

SASA Homes Limited

# SASA Homes Waverley Garden

## Inspection report

31 Waverley Gardens  
Barking  
IG11 0BH

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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

### About the service

SASA Homes Waverley Garden is a residential care home providing personal care to 2 people at the time of our inspection. All people living at the service were autistic or had learning disabilities. The service can support up to two people in one adapted building over two floors. The property had an office available to staff, if required. There are dining and common areas and adapted bathrooms.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support:

Staff understood people and their individual needs well. Staff provided kind, caring, person-centred care and support. People were supported by appropriate numbers of staff on each shift to ensure people's safety and meet their needs.

People had their own bedroom and had access to shared facilities including a garden and activity room. Care plans were person-centred and focused on people's needs. The service recorded and met people's communication needs, providing information in a way that was accessible to them. People were supported to maintain relationships with family and friends, and to engage in meaningful activities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care:

People received person centred care. Staff understood how to protect people from poor care and abuse. Staff had received training on how to recognise and report abuse and they knew how to apply it. People's care, treatment and support plans reflected their range of needs and staff knew people's needs well.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Safe recruitment processes were followed. People received their medicines as prescribed and medicines were managed safely. The home was clean, and people were protected from the risk of infection. People were able to express their views and make decisions about their care.

Staff understood people's different communication support needs. We saw people being supported using

their preferred communication methods and staff demonstrated an awareness and understanding of people's needs. Staff ensured people's privacy and dignity was respected and their independence promoted.

#### Right Culture:

There was a positive culture at the service and people benefited from being supported by happy staff which was reflected in the atmosphere at the service. The management team worked directly with people and led by example. Staff told us they enjoyed their job and making a positive difference to someone's life.

Learning from incidents and concerns was used to improve staff practice in caring and supporting people. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. Relatives told us when they visited the service the atmosphere was good, staff were always pleasant and smiling and there is nothing they would change.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us on 18 November 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this inspection to assess that the service is applying the principles of right support right care, right culture.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# SASA Homes Waverley Garden

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 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 care service.

#### Service and service type

SASA Homes Waverley Garden is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority who work with the service. We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

### During the inspection

We reviewed a range of records. This included 2 people's care records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We reviewed multiple medicine administration records. We spoke with 3 members of staff including the deputy manager and 2 support workers. We also spoke with 1 relative by telephone about their experience of the care provided.

We 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.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from risk of abuse.
- Staff knew how to recognise and respond to potential sign of abuse and were aware of local safeguarding procedures. One staff member told us, "If I see an abuse, I would move the person away, contact my manager and report the incident to them."
- Staff at the service looked after people's money. We counted 1 person's money to make sure everything was properly accounted for. We found everything in order. This meant people were protected from the risk of financial abuse.
- There had been no safeguarding concerns at the service. However, the deputy manager was able to show us how they would be recorded appropriately and how they would inform the local authority, and families where appropriate. They would also notify Care Quality Commission (CQC) when this occurred as they know this was their statutory responsibility to do so. The deputy manager told us, "We would let the management team know straight away, let CQC, local authority safeguarding team, or the police."

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- People's care plans contained risk assessments. Risk assessments contained information about risks to people, and there were actions to help mitigate risks. Risk assessments covered different areas of people's lives. We saw risk assessments for people's medicines, their mental health and their safety as well as others.
- Regular checks were made to the premises. This included maintenance checks and assessments on fire systems, gas and water to ensure these were safe for use. This meant the provider had systems in place to keep people safe.

Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.
- The provider's recruitment, assessment and induction training processes promoted safety and the culture and values of the service. The provider carried out robust checks on new staff before they started work. This included carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- During the inspection we observed there were enough staff working to meet people's needs. There was a system in place to ensure if staff were unable to work, cover would be found. One staff member told us, "Yes we have enough staff."

### Using medicines safely

- Medicines were being managed safely.
- Controlled drugs were stored and recorded appropriately. Controlled drugs are medicines that are subject to strict legal controls and legislation to prevent them being misused or causing harm to people.
- Information regarding the support people needed with their medicines was recorded within their care plans. This information was clear, up to date and accessible to staff.
- Staff had been trained in medicine administration and followed the provider's medicines policy.
- Medicines Administration Records (MAR) were completed appropriately. They were signed by staff and contained no gaps.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The management team completed regular PPE and infection control audits to ensure safe practices were being followed.

### Visiting in care homes

- The deputy manager demonstrated they had followed the government guidance on visiting arrangements. Friends and family were able to visit the home with no restrictions. This allowed people to stay in contact with their relatives during the COVID-19 pandemic.

