Right Support guidance. This was added as an agenda item for the board to discuss at the meeting in February.

The local authority contracts and commissioning team and social worker spoke very highly of Sahara Lodge, highlighting the person-centred approach and professionalism. Immigration visited the service in September 2017 following a whistleblowing concern about the provider employing illegal immigrants. The outcome of the visit was the concerns were not substantiated and the registered manager was praised for the robust record keeping and employment checks.

The registered manager told us the provider was planning to set up a staff forum in the next six months to give staff across the organisation the opportunity to share ideas, good practice and to have more of a voice in the running of the services. The registered manager also said if this plan was successful the provider hoped to involve staff from other care providers to widen staff knowledge and "drive forward excellent care delivery".