SASA Homes Limited

# SASA Homes Limited

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection took place on 10 January 2019 and was announced. The was the first inspection since the service registered with us in February 2018.

SASA Homes Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to provide accommodation and support with personal care for up to three people with autistic spectrum disorders, learning disabilities, challenging behaviour and associated mental health problems and illnesses. On the day of our visit there was one person living at the service.

The 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 place. 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.

Safeguarding procedures were robust and staff understood how to safeguard the people they supported. Staff knew what actions to take if they thought a person might be at risk. They also had received training in how to recognise and report abuse. There were appropriate risk assessments in place to ensure people were cared for in a safe environment.

There were enough staff employed at the service and effective systems for the safe recruitment of staff were in place.

The service had suitable arrangements in place to protect people against the risks associated with the unsafe management of medicines, which included the obtaining, recording, administering, safe keeping and disposal of medicines.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Care and support was delivered in a safe way by staff who had received appropriate training. People received support from staff who knew them well and had the knowledge and skills to meet their needs.

People were supported to make informed choices and staff had awareness of the Mental Capacity (MCA) Act 2005. They were able to make choices with regard to their daily lives, such as what they would like to wear or

to eat or whether they would like to join in any activities. People and families were involved in decisions relating to peoples care and support.

Staff were aware of the importance of ensuring people's privacy and their confidentiality was protected. People were provided with a choice of suitable and nutritious food and drink that they enjoyed.

People were supported with a wide variety of their preferred social activities and interests. Records confirmed people's preferences, interests, aspirations and diverse needs had been identified and care and support had been provided in accordance with people's wishes.

The service was well led by an open and approachable team who worked with other professionals to make sure people received appropriate care and support. There were systems in place to monitor how the service was run to ensure people received a quality service. Where shortfalls or concerns were raised, these were addressed. There was a management structure in the service which provided clear lines of responsibility and accountability.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe. People's safety was promoted by staff who had been trained to recognise and respond effectively to the risks of abuse.

The risks associated with people's care and support were assessed, and measures put in place to ensure staff supported people safely.

There were sufficient numbers of staff to meet people's needs and safe procedures were followed when recruiting new staff.

People were protected from the risks associated with the spread of infection. Medicines were managed safely.

### Is the service effective?

Good

The service was effective. Staff received training and support to make sure they were competent.

They understood their responsibilities in relation to consent and supporting people to make decisions.

People were supported to attend health and medical appointments, and the staff sought medical assistance when people were unwell.

People were assisted to meet their nutritional needs and were offered choices of food and drink.

### Is the service caring?

Good

The service was caring. People were treated with respect and their independence, privacy and dignity were protected and promoted.

There was a positive relationship between people and the staff who supported them.

People could make choices about how they wanted to be supported and staff listened to what they had to say.

Confidentiality of people's personal information was maintained.

## Is the service responsive?

Good

The service was responsive. Care plans were personalised and provided staff with sufficient information to provide care to an appropriate level.

People and their relatives were involved in the planning of their care and had access to activities to protect them from social isolation.

The provider had a policy and procedure for dealing with any concerns or complaints.

## Is the service well-led?

Good

The service was well-led. The registered manager ran the service well. They ensured people received good care.

Staff were aware of their responsibilities in ensuring the quality of the service was maintained.

There were regular audits carried out to monitor the quality of the service and drive improvements.

# SASA Homes Limited

**Detailed findings**

## Background to this inspection

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

This was announced inspection carried out on 10 January 2019 by one inspector. The registered manager was given 12 hours' notice because the location provides care and support to people who are out in the community on a regular basis and staff accompanied them. We needed to be sure that someone would be in.

Before the inspection, we reviewed information we already held about this service including details of its registration. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection we observed how the staff interacted with people who used the service. We reviewed care records including people's risk assessments. We also looked at records relating to the management of the service such as staff training records, staff duty rosters, policies and Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the team leader and the registered manager. We were not able to get the views of the person who used the service due to their needs.

After the inspection we contacted their relatives and their social worker by telephone to obtain their feedback about the service.

