

Satash Community Care Project Limited







Satash Community Care

Inspection report

109 – 111 Mollands, Lane,
South Ockendon,
Essex,
RM15 6DJ.
Tel: 01708 856592
Website: satashcommunitycare@hotmail.co.uk

Date of inspection visit: 3 August 2015
Date of publication: This is auto-populated when the report is published

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	

Overall summary

The inspection took place on the 03 August 2015.

Satash Community Care provides accommodation and support for up to 8 people who have a learning disability. On the day of our inspection the service did not have any vacancies.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were treated with dignity and respect and staff interacted with people in a kind, caring and sensitive manner. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

There was a regular and consistent staff team. The provider had appropriate recruitment checks in place

Summary of findings

which helped to protect people and ensure staff were suitable to work at the service. There were sufficient numbers of skilled, well trained and qualified staff on duty. Staff told us that they felt well supported in their role. We saw that staff had received training, but some updates were needed. Formal supervision had been regularly provided.

We found that detailed assessments had been carried out and that the care plans were very well developed around each individual's needs and preferences. There were risk assessments in place and plans on how the risks were to be managed. We saw that appropriate assessments had been carried out where people living at the service were not able to make decisions for themselves; to help ensure their rights were protected. People were supported with taking every day risks and encouraged to take part in daily activities and outings.

People were happy and relaxed with staff. Systems were in place for people to raise concerns and they could be confident they would be listened to and appropriate action was taken.

People's medication was well managed and this helped to ensure that people received their medication safely. They were supported to be able to eat and drink sufficient amounts to meet their needs and were offered choice. We found that people's healthcare was good. People had access to a range of healthcare providers such as their GP, dentists, chiropodists and opticians.

The provider had an effective quality assurance systems in place. People had the opportunity to feedback on their experiences and staff tried to involve people in day to day decisions and the running of the service. The service was well managed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Medication was well managed and stored safely.

People were safe and staff treated them with dignity and respect.

There were sufficient staff on duty and they had a good knowledge of how to keep people safe.

Good



Is the service effective?

This service was effective.

People were cared for by staff that were well trained.

Staff had received regular supervision and felt well supported.

Staff had a good working knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to a balanced diet that promoted healthy eating.

People experienced positive outcomes regarding their health.

Good



Is the service caring?

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff understood people's care needs, listened carefully to them and responded appropriately. Staff provided people with good quality care.

Good



Is the service responsive?

This service was responsive.

People received consistent, personalised care and support and, where possible, they had been fully involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

People were given the care they needed in response to their own diverse needs.

Good



Is the service well-led?

This service was well-led.

Staff understood their role and were confident to question practice and report any concerns.

Quality assurance systems were in place and effective.

Good



Satash Community Care

Detailed findings

Background to this inspection

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

The inspection was unannounced and took place on the 03 August 2015.

The inspection was undertaken by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and details of any improvements they plan to make. The provider had completed this form and returned it within the set timespan given.

As part of our inspection we also reviewed other information we hold about the service. This included notifications, which are events happening in the service that the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the registered manager, the provider and five members of the care staff. Healthcare Professionals and relatives were approached for their views about the service and where possible their feedback has been added to the report.

We also spoke with seven of the people who lived at the service and we spent time observing care in the kitchen and communal areas.

As part of the inspection we reviewed three people's care records. This included their care plans and risk assessments. We looked at the files of two staff members which included their support records. We also looked at the service's policies, their audits, the staff rotas, complaint and compliment records, medication records and training and support records.

Is the service safe?

Our findings

Staff told us that they felt people living at the service were safe and they did not have any concerns around the care people received. People were relaxed in the company of staff and they had good relationships. People told us that they 'felt safe' and would speak to the manager or their key worker if they were not happy. One added, "I feel safe here and I have never had any concerns."

