

Sahara Care Limited

Sahara House

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sahara House is a residential care home for people with learning disabilities and/or autism, physical disabilities and mental health needs. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was two large homes, bigger than most domestic style properties. It was registered for the support of up to 19 people. One house accommodates ten people and the other nine people. One of the houses accommodates men only. At the time of the inspection 17 people were using the service.

This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that identified they were care staff when coming and going with people.

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

People told us they felt safe. Systems were in place to protect people from abuse and the service had notified local safeguarding teams of safeguarding concerns in a timely manner. People told us they felt there were enough staff to meet their needs. Risk assessments were completed to identify and manage risks to keep people safe. Staff were trained to support people to take their medicines and measures were in place to protect people from the spread of infection. Pre-employment checks were carried out to ensure staff were suitable to support people. There were procedures for responding to and learning from accidents and incidents.

The service carried out assessments of people's needs prior to admission to the service to ensure they could meet their needs. 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.

People were supported to eat and drink enough to meet their needs. Staff had completed required training to perform their roles effectively and felt supported in their role. The service worked with other agencies to promote people's health, safety and well-being.

People and their relatives told us they were happy with the care and support provided. People and their relatives were included in decisions about their care. People received care and support from staff who were

caring and compassionate. Staff treated people in a respectful manner maintaining their dignity and encouraging independence. Systems were in place to protect people's right to confidentiality. The service was inclusive and people were respected for their differences.

Support plans were person centred and included the individual needs of people. Support plans were reviewed monthly to reflect people's changing needs. People had access to activities. However, staff did not always feel there were enough of them available to support people with additional activities.

People did not always feel the service supported them to make complaints about other agencies in a timely manner. We have made a recommendation about supporting people to make complaints.

Support plans did not always include detailed information about people's wishes at the end of their life. We have made a recommendation about staff training in end of life care.

People and staff told us they found the management team approachable and supportive. Staff were positive about the culture of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Requires Improvement ●

The service was not always 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.

Sahara House

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sahara House 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was on extended leave. The service was being managed by an interim manager from one of the provider's other services.

Notice of inspection

The inspection was unannounced and took place over two days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this

information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including, support workers and senior support workers, maintenance staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at two 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.

After the inspection

We spoke with the interim manager as they were on leave during the inspection. We continued to seek clarification from the provider to validate evidence found. We looked at staffing rotas, training data, action plans and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff had mixed views about staffing levels at the service. One staff member told us the service relied on agency staff but they had enough staff on each shift. Other staff told us additional staff would enable them to spend more time supporting people with activities they enjoyed. We spoke with the management team about staff feeling they cannot be more spontaneous. They told us they would consider this feedback when planning future rotas.
- There were staff available to meet the needs of people using the service. We observed staff were available to support people when they needed it. When asked if there were enough staff one person said, "Yes, they are always here."
- Staffing rotas showed staff were available on each shift and the use of agency staff was to cover staff holidays and illness. This meant processes were in place to ensure adequate staff cover.
- Safe and effective recruitment practices were followed by the service. This meant the service could be assured that staff employed were suitable to provide safe care and support. Checks such as criminal record checks, employment histories, references, proof of a person's identity and eligibility to work in the UK had been carried out during the recruitment process.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives did not have any concerns about safety and told us they felt safe using the service.
- Staff demonstrated knowledge of the safeguarding process to keep people safe. Records showed safeguarding training had been completed by all staff.
- Systems were in place to minimise the risk of incidents of abuse. Records of safeguarding concerns and alerts at the service since the last inspection showed the service took appropriate action in a timely manner when concerns about abuse were raised.

Assessing risk, safety monitoring and management

- Risk assessments for people using the service were comprehensive and detailed. Effective systems were in place to identify, manage and mitigate people's personal risks. For example one person had risk assessments about their health condition with guidance for staff on how to support the person to manage their health condition.
- Risk assessments relating to fire safety were carried out by the service. People using the service had up to date personal emergency evacuation plans which detailed the support they needed in the event of a fire.
- Risk assessments relating to the environment of the service were carried out by the maintenance team. This ensured the safety of the premises was reviewed.

