

Baba Sawan Lodge Limited

Hambleton House

Inspection report

337 Scraftoft Lane
Leicester
Leicestershire
LE5 2HU

Tel: 01162433806

Date of inspection visit:
07 June 2017

Date of publication:
26 July 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 7 June 2017 and was unannounced.

Hambleton House provides accommodation for up to 16 people with learning disabilities who require personal care and support. At the time of our inspection there were 16 people using the service.

When we inspected the service in May 2015 it was rated as requires improvement because we found breaches of legal requirements. At the focused inspection in December 2015 we found the service had made the required improvements and was rated as Good.

At this inspection we found the service remained Good.

People told us that staff promoted their safety, wellbeing and independence. Staff understood their responsibility to protect people from the risk of abuse.

Risks were managed so that people were protected from avoidable harm whilst promoting their choices and independence. People lived in a clean and well maintained service.

Safe medicines and infection control practices were followed by staff. People received sufficient to eat and drink.

Staff were recruited through safe recruitment practices. They received appropriate induction, ongoing training and supervision to provide effective care and support. Sufficient numbers of staff were on duty to meet people's needs both at home and to access the wider community.

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

People received personalised care that was responsive to their needs. Care records contained information to support staff to meet people's individual needs.

People's diverse, cultural and lifestyle choices were respected. People maintained contact with family and friends and took part in social events, activities that were of interest to them and employment.

People's privacy and dignity was respected. Staff's approach was caring. Staff worked closely with people to promote their independence and their individual goals. Continuous review of people's care meant they were able to respond to any changing needs.

People's rights were protected and respected. A complaint process was in place and staff knew how to respond to complaints. Advocacy support was made available to people.

At the time of the inspection the manager had begun the process of being registered with CQC. They along with the care manager provided leadership and guidance to staff to ensure people received safe care and support that promoted their wellbeing and independence. Staff were confident that any suggestions made and concerns raised would be listened to and action would be taken.

Following our inspection visit the manager had successfully completed the registration process to become the registered manager.

The provider was meeting their regulatory responsibilities. People had a range of opportunities to be involved in the development of the service. There were effective systems in place to monitor and improve the quality of the service provided.

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 remained safe.

People's safety was protected and promoted by trained staff who knew what to do if they had concerns about their welfare. Risks assessments were followed by staff to promote people's safety. People lived in a clean and safe place. People received their medicines in a safe way. Staff were recruited safely. There were sufficient numbers of staff to meet people's needs.

Is the service effective?

Good ●

The service remained effective.

Staff received appropriate induction, ongoing training and supervision. People's rights were protected under the Mental Capacity Act 2005. People had sufficient to eat and drink. People had access to a range of healthcare support to maintain their health.

Is the service caring?

Good ●

The service remained caring

People had developed positive professional working relationships with staff who supported and promoted their wellbeing. People were involved in making decisions about all aspects of their care. People's dignity, privacy and lifestyle choice was respected.

Is the service responsive?

Good ●

The service remained responsive.

People received care that was personalised, responsive and their individual interests and hobbies promoted. Some people were independent and had secured employment. Care records were reflective of people's needs and were reviewed regularly. A complaints process was in place. People were confident that their complaints would be addressed.

Is the service well-led?

Good ●

The service remained well led.

People and staff had opportunities to influence and develop the service. The provider was meeting their regulatory responsibilities. A manager had completed the process to become the registered manager. They provided leadership. There were effective systems in place to support staff, and monitor and improve the quality of the service provided.

Hambleton House

Detailed findings

Background to this inspection

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

This inspection took place on 7 June 2017 and was unannounced. The inspection was carried out by an 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 improvements they plan to make.

We reviewed the notifications we had been sent. Notifications are changes, events or incidents that provider is required to send us by law.

We contacted local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We used this information to plan our inspection.

During this inspection we used a variety of methods to gain people's views about the service. We spoke with seven people using the service and a relative. We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service.