The staff knew how to protect people from abuse and avoidable harm and they had completed relevant training, although some were waiting for a refresher session. Staff were able to express how they would recognise abuse and how they would report their suspicions. The service had policies and procedures on safeguarding people and these were there to help guide staff's practice and to give them a better understanding. It was noted that the service had 'Ask SAL' posters around the home, which provided the reader with information on who they could contact if they had any concerns regarding vulnerable people. This showed that the service had systems in place to help protect people from potential harm and staff had been trained to take appropriate action. The service had a whistle blowing procedure in place for staff to use and this provided information on who they could take any concerns to.

Risk assessments had been routinely completed and these identified how risks could be reduced to help keep people safe. People were supported to take risks and where possible encouraged to make choices and decisions during their daily lives.

Appropriate monitoring and maintenance of the premises and equipment was on-going. Regular checks had been completed to help ensure the service was well maintained and that people lived in a safe environment. General maintenance had been completed and people's bedrooms had been well decorated and personalised. One person told us, "We have a fire alarm every Sunday." They then went on to explain what would happen. Feedback from a health care professional included, "The environment always looks safe, clean and a nice place to live in."

There were enough staff available to meet people's individual needs. People were able to follow their interests and pastimes because there were enough staff to support them. People were well supported and we saw good examples from staff where people were provided with care

promptly when they needed it or on request. There were systems in place to monitor people's level of dependency and help assess the number of staff needed to provide people's care. The manager added that the assessing of staffing levels was an on going process and they provided examples of where in the past they had requested more staff for individuals due to their care needs changing or specific activities where higher staffing was required.

The service had a recruitment procedure in place to help ensure correct checks were completed on all new staff and this practice helped to keep people safe. No new staff had been recently recruited but the guidance stated that the relevant checks would be carried out. This included health declarations, identification, references and checks from the Disclosure and Barring service (DBS). The service also had a disciplinary procedure in place, which could be used when there were concerns around staff practice and keeping people safe.

People received their medicines safely and as prescribed. Medicines had been stored safely and effectively for the protection of people using the service. They had been administered and recorded in line with the service's medication policy and procedure. One person was self-medicating and staff were observed assisting this person to be independent and complete the relevant medication forms. This person was aware of what each tablet was for and when this needed to be taken. Each medication file had a pictorial 'signs and symptoms' and advised each individual how the medication they were taking may make them feel.

Medicines had been recorded and signed for. Each person's medication folder was accompanied by their photograph and a record of any allergies they may have. This supported staff to ensure that the correct person received the correct medicines prescribed for them. There was also a record of medicines that had been destroyed or returned to the pharmacy when they were no longer needed. This meant that all medicines could be safely accounted for.

Staff involved in managing medicines had received medication training and competency checks had been completed when they were first employed. An annual audit had been completed by the an external pharmacist and no concerns had been raised. The service also used two staff to administer medication to each individual, which helped to continually audit medication and ensure correct procedures were being adhered to.

Is the service effective?

Our findings

People were observed with staff and all were happy with the care and support they received. Staff were able to demonstrate they knew people well and ensured that their care needs were met. One person told us, "I am happy here."

Staff we spoke with said they had received training and it had provided them with the knowledge and skills to carry out their roles and responsibilities as a care worker. They added that they felt they had the training they required to meet people's individual needs. On looking at the training records it was apparent that a number of staff needed a refresher course in mandatory training. The manager was aware of this and provided documentation to show that courses had been arranged for fire safety, food safety and first aid during August and September.

Newly recruited staff would complete an induction and this included information about the running of the service and guidance and advice on how to meet the needs of the people living there. They also shadowed more experienced staff for at least two shifts to ensure they were confident in their role. The manager advised that most staff would then go on to complete a national recognised qualification in care. A number of staff had completed a recognised qualification in care.

Documentation seen showed that staff had received support through one to one sessions, meetings and appraisals. Staff reported that supervision and team meetings had occurred and they felt the manager was approachable and supportive and that they received the support they needed.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made appropriate referrals. Staff we spoke with demonstrated an awareness of the MCA and DoLS and had received some training in the MCA, but a refresher course was needed.