- Systems were in place to monitor the safety of people using the service. CCTV in communal areas and signing in books ensured staff monitored who came into the service. We raised a concern about the confidentiality of the signing in book which was kept in the entrance area of the service. This was immediately addressed by the management team.

Using medicines safely

- Medicines were administered and managed safely. Medicines records showed people received their prescribed medicines at the correct times. We observed staff administering medicines patiently and safely. When asked about their medicines, one person told us, "I always get my medicine. That's one thing, I always take them."
- Individual care records and risk assessments included information about people's medicines and any associated risks with guidance for staff.
- Where people were prescribed 'as and when required' medicines there were protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective.
- Records confirmed staff had received medicines training and their competency to administer medicines was checked. Staff told us they were confident with supporting people with their medicines.
- During the inspection we looked at medicines storage and governance arrangements and found appropriate arrangements were in place.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. Staff were aware of their role and responsibilities in this area.
- Staff had received training and told us how they minimised the risk of infection by using correct hand washing and cleaning techniques. Staff cleaned the service as designated cleaning staff were no longer employed at the service.
- The service provided personal protective equipment (PPE) for staff to wear including gloves and aprons and we observed staff wearing these when carrying out personal care or serving meals.
- Food hygiene certificates for the service were up to date and daily checks ensured food safety standards were maintained.
- Cleaning schedules were in place to ensure and monitor the cleanliness of the service. However, we found one area of the service had an unpleasant odour. We reported this to the management team who acted to resolve this immediately.

Learning lessons when things go wrong

- There were systems in place to learn lessons following incidents and accidents. Staff were aware of the reporting procedure. The management team reviewed lessons learnt from each incident with input from staff at the service.
- People's support plans and risk assessments were updated following any accidents or incidents to mitigate the risk of reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Pre-admission assessments were carried out before people were admitted to the service. This included their background and family history, support and communication needs, health conditions and physical and mental needs. This assessment was completed to determine the person's level of dependency and if the service could provide the support they needed.
- People and their relatives told us staff knew them well and understood their needs. People had a key member of staff, a keyworker, who liaised with them and their relatives to ensure their care and support preferences were met.

Staff support: induction, training, skills and experience

- People and their relatives did not have concerns about staff ability to carry out their role.
- Staff were positive about the induction process. Staff completed an induction course when they began working at the service. This included the completion of specific training and working alongside experienced members of staff.
- Staff were supported to develop in their role. Some staff had been at the service for a number of years and told us they had opportunities to develop during their time at the service. We saw records of leadership training attended by team leaders to support and develop them in their role.
- Records showed staff completed a programme of training considered mandatory by the provider and refresher courses to effectively perform their role. Staff told us they found the training informative. However, staff told us most of their training was by e-learning but they preferred face to face training. We discussed this with the management team and saw face to face training events had already been scheduled in response to staff feedback.
- Staff told us they felt supported in their role. Staff were positive about one-to-one supervisions and appraisals. These meetings enabled staff to discuss any issues they may have and to set goals for their development.

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

- People were supported to eat a balanced diet that met their individual preferences. One person told us, "The food is good. [Staff member] can cook really good." Another person said, "Yes, food's nice." People who required a softer diet had their menu choice prepared in a way that was appetising and staff were trained to support them with their meals.
- People who required support with preparing or eating their meals were supported with patience and their dignity was maintained.
- Menus were available in easy read format. People were able to change their meal selection if they wanted

to. Meals were culturally appropriate where needed and ensured people's preferences were met.

- Snacks and refreshments were offered to maintain people's nutritional needs. Fluid, food and weight charts were maintained and updated to ensure people received enough to eat and drink.

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

- People had access to healthcare from other agencies such as GP, dentists and speech and language therapists. Referrals were made to health professionals where necessary.

- The service worked closely with health professionals to ensure people had access to healthcare services. Records showed health care appointments were attended and referrals made for people using the service. The service was proactive in ensuring people had annual health reviews with their GP. This showed people were supported to live healthy lives and to access healthcare when they needed it.