We spoke with the manager, care manager and three members of care staff. We looked at the care records of five people. These included care plans, risk assessments, medicines and daily records. We also looked at recruitment and training records for two members of staff. We looked at the provider's systems for monitoring quality, complaints and concerns, minutes of meetings, and a range of policies and procedures.

Is the service safe?

Our findings

Everyone we spoke with told us that they felt safe. One person said, "They [staff] keep me safe and cook for me as well." When we asked people about staff's role to keep them safe, one person explained what abuse was, and said, "If I didn't feel safe or someone hurt me then I would tell staff. Their job is to look after me." A relative said, "It's the safest place for [my relative]. They [staff] know when something is bothering [them] and will talk to [them]."

Staff had attended safeguarding adults training. They were aware of safeguarding procedures and the signs of potential abuse. A safeguarding policy was in place. Information on safeguarding was available and had been explained to people so they knew what to do if they had concerns.

Arrangements were in place to ensure people's money was kept safe. One person said, "I'm alright looking after my money. I buy what I want when I need it." We saw all transactions were documented and receipts were kept where people required support to manage their money. The provider also checked people's financial records as part of their quality monitoring visits. This meant that people could be assured that their money was safe.

Risk assessments were completed to ensure measures were in place to maintain people's health and safety. These included support people required to move around safely, falls, personal hygiene, nutritional needs and road safety when accessing the wider community.

Throughout our inspection visit we saw people moved around the home safely independently or used walking aids. Staff were aware of risks to people and the support they required to prevent avoidable harm such as an injury to themselves or others. A staff member said, "When we go out I will tell them about how to stay safe when walking and crossing the roads." We saw a staff member guide someone with a visual impairment back to the lounge safely. They gave clear instructions, directions and once the person was seated checked they were comfortable. We noted that the staff member had followed the guidance documented in this person's care plan to meet their needs safely.

Staff had good insight of people's health conditions and described the interventions they might use when someone showed signs of anxiety or behaviours that might be challenging. The care plan for a person also described the signs and triggers that could upset the individual and the techniques staff should use to prevent any potential behaviour that could occur. Records showed risks were reviewed regularly and care plans were amended as the support people required changed. That meant people could be assured that staff would ensure their safety and wellbeing was maintained.

Documentation relating to accidents and incidents were completed in full detailing the actions taken as a result. The manager told us they analysed all incidents to identify any trends or themes so that actions could be taken to prevent further risks. For example, where a person had had a fall staff had sought advice from a healthcare professional and the care plan was amended. This helped to ensure the person's ongoing needs continued to be met safely.

Records showed the premises were safe and well maintained. Regular safety checks on the premises and equipment were carried out. Records showed that action was taken when issues had been identified, for example, replacement of the damaged double-glazing. Our findings supported the information detailed in the PIR.

Everyone had a personal emergency evacuation plan (PEEP) which had sufficient information for staff for unexpected emergency situations such as an outbreak of fire and the support people needed to evacuate the premises. The emergency grab sheet contained information about people's medical and communication needs which the emergency personnel would need should treatment be required.

Safe recruitment procedures were followed. Staff recruitment files contained all relevant information and showed that checks were carried out before staff started work. A system was in place to ensure a Disclosure and Barring Services (DBS) check was renewed every three years. A DBS check helps employers ensure staff were safe to work at the service.

We saw there were sufficient numbers of staff to meet people's needs whilst promoting their independence. A person said, "If I want to go out [staff] comes with me because I am not always sure about crossing roads." Another person said, "There's always staff on duty. Some days there are more because we're all going out to different places." Staff we spoke with felt there were enough staff on duty to support people at home and to access the wider community safely.

The manager explained they considered people's dependencies and social needs when setting the staffing levels. They monitored closely to ensure that the correct level was maintained. This was consistent with our observations and supported the information in the PIR.

People told us that they received their prescribed medicines on time. Staff told us they had been trained to administer medicines safely and had their competency assessed. We observed a staff member administer people's medicines safely and completed the medicines records correctly. There was a medicines administration policy in place for staff to refer to and assist them to provide medicines safely to people.