People at the service were able to make day to day to day decisions, but where needed mental capacity assessments had been completed. This showed that staff had up to date information about protecting people's rights and freedoms. Where possible, consent had been gained and people or their relatives/advocates had agreed to the service providing care and support. One person had assistance

from an advocate, but most others had relatives who could be approached for support and advice. The service had guidance and contact information for people to use if they wanted the assistance of an advocate. People were observed being offered choices during the day and this included decisions about their day to day care needs and future activities and goals.

People were being supported to have sufficient to eat, drink and maintain a balanced diet. A four week menu was in place and this showed that there was a varied menu and that people were offered choice and a healthy balanced diet. People told us that they would get together on a Sunday and work out what they would like to eat during the week. A shopping list would then be put together and they would accompany the staff to the shops on the Monday to get the weekly provisions. They added that they liked the curries that one staff member cooked and they also had take aways sometimes.

Staff stated that the menus were only a guide and they offered different options for the main meal where people wanted an alternative. A good example of this was that the menu stated toad in the hole, but this was changed to omelettes due to people changing their minds. Cold and hot drinks were available throughout the day and people were able to help themselves to these when they wanted. One person stated that they also had snacks during the day if they wanted them. Fresh fruit was also available in the kitchens.

Staff had a very good understanding of each individual person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and their individual needs were well documented. There was a clear list of people's likes, dislikes, dietary or cultural needs. Each person had a nutritional record and weight chart in place to enable staff to monitor this if needed. If people required assistance from a nutritionist or healthcare professional a referral would be made. One person had been encouraged to eat healthily due to weight concerns and they were able to explain the sugar content in biscuits, cakes and tea. They advised us that they had been on a weight loss programme and lost some weight and now felt better for it. Healthy options were made available at meal times for everyone.

People had been supported to maintain good health and had access to healthcare services and received on going support. Referrals had been made to other healthcare

Is the service effective?

professionals when needed and this showed that staff supported people to maintain their health whilst living at the service. Each person had a health action plan in place to identify any health care needs and people confirmed that they would visit the optician, doctors and hospital

when needed. Feedback from relatives included, "They are extremely adept at accessing and involving the appropriate professional agencies when necessary, whilst working in partnership with the family."

Is the service caring?

Our findings

People were receiving good care and support. They were relaxed with staff and given the time and support they needed. Some staff had worked at the service for a number of years and knew the people very well, including their history and what care and assistance each person may need. Feedback from health care professionals included, “I would most definitely use their care service for a loved one” and, “I have observed that the staff are very kind and caring, whilst showing the up most professionalism at all times.” Staff worked hard to support people well and wanted to make a difference to their lives. Care was provided with kindness and compassion and people were spoken with in a way they could understand.

People received good person centred care and the staff did their best to ensure that where possible people had been involved in decisions about their care and the lives they lived. People had been empowered to make choices for themselves. Feedback from the service’s compliment book included, ‘The atmosphere within the house is that of ‘normal family life’. There is always someone to hand to reassure and offer encouragement to the residents and enable them to face new challenges and also develop confidence.’ One health care professional stated, “Satash clients are by far the most confident and happy because of the excellent care and encouragement from the management downwards. Satash clients stand out as they are encouraged to be as independent as they can be.”

Staff responded quickly to people’s needs and they were kind and caring in their approach. Staff were observed interacting with people and everyone was included in the general conversations and activities were possible. Good examples included one person making the dessert for everyone that evening and having one to one time with a staff member to do this. Others went out to the shops to assist with the weekly shop or did chores around their home. In the afternoon people chose to listen to music, staff assisted one person to do jigsaws and others either chatted or interacted with staff.

Staff showed good practice when people became agitated or upset and knew what may help to change the person’s behaviour and help make them to calm and relax. The provider was also able to give examples where medication had been reduced due to staff being aware of people’s ‘triggers’ and what made them unhappy or may change the person’s behaviour. Care plans included a section on, ‘what makes me happy,’ ‘what makes me sad,’ and ‘what I like to relax to.’ This information would assist staff in knowing each person and how to best manage any changes in behaviour and moods. Feedback from relatives included, “The management are always very quick to pick up on changes of mood and behaviour and do their utmost to support [person’s name], his family and staff during these ‘difficult’ times.”