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

- The service was designed and decorated in a way that met people's needs. Bedrooms were personalised with items of people's choice. One person told us, "I like my room. It's how I like it."

- The provider was in the process of making improvements to the service by decorating all areas and completing development of a sensory room. We saw some progress had been made on developing the sensory room however the art work did not appear to have been chosen by people using the service. We spoke with the management team about this. They told us this was an initial start to the room and they aimed to complete this in the next five months. Following the inspection the provider submitted records which showed people using the service had already been consulted with to ensure it met their needs and reflected their preferences and community volunteers had painted the mural on display.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Conditions on authorisations to deprive people of their liberty were being met.

- Staff had attended relevant training, were able to explain the principles of the MCA and were aware of current DoLS authorisations in place for people using the service.

- Staff gave examples of how they sought consent before supporting people and, we observed staff sought consent before carrying out care and support.

- People using the service, their relatives and staff signed consent forms for the use of CCTV within the communal areas of the service. Records showed the service was in the process of reviewing and updating consent forms.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives told us staff were caring. One person told us the staff were, "All lovely." One relative described the service as, "Best I've ever seen." Records showed compliments received from people's relatives about the kindness and compassion shown by staff.
- Staff supported people in a caring, compassionate manner and had positive relationships with people using the service. Staff read and signed the services dignity in care charter. By doing so they agreed to treat each person with the same equal respect you would want for yourself or someone you love.
- Staff knew and respected the people they were caring for and supporting, including their preferences, personal histories and background. This was done through support planning, conversation, key working and meetings with relatives.
- Staff respected people's equality and diversity and people were protected from discrimination within the service. Staff understood discrimination was a form of abuse and completed equality and diversity training courses. Staff told us people were not discriminated against because of their religious beliefs, race, gender, age or sexual status. One staff member said, "It's about encouraging openness, challenging stereotypes and assumptions. We allow people to have an open dialogue."
- The service sought ways to remove and reduce barriers relating to equality. Events were arranged in the service and attended in the community to celebrate equality and diversity. For example, cultural and religious festivals were celebrated.

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

- People and their relatives were supported to be involved in their care and to express their views. We saw records of meetings with relatives and people's representatives to plan their care.
- People were positive about their involvement and told us staff knew their preferences. One person told us, "They [staff] know I like to put on my pyjamas sometimes when I come from day centre." Another person said, "[staff member] and everyone [staff] knows I don't like to be rushed. I do things when I'm ready." Staff were able to describe people's preferences and knew them well.
- People were supported to make changes to their care and support. Individual support plans showed changes to people's care were specified by the person or with input from their family members, where appropriate. For example, one person's support plan had been updated to include their preferences for interactions with staff in the morning because they preferred quiet time in the mornings.

Respecting and promoting people's privacy, dignity and independence

- People were respected and their dignity and privacy maintained. We observed staff speaking with people

and discretely offering support with tasks. Staff described their approach when carrying out personal care. They told us they ensured people were not unnecessarily exposed and closed doors and windows. One member of staff said, "You knock on their doors and you make sure [people] are not uncovered when they are having their personal care."

- Staff promoted people's independence, and this was included in people support plans. For example, we saw people were supported to prepare their meals, tidy their bedrooms and to go shopping.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Mostly, people told us when they raised concerns staff addressed issues compassionately. However, one person told us staff knew about their specific "complaint" but felt staff were not supporting them effectively. We spoke with the management team about this. We found staff had acted but had faced delays with external agencies. However the person felt staff had not communicated this effectively to them. On the second day of the inspection we received an update that relevant health and social care professionals had been contacted and appointments made to address the persons complaint.

We recommend the service seek and implement best practice in ensuring people are appropriately updated and supported during the complaints process.

- Since the last inspection, the service had received four complaints. There was a clear policy and procedure for handling complaints to guide staff. Records showed complaints about the service were dealt with in a timely manner in accordance with the provider's policy and procedure. There were detailed documents of how complaints were responded to and resolved and learning from complaints.