Good

# Is the service safe?

## Our findings

The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. The relative told us, "I am very happy with home, [person] is safe there, I don't have any concerns."

Records showed that all staff had attended relevant training to keep people safe. Staff knew how to report any concerns to protect people from harm. They confirmed they had received training. Information about reporting concerns, together with relevant contact numbers, was displayed in the service. This showed staff, relatives and people using the service had access to information about how to raise concerns and what procedures to follow. We saw safeguarding was discussed during staff meetings and supervision meetings. The team leader was given a scenario and answered knowledgeably about their course of action, should they suspect an incident of abuse.

The provider had a whistleblowing policy and procedure in place. Whistleblowing is where a member of staff raises a concern about the organisation. Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Information about who to contact was displayed on the noticeboard in the hallway of the service.

We noted that potential risks to people had been assessed so they could be supported to stay safe by avoiding unnecessary hazards without being restricted. Where people were identified at risk appropriate measures were put in place, for example, when people were at risk of falls. Staff had good knowledge of the identified risks people had in relation to their care and support. They knew how to anticipate situations which might trigger people to become anxious and/or agitated.

The service had a system to ensure all equipment was maintained and serviced. Safety checks were carried out on gas equipment, electrical equipment and fire-fighting equipment. There was a fire risk assessment for the service which had been completed by an accredited body with regards to fire safety. The provider had a system in place to record and learn from accidents and incidents involving people using the service and/or staff. Since the service started operating there had not been any incidents.

The provider employed sufficient staff so that they did not have to use agency staff. People received care from the same member or members of staff and this helped with people receiving consistent care and support. We looked at the staff duty roster at random and this indicated that there was the required number of staff on duty. Relatives told us there were always enough staff around when they visited.

The provider undertook safe recruitment procedures. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained for each member of staff. This included the required professional references, an application form, a criminal record check, identification, terms and conditions of employment and proof of staff eligibility to work in the UK. This ensured that people were protected from the risks of unsuitable staff being employed by the service.

The service had suitable arrangements in place to protect the people against the risks associated with the

unsafe management of medicines, which included the obtaining, recording, administering, safe keeping and disposal of medicines. People received support from staff with their medicines to ensure they were managed safely. We looked at the administration of medicines and found that people received the prescribed to them at the right time. Policies and procedures were available for staff to refer to.

People who required medicines had an individual medicine administration record chart (MAR chart) profile which clearly stated the person's name, their photograph, date of birth and allergy status. There was also a list of all the medicines that the person was having. We saw the registered manager carried out regular audit of medicines, including people's medicines administration records.

The provider had systems in place for the monitoring and prevention of infection. There was personal protective equipment (PPE) such as aprons, gloves and hand gels available to staff. Staff knew the steps to take to prevent the spread of infectious diseases such as proper hand washing. They had received training in infection control.

Good

# Is the service effective?

## Our findings

A relative told us that they were happy with the support and care that their family member received. They described the staff as 'very, very good'. They felt the staff knew what they were doing and had the skills and knowledge to support people.

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard. Staff received appropriate training and professional development. We looked at the training records and saw staff had completed training in areas, such as safeguarding adults, medicine management, infection control, first aid, moving and handling and health and safety. Staff were supported by the service to gain further qualifications. There was a system that identified when staff training needed to be refreshed. This helped to ensure staff had the skills to carry out their roles and responsibilities in providing effective care.

Newly recruited staff received an induction. This covered a number of areas including training and familiarising themselves with policies and procedures and getting to know people who used the service. Before staff worked on their own, they spent time shadowing experienced staff. Staff had completed the Care Certificate. These are set of standards that social care workers must complete and adhere to in their daily working life.

Staff received regular one to one meetings with the registered manager to discuss their role and development needs. Records showed topics discussed in supervisions included training, people's care needs, staff rotas and any personal issues that staff might be having which could affect their work. We noted that staff were due to receive their annual appraisal, where their work performance and identified any areas for development, would be discussed. This happened when staff had worked for the service for more than 12 months.

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 found that they were compliant.