People’s privacy and dignity was respected. Staff knew the people they were looking after very well and we heard them addressing them in an appropriate manner. People were encouraged to be as independent as possible and staff were observed providing support and encouragement to those who needed it. One health care professional stated, “I have always felt the clients were well cared for, listened to, and given utmost respect.”

Where possible people were supported to express their views about their care and support. Some people had relatives involved in their care but where people did not have access to family or friends that could support them, the service would arrange for an advocacy services to offer independent advice, support and guidance to individuals.

Staff stated the home was open to visitors at any time and there were no restrictions. People stated that their relatives would often call in to see them or staff would arrange to take them to visit their relatives and friends. Many had seen their relatives at the weekend as the service had arranged for their summer ‘Get together’ with food and entertainment. One person was very excited as arrangements had been made so they could go home at the weekend to see their family.

Is the service responsive?

Our findings

Staff assisted people with their care and were responsive to their needs. People received the support and assistance they needed and staff were aware of how each person wanted their care to be provided and what they could do for themselves. Each person was treated as an individual and received care relevant to their needs. A compliment the service had received included, 'Satash is one big happy home, into which we, as extended family feel included and are always met with a warm and friendly welcome!'

People's needs had been fully assessed before they moved to the service. The assessment forms were easy to read and quickly helped to identify each person's needs and assisted the service to identify whether they could provide the care required. The care plans we reviewed were very in-depth and contained a variety of information about each individual person including their physical, psychological, social and emotional needs. The assessment included each person's history so that anyone looking at these would have a good understanding of the person and who they were. People knew about their care plans and were able to show pictures and talk about what was important to them. One relative stated, "It is the perfect placement for [person's name], meeting all of his complex needs. His excellent quality of life and his wellbeing is as a result of the level of care, understanding and stability provided by all at Satash."

Any care needs due to the person's diversity had also been recorded and when speaking with staff they were aware of people's dietary, cultural or mobility needs. Feedback from relatives included, "Regardless of all their different personalities, backgrounds and needs they all consider each other as friends. They have respect and a mutual understanding of one another fostered by the managers, which is, in turn reflected in the attitude and interaction of all the staff."

The service had empowered people to meet their cultural and religious needs and there were good examples of this. One person was accompanied to Rome to see the Vatican due to their religious beliefs and another had been on a trip to Ghana to visit their relatives. The service had also employed a staff member who was able to speak the language of one person, which helped with their communication as English was the person's second language. This person was also assisted to cook food from

their own culture each week, which they stated was 'Very nice.' Feedback from relatives regarding the trip included, "Expert organising, the flight, medication and help were flawless."

People had been involved in producing their care plans. This included people's choices and care needs and where possible, either relatives or advocates had also been involved in the planning of people's care. Care plans had been reviewed regularly and updated when changes were needed to reflect variations in people's needs. They also had short and long term goals for people to work towards. The service had produced information that could be taken to hospital to advise health care professional of the care and support each individual would need to make their stay less stressful.

People enjoyed meaningful activities. It was clear from discussions with staff that they tried to ensure each person took part in activities they liked and had interests in. Many also attended college, but due to the holidays this had at present stopped. One person told us that they would be doing an English and maths course when they went back. Others had attended a music course or jewellery making.

People had been supported to follow their interests and take part in their chosen activities. One person stated they had been bowling and also liked to go swimming. Most attended a club each week where they met up with friends from other services. Holidays had been arranged for each person and included venues in England and also abroad. People told us they had been on day trips and this included a recent trip to a Zoo, which they were all very positive about. Feedback from relatives included, "It has always been evident of the importance placed on the residents having the same chances and experiences that are on offer to everyone else, and in doing so they have an active role in the wider community. They have a very full weekly timetable, which includes many social activities." A health care professional reported, "The staff that accompany the service users always interact with their clients with whatever activity we are doing. They always make sure that whatever we are doing, the client is having a good time. The clients love to dance so when we put music on, the staff always get up and dance. The staff from Satash are the most attentive of all the carers that attend our Centre."