End of life care and support

- Care files included a section for people's wishes at the end of their life. However, not all records were completed as some people's family members were uncomfortable discussing this.
- The service was not supporting anyone at the end of their life. We noted staff had not completed end of life training. We spoke with the acting manager of the service who confirmed staff had not completed training and they had identified this shortcoming and would speak with the management team about providing this training for staff.

We recommend the provider seek and implement best practice guidance and training for staff on end of life care to ensure support plans are consistent, person-centred and respectful of people's wishes about end of life care.

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 using the service and their families were supported to maintain relationships and participate in social activities. The service did not have restrictions on visiting hours. Staff told us relatives visited often in the evenings and stayed as long as they wished. Relatives were encouraged to have meals with their family member at the service.
- People's support plans included information about the interests they enjoyed and places they liked to visit.

People were supported to maintain relationships with friends and relatives.

- People told us they took part in activities. The company has a day centre facility which some people from this service attend, and some people attended other day centres, community groups and college. One person told us they enjoyed different events and explained they were always very busy during the week.
- We looked at records of activities people had participated in and found there was a variety of events. For example, a baking competition, yoga sessions and events in the local community. People were supported to attend college courses of their choice.
- Staff supported people with activities. However, staff told us they had many ideas for one to one activities they would like to implement but were unable to do this because they felt additional staff were needed. They told us this would allow them to be, "More spontaneous with planning activities around each person's needs."

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

- The provider was in the process of reviewing people's support plans. Some care files included more details than others about people's needs. Where care plans lacked information about how to meet people's needs there was a risk people might not receive appropriate care.
- We spoke with the management team about this. They told us this had been identified. We saw an action plan was in place to address this. In fully completed files, there was guidance for staff on how to meet people's needs. For example, one person's support plan had detailed guidance for staff regarding the use of images of the person. Another person's support plan had details of clothing they liked to wear.
- Staff were involved in reviewing support plans and understood the importance of planning and delivering personalised care. One staff member told us, "You have to be very aware of people's personalised care. You read the support plans, not just once, as it changes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service sought people's communication preferences and put processes in place to meet their needs. Pre-assessments and support plans included people's communication needs.
- Information was available in easy read formats with use of pictures, different print sizes and appropriate use of colour and fonts to make reading easier for those who required this.
- The service worked with professionals and agencies to ensure they were able to meet people's communication needs. For example, specialist advice was being sought to support one person to find their preferred method of communication.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Continuous learning and improving care

- The service had quality assurance systems in place to monitor the quality of the service and to improve delivery of care and support. Audits were completed to identify improvements necessary.

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

- People knew the management team and spoke positively about the management team and staff. One person told us, "They always have a chat with me when I come back from day centre."
- The management team spoke positively about the staff team and told us, "Staff work really well together and there is a good atmosphere and dignified care." Staff were able to raise concerns through staff meetings and one to one supervision.
- Staff spoke positively about the culture within the service and the staff team. They told us the management team were responsive to concerns raised and they hoped this would continue.

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

- The management team were aware of their regulatory responsibility and of their duty to notify the Care Quality Commission (CQC) of significant events and had notified CQC when events occurred.
- The management team were supported by members of the senior leadership team and told us they felt supported in their role.

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

- Systems were in place to gather feedback from staff and people using the service.
- We saw records of surveys to gain feedback from relatives, friends and advocates of people using the service.
- The management team corresponded with people's relatives to ensure they were updated promptly regarding any changes to people's needs or health.
- Staff team meetings took place at the service. Team meetings included updates for staff and discussions about the needs of people using the service.
- People's equality characteristics were covered in their pre-assessments and support plans. Staff were trained in equality and diversity. The service sought to meet the equality and diversity needs of people using the service and staff.

Working in partnership with others

- The service worked in partnership with other health and social care professionals.
- The management team told us they worked with other agencies to develop and share practice. The service joined community initiatives to enhance people's lived experience. This showed the service worked in partnership with organisations to follow current best practice.