Before people received any care or support, staff asked them for their consent and acted in accordance with their wishes. Staff recognised that people's capacity to make decisions fluctuated and they offered support accordingly. They had received training in the Mental Capacity Act to ensure they were fully aware of their responsibilities in these areas. Where people did not have the mental capacity to make their own decisions, we found staff and other people such as relatives, who had good knowledge of the person, made decisions in the person's 'best interests'. Mental capacity assessments were in place. The registered manager was

familiar with the processes and principles of the MCA and DoLS.

People's needs were assessed and care was planned and delivered in line with their individual support plan. Before a person started using the service, an assessment of their abilities and needs was always undertaken with the involvement of relatives and other healthcare professionals. The assessments of need contained details such as people's nutritional requirements, mobility needs, details of any health conditions and their personal care needs.

People were supported to have enough to eat and drink. They were offered a choice of meals every day and were able to change their mind when the meal was served. There was a four-week cycle menu in place. Staff had the information they needed to support people with their nutritional requirements and to ensure that a balanced diet was provided. For example, how to help people and position them whilst they ate their food or were having a drink.

Information about the involvement of healthcare professionals in people's care was available in their care plans so that staff had the necessary information to support people to meet their healthcare needs. People were supported to access routine medical support from healthcare professionals such as general practitioners and psychiatrists, to ensure their health and wellbeing was maintained. Records of visits to health professionals and referrals to them were logged, along with any recommendations for treatments.

Good

# Is the service caring?

## Our findings

Relatives and health care professionals commented positively about the care and support provided by staff. They said the quality of care was good and staff were kind and caring. A relative told us, "The staff are very friendly and caring."

During the inspection we observed staff interacting with people in a professional, calm and relaxed manner. Staff and the registered manager spoke with people in a polite way and knew how to communicate with people who were unable to express their needs verbally.

From talking to staff, they knew what people's wishes and their preference were and they liked doing. Staff were able to give us a clear account of the people's likes and dislikes, and their life history. For example, a member of staff told us, "[Person] does not like to go for a long walk. They like to do colouring."

Relatives told us that staff were very good at keeping them informed about their family member's care and that they were contacted if there was anything that they needed to know. One relative told, "They[staff] always let me know what is going on." We saw when reviews of people's care took place, people as well as their relatives were involved as much as possible. This showed that the staff encouraged people and those that mattered to them, to make their views known about their care and support. These were taken account of and respected.

People were encouraged to be independent. There were instructions on records on how staff should encourage people to remain independent. Staff described how they promoted people's independence, for example by encouraging people to eat by themselves.

Staff understood the importance of respecting people's privacy and dignity. They ensured that when they assisted people with their personal care, this was done in private and doors were closed and curtains drawn. Each person had a bedroom which they personalised according to their preferences. We saw that people kept personal items and family pictures in their rooms.

We found that people had relatives who acted as an advocate for them if required. Advocacy is for people who cannot always speak up for themselves and provides a voice for them. This showed us that people's wishes, needs and preferences were respected where people were not able to speak up for themselves. The service had information about external advocacy services available if people wanted to use them. This showed people were able to get support from a third party to make sure their voice was heard.

The provider promoted the equality and diversity of people regardless of their individual circumstances. People were not treated differently or less favourably, on the basis of their specific protected characteristic, including areas of race, gender, disability, religion or belief, sexual orientation and age. One member of staff said, "We treat everyone equally." This showed that the provider promoted the equality and diversity of people regardless of their individual circumstances.

Staff were very aware of the importance of confidentiality. They knew to whom they could share confidential information with. People's records were kept securely.

Good

# Is the service responsive?

## Our findings

Comments from relatives and healthcare professionals were positive, indicating that staff were kind and caring and responded to people's needs accordingly. One relative told us, "The staff know [person] well."

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Following pre- admission assessments, the staff developed a care plan for people who used the service. We found the care plans provided clear guidance for staff to ensure that identified current and on- going care and support needs were met consistently and safely. They contained information about the person such as their next of kin, GP, medical histories and current needs and any medicines they were taking. They also contained information about the person's likes and dislikes, their preferences and how they communicate.