### Learning lessons when things go wrong

- The provider had a system in place to record accidents and incidents. We reviewed a sample of these records and saw actions taken and lessons learnt were documented.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- The deputy manager told us lessons learnt from accidents and incidents were shared with staff and gave us examples of these. They said, "We talk about it in team meetings. It's something we do very well."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an initial assessment prior to them receiving a service. Before people started using the service, the registered manager and home manager carried out an assessment of the person's needs. The assessment took into consideration people's protected characteristics, like human rights and communication. Relevant guidance was followed such as positive behaviour support guidance on how to support people who are communicating a need, expressing feelings or an emotional reaction.
- Assessments focused on what each person hoped to achieve by using the service. These plans reflected people's needs, including aspects of their life, which were important to them.
- Support focused on people's quality of life outcomes and met best practice. Support was provided in line with people's care plans including communication plans, sensory assessment and positive behaviour support plans. We observed people and staff communicating effectively using people's preferred methods of communication in line with their care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills.
- New staff received a comprehensive induction when they started working with SASA Homes Waverley Garden. This included completing training, reading policies and procedures and shadowing experienced staff. One staff member told us, "I had training and an induction. We completed training on safeguarding, medication, autism, epilepsy, and challenging behaviour. I did an induction which lasted at least 5 days."
- The provider supported staff with regular supervision and appraisal. Staff told us they found this helpful. These meetings included discussions about the people using the service and the staff member's wellbeing, performance, goals and training needs.
- The provider had a clear overview of the training needs of all staff. They had a spreadsheet which detailed the training staff had received. Records showed training provided included safeguarding, moving and handling, and infection control.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans contained details of people's nutritional and hydration needs. Staff were aware of people's specific dietary needs to manage their medical conditions, allergies, cultural and religious needs. Important information about people's dietary needs, allergies and tolerances were available for view in the kitchen. This ensured new staff were aware of people's dietary needs when supporting them.
- During our inspection we observed people having their lunch and saw they were appropriately supported by staff. Staff worked with them in a polite manner and people ate supervised and in an unhurried way.
- We saw the kitchen was well stocked with nutritious food which was stored appropriately and at safe

temperatures. Staff told us they prepared an alternative if a person changed their mind about what they wanted to eat.

- A relative said, "[Person] has a food menu and every Thursday [person] goes to MacDonald's. Has curry, meatballs, pizza, lasagne with fruits and vegetables. Has always got drinks."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care and live healthier lives. People's care plans contained information about their health and interaction with health care professionals. There were records of GP and other appointments. There was also information about people's vaccinations. There were hospital passports to assist when people attended hospital, to support staff there meet people's needs.
- There was correspondence with, and advice from, health and social care professionals in people's care plans. Numerous professionals were involved in people's care. These included, but were not limited to, GPs, district nurse, and social workers, this meant people were supported by staff who worked with other agencies to meet their health care needs.
- Relatives said they will get an update from staff about their appointment. A relative said, "Doctor will phone me if he needs any more information and staff will tell what happens at appointments."

Adapting service, design, decoration to meet people's needs

- The service was suitable to meet people's needs. The service model and design followed Care Quality Commission's guidance for services for autistic people and people with learning disabilities, 'Right support, right care, right culture.' The size, setting and design of the service met people's expectations and aligned with current practice. The service was a small residential property with easy access to local amenities.
- People had their own bedroom and bathroom. We observed people looked comfortable and relaxed making use of the communal areas of the home such as, the open plan lounge, activity room and garden.
- The provider had carried out walkthroughs and checks as required, such as electrical and gas safety.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and any conditions relating to DoLS authorisations were being met.
- The service had carried out mental capacity assessments and best interest's decision-making for people where this was appropriate. People had access to advocacy where this was appropriate.