Is the service responsive?

The service was very homely and everyone was involved in the running of the service. People took pride that they were involved with the maintenance of the vehicles, cutting the grass, cooking and the growing of vegetables. They also had a rabbit that they all helped to look after.

The service had effective systems in place for people to use if they had a concern or were not happy with the service

provided to them. Management were seen to be approachable and that they listened to people's experiences. Staff stated that they felt able to raise any concerns they had. Comments received included, "People are able to say if they are unhappy, it is an open environment."

Is the service well-led?

Our findings

People showed us they had trust in the staff and management and it was a friendly and homely environment. It was clear that the staff and management were there to ensure the people had a good quality of life and they empowered people in this process. Relatives feedback in the service's compliment book included, "The home feels very homely and well run by the people who live there. I enjoy the warmth I receive and the laughter."

The service had a registered manager in post who was aware of his responsibilities and ensured the service was well led. There were clear lines of accountability and the manager had access to regular support from senior management when needed. Feedback from health care professionals included, 'The manager manages the service Satash provides very well' and, 'I have observed that they [Staff] are very kind and caring whilst showing the up most professionalism at all times. They appear to keep themselves up to date with guidance, policy and procedures. I feel very confident in their ability to give a good quality service. I would most definitely use their care service for a loved one.'

Staff we spoke with were complimentary about the management team. They said that they felt well supported and could go to the manager for support and advise when needed. During our visit the manager was seen to be available to both staff and those who lived at the service. They spent time in both houses and would stop when people approached them and was heard speaking with people and giving them the time they needed. Staff spoken with stated they were confident in the manager's ability to listen and follow up on any concerns they may raise. They felt they were kept up to date with information about the service and the people who lived there. A regular handover took place between each staff shift so that important information was passed down to each staff team.

The service had clear aims and objectives and these included dignity, independence and choice. Staff had completed equality and diversity as part of their training and the service had good examples where people's diversity had been empowered. From observations and discussions with staff it was clear that they ensured that the organisation's values were being upheld to ensure continual individualised care for people. People were very involved in the managing and running of the service and

had been identified for areas of responsibility. They were also aware of the inspection process and able to identify and express their views on areas they felt would be part of the inspection process.

The provider was proactive in ensuring the service was up to date with new ideas and ways of working. They were members of the National Autistic Society and Essex independent Care Association. They had also been involved in a project with Skills for Care looking at the core principles to support good mental health and wellbeing in adult social care.

The service had a number of systems in place to show that it aimed to deliver high quality care. Records seen showed that the manager and provider carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. Where areas of improvement had been identified in the audits, action had been taken to rectify these. The service had also achieved a 'Gold' rating in Investors in People and was due their reassessment of the rating.

Environmental and equipment checks had been carried out to help ensure people's and staff's safety. Monthly audits had also been completed by the manager in line with the company's own policies and procedures. Regular visits had also been completed by an independent person who would audit the service and ensure correct procedures were being followed.

The service had systems in place to gain people's views about the service. Meetings had taken place and also questionnaires completed with individuals to gain their views about the service. This had not been collated and a report was not available to identify the strengths and weaknesses, but this was discussed with the manager and they confirmed this would be done. Events had also been organised with relatives to provide a comfortable environment to bring any issues they may have to the management's attention and improve communication.

Feedback from the services own quality assurance and compliments book included, 'We would not like our [relative] to be anywhere else' and '[Person's name] is very happy and well cared for.' One also added, 'The highest standard of care has been maintained throughout which is an incredible achievement and gives us piece of mind.'

Is the service well-led?

They had a 'employee of the month' and 'service user of the month.' This provided people the opportunity to vote for people they felt had been good at their job or achieved something good. The person who had been voted in one home showed us their picture and 'smiled.'