Medicines were stored securely and safely. Processes were in place for the ordering and supply of medicines. Protocols were in place to provide additional information for staff as to how to administer medicines prescribed to be given only as required for example, to manage pain or anxiety. That meant people received their medicines in a safe way and their health was monitored.

People told us that staff supported them to keep their bedroom clean and tidy. We saw the home was clean and staff followed safe infection control practices. This meant people lived in a clean, safe and a well maintained environment.

Is the service effective?

Our findings

People felt staff were capable and competent in their role. One person said, "They [staff] know I get muddled up sometimes and help me." We observed staff approached people in a friendly manner and explained things in a way that the person could understand. That showed staff had an insight into people's needs, abilities and how to support them.

Staff spoke positively about the ongoing training and support provided that enabled them to provide effective care. Examples of this were staff understanding how people's health condition affected them and how to correctly support someone when they become anxious or distressed. Records showed staff had completed a range of training on topics related to health and safety and equality and diversity training. The staff training matrix had been kept up to date. This was used to plan ongoing training for all staff.

Staff also told us they were supported by the manager and the care manager. Staff received regular supervision and appraisal where they reflected on their work, reviewed their practice and identified any development needs. Staff meetings were used to discuss the quality and the development of the service. This meant that staff were supported to maintain and improve their skills and knowledge in order to effectively meet people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS. We checked whether the service was working within the principles of the MCA.

Staff had an appropriate awareness of MCA and DoLS. People's records contained a mental capacity assessment in relation to their ability to make day to day decisions about their care. Care records had guidance for staff on how to effectively support people at times when they experience high anxiety. A staff member was able to describe the techniques used to support a person when they became anxious, which was consistent with the person's care plan.

Care records showed that the person with a DoLS that had conditions were being met. These had been regularly reviewed and used to influence information within people's care plans as to how staff were to provide support. This helped to ensure people received the support they needed to maintain their wellbeing.

We received positive feedback about the choice of food and drink and confirmed that their dietary needs were met. People said, "There's a choice for lunch. You can have soup, sandwiches or toasties and the best

is the puddings" and "If you're hungry or just want something [to eat or drink] you can have it anytime." Another person told us they prepared their own meals. This helped them to manage their dietary needs and developed their cooking skills to promote their independence.

We observed the lunchtime meal. We saw people had meals from the menu and alternatives which staff prepared such as jacket potatoes. We saw one person was supported to eat their food and drink using the cutlery provided. We saw a staff member described the plated meal placed in front of someone. When this person struggled to pick up the tomato the staff member offered to help. This person later told us, "I told them [staff] to tell me what's on the plate then I'm ok to eat without any help." That showed staff promoted people's choices and independence with regards to food and drink.

Meal times encouraged socialisation and conversations about the events in the day. Throughout the day we saw people had sufficient to drink and some people made their own drinks. Staff told us they regularly ask people about the menu choices to ensure foods are available to meet people's diverse needs.

Records showed people's nutritional needs were assessed. Care plans detailed people's food and drink preferences and the role of staff. A staff member explained if they were concerned about a person's appetite they would contact the GP for a referral to a specialist nurse or dietician. Records showed people were weighed regularly and appropriate action taken if there were significant changes to people's weight. This demonstrated that people were supported to maintain their nutritional health.

People told us they had regular healthcare checks and attended medical appointments as needed. A person told us that they preferred staff to accompany them to routine medical appointments. Another person said, "I see my GP regularly so my appointments are planned. But when I fell recently, they [staff] called the GP to make sure I didn't need to go to hospital." Records confirmed people attended routine health checks by the GP, optician, dentist and specialist nursing staff.

Is the service caring?

Our findings

People told us that staff were kind and caring. They said, "They [staff] are kind to me and good," "I like the staff they are lovely" and "I've been living here that long they are my like my family." We saw staff were caring in their approach and encouraged people to express their views and opinions. People had developed positive professional relationships with staff and the manager. This was evident from the laughter and friendly banter exchanged. This had a positive impact on people's mood, wellbeing and self-confidence.

Staff had a good knowledge of the people they cared for including their interests and people who were important to them. Staff used short sentences and words which people understood and talked about things which were important and meaningful to them. This was consistent with the information found in people's care plans and confirmed that staff knew people well.

Staff were considerate and understood people's communication skills to ensure people's views were sought. When people were unable to communicate easily, care plans provided information about the gestures or body language people used to communicate with and how staff could better understand them. We observed staff clearly communicated with people and gave people sufficient time to respond to any questions. That meant people were able to say how they felt about a subject and encouraged them to be involved in discussions about the service or their care.

People told us staff promoted and encouraged them to be independent and take control of some aspect of their lives to achieve their personal goal. A person said, "I do most things for myself to stay independent. I use the bus to go to work." Another person said, "They [staff] tell me to help them clean my room, I do try but I get bored." That showed people's wishes were respected.

People told us they kept in contact with family and friends and provided staff with information about people's life histories and interests. A relative told us that they were actively involved to support their family member in the review of their care.

People were familiar with their care plans. A person told us they were involved in the review of their care plan as they needed less support. Records showed people's relatives and relevant professionals had been involved in making best interest decisions and the reviewing of people's care when their needs had changed. Information about the local advocacy service was available and people knew who they could contact should they need support to make decisions about their care. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

People told us that staff respected their privacy and dignity. One person said, "They [staff] will ask me if they could go in my room." Another person offered to show us their bedroom and bathroom which they used. That showed people's private space was respected.

Staff gave examples of how they respected people's privacy. We saw a staff member discretely prompt a person about their personal care needs and assisted. Another staff member told us they would always ask

permission to enter their room and would knock before entering. Our findings supported the information detailed in the PIR.

Is the service responsive?

Our findings

People told us that they received care and support that was responsive to their needs and promoted their independence. People told us staff were attentive to their needs. They said, "They [staff] know how to help me so that I can do things for myself." And, "I like to help in the kitchen." A person told us about the sporting events they had attended and their favourite team.

A person told us, "They [staff] know what's important to me. I'm quite confident and I can't wait to have my own place." Another person also told us that staff had been helping them to learn daily living skills such as preparing their own meals, doing house hold tasks such as cleaning, managing their money and shopping. Staff gave examples of how they helped people to develop those skills whilst ensuring people knew what to do if they needed support.

A relative told us that they worked with the manager and staff to ensure their family member's needs were understood. As a result they had observed the change in staff's approach had enabled their family member to remain independent and managed their health condition safely.

Staff understood the importance of promoting equality and diversity. We noted that people felt comfortable with their own identity and lifestyle choices around staff and other people who used the service. A staff member said, "It's important that people feel valued and safe to express themselves. It's my duty to make sure they are comfortable at home. We have talked about people outside the home may not always have the same understanding as the staff here." That showed staff were supportive, empowered people whilst respecting their diversity.

We observed positive interactions between people who used the service and staff. We saw a number of examples of the service being responsive to people needs. For example, when someone wanted to go to the shops a staff member offered to go with them. We saw people made drinks for themselves and others with the support of a staff member. People told us that regular residents' meetings were held where they talked about the menus, holidays and trips and had an opportunity to raise concerns. The meeting minutes showed that people's views had been documented and acted on for example changes to the menus, outings and the décor.

People had opportunities to meet their cultural needs and take part in recreational and social activities at home and in the wider community. The manager told us the staffing was flexible and planned around the needs of people. That meant the service was driven by people who used the service and their needs at that time. Some people had paid and voluntary employment. They told us they enjoyed their work and had made new friends outside of Hambleton House. That showed people were valued and their wellbeing and independence had been promoted. Our findings supported the information detailed in the PIR.

Records showed people's needs were assessed and they were involved in the development of their care plan. The provider's assessment of needs documentation took account of people's relationships, and equality and diverse needs.

Following our inspection visit the provider told us the improvements made to empower people. A more transparent and accessible channel of communication was created to ensure people felt safe about expressing their feelings, views and preferences. Staff's