We saw evidence that people and/or their representatives had been involved in drafting their care plans and signed to indicate they agreed to their contents. This meant people had the opportunity to be involved in the delivery of care and support being offered. Care plans were up to date and regularly reviewed to reflect changes in people's care needs. There was also regular handover on a daily basis in between shifts to ensure staff coming on duty were aware of any changes in a person's care. This helped staff to be kept up to date with the care and support people needed.

The provider had a complaints policy in place which provided a clear process to record and investigate any complaints received. Relatives told us that they were able to able to discuss any issues with the staff or the registered manager. Since the service started operating, the provider had not received any complaints.

We saw there was a process to log complaints received, how they would be investigated and the timescales for a response. This helped to ensure any complaints would be addressed within given time in the policy. The guidance on how to make a complaint was displayed in the service. The registered manager was in regular contact with people and their relatives. This helped to ensure that any issues were dealt to ensure people's needs were met.

The provider had a system of recording compliments received by the service. For example, we saw a number of written feedback from relatives about their satisfaction on how staff were caring for their loved ones. One relative wrote, "This is a nice place, [Person] is cared for very well even at home they won't get this care." A healthcare professional feedback was, "[Person] is well looked after, you [staff] doing your best."

People's social and emotional needs were taken into account. This was because people were able to take part in social activities and hobbies they enjoyed such as colouring or going out for a drive. There was a range of activities both inside and outside the service to stimulate people and this helped them from social isolation. Staff encouraged people to access activities and become involved within the wider community. The activities people they liked to do were recorded in their care plans.

During our visit we observed staff were doing in house activities with people. Relatives told us that the staff

always encouraged people to do things they liked. Where people had any cultural or religious needs with regards to activities this was taken into consideration, for example, people attending their places of worship. Relatives told us they could visit at any time. One relative told us, "I visit regularly, sometimes they know I am coming and sometimes I just turn up."

We saw end of life planning was documented in people's records. However, the information could be more comprehensive, and this was discussed with the registered manager. They told us that it was a difficult topic to discuss with relatives, but they would revisit the information they had and would seek more information from the relatives.

Good

# Is the service well-led?

## Our findings

Relatives and healthcare professionals told us the registered manager was approachable and that they could speak to them as and when they needed.

One relative said, "The manager is very nice, they ensure the home is running well and my [family member] is looked after well. They are very dedicated." They felt it was a good place for their family member to live at and they could discuss any issues they might have with a member of staff.

The registered manager was experienced in health and social care and had a clear vision and set of values for the service. They encouraged an open and transparent culture and took an active role in the running of the service. Our conversations with them confirmed that they knew people who used the service well and everyone who was involved in their care needs. They attended various workshops to keep themselves updated with the latest practices and had also obtained different national qualifications in health and social care and management.

During our visit, the atmosphere in the service was warm and welcoming. We saw the registered manager interacting with people in a caring and professional manner. People responded to them accordingly.

There were regular staff meetings held during which staff were able to communicate with each other and keep informed about all aspects of their work, as well as contributed in the running of the service. Staff demonstrated a clear understanding of what was expected of them. They were aware of their responsibilities and work they were accountable for. There were good systems in place for communication, both between staff and between staff and the management of the service. Staff were encouraged and felt comfortable to voice their views.

The provider had a number of policies and procedures which gave guidance to staff in a number of key areas. Staff were encouraged to familiarise themselves with the policies and procedures.

The provider had systems to assess and monitor the delivery of care and support. These included audits of care plans, medicines, environment, training and health and safety. Where any issues were identified, these were addressed, for example attending to lights which were not working.

The provider also welcomed suggestions on how they could develop the service and ensured improvements were made when identified. We looked at the most recent satisfaction surveys and the feedback received, was very complimentary about the service. Other opportunities to discuss the quality of care provided included conversations and discussions with people and their relatives on a day to day basis.

The registered manager had good links with the wider community and worked in partnership with other agencies to help ensure a joined-up approach to people's support. They were aware of when Care Quality Commission (CQC) should be made aware of events and the responsibilities of being a registered manager.