- Staff understood the need to obtain consent before delivering care. A staff member told us, "I cannot just walk into their room. I still have to knock and wait for their response." This staff member explained how they offered a person two choices of food, activities or clothes and asked which they wanted.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion.
- We saw positive interactions between people and staff. We observed staff engage with people in a respectful and kind manner; dedicate time to people and support people to enjoy a pace that suited them. For example, we observed one staff member offer a person a choice and enabled them time and space to process their choices, waiting patiently for the person to respond when they were ready. Relatives confirmed they felt staff were caring. Comments included, "Staff seem nice and seeing regular carers to support him. [Person] wants to go back and will give them cuddles."
- Staff had completed equality, diversity and inclusion training to support their understanding of how to respect people's individual rights and needs. The provider had considered people's religious and cultural needs.
- Staff spoke about people with genuine interest and affection. Information about people's life history and preferences was recorded, which staff used to get to know people and to build positive relationships. Staff knew people and could describe people's likes, dislikes and interests.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and to make decisions about their care. For example, there were daily choices of meals and activities were devised with input from people.
- Care plans were reviewed regularly. The person receiving care was able to be involved with their care planning through regular meetings. This meant that people were involved in deciding their care.
- People were supported to make choices by staff who used alternative communication methods such as signing to support speech and pictorial communication. Staff observed body language as a means of communication.
- We observed pictorial communication being used to communicate with residents, for example with a food shopping list to ensure that people had choice and control.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. We observed staff treating people with respect and consideration.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People were treated with respect and their privacy was maintained. For example, staff told us they ensured doors and curtains were closed before providing personal care to people.

- People were encouraged to be as independent as possible. Staff prompted people, where appropriate, to do things for themselves. Care plans provided guidance on what people were capable of and areas where they could be encouraged to do things for themselves.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care. Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. Care plans covered areas including communication, medical conditions and domestic requirements. They provided guidance for staff on what care people needed and how they wanted it provided.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider met the requirement of the AIS. Staff had completed assessments on all residents and the way they communicated.
- There were visual structures, including objects, photographs, use of signing, gestures and symbols which helped people know what was likely to happen during the day and who would be supporting them. The deputy manager told us they could provide documents in easy-read format if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to participate in activities they liked to do. A relative told us. "They [Person] enjoy walking, playing on trampoline in the garden, likes to go to swimming and parks with [staff]. [Person] does not like to go to cinema.
- We observed people taking part in activities. At one point we saw one person playing on the trampoline whilst another was playing a board with a staff member. They were able to choose what board game they want to play. Both people appeared content as they were smiling and or participating in their chosen activity.

- Staff supported people to access local communities such as going shopping. They also encouraged people to keep in touch with their relatives. People were supported by staff to remain active and do things they enjoyed.

#### Improving care quality in response to complaints or concerns

- The provider had not received any complaints at the time of the inspection. The provider had a complaints procedure in place. This included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. The deputy manager told us they would follow their policy should they receive a complaint and would view it positively as a means by which to improve the service.

#### End of life care and support

- The service did not support people with end of life care. The deputy manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were adequately trained.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team had developed a very positive culture which placed people at the centre of the service. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes. A relative said, "Atmosphere in the home is relaxed, feels comfortable and homely. I give them 10 out of 10 for [person] care."
- Whilst the registered manager was away, the deputy manager was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- Staff were positive about working for the service and how they were supported in their work. A staff member told us, "Management is very approachable and if I need to talk to [provider], they always listen." Another staff member said, "[The registered manager] is a good manager, she talks to everyone. If you have a problem, you go to her and she tries her best to sort it."
- Processes were in place to ensure people's care was regularly reviewed, and any changes or improvements were acted upon in a timely manner

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The deputy manager understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.
- Where things went wrong, the provider had been open and honest with people about this. Systems were in place to address when things went wrong, such as the complaints procedure and the way accidents and incidents were responded to.
- Policies and procedures to promote safe, effective care to people were available at the service. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles and regulatory requirements. There was a clear management structure in place at the service and staff knew who their line manager was. Staff were provided with a copy of their job description to help provide clarity about their role.
- The service had appropriate quality assurance and auditing systems in place designed to drive



improvements in performance and to maintain effective oversight.

- Spot checks of staff practice were completed regularly to monitor the quality of care provided to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback to improve the service. People, relatives and staff were asked to complete a survey to enable the provider to learn from feedback and find ways to continuously develop the service.
- The management team, provider and staff were committed to the continuous improvement of the service. They assessed the quality and safety of the service to identify how it could be further improved to promote positive outcomes for people.
- Staff received regular supervision and there were staff meetings which covered priorities such as training, activities, annual leave and safeguarding.
- Staff told us they were happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.

Continuous learning and improving care

- The provider improved care through continuous learning.
- There were quality assurance processes in place. Various audits were carried out by the registered manager including audits of medicine records, daily notes and infection control practices, while care plans and risk assessments were subject to regular review.
- Internal service improvement plans contained action plans to address any performance shortfalls that were required to be addressed and progress made towards them. There were also external quality visits carried out by a consultant that reported on performance based on the five CQC key questions.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and various specialists specific to certain conditions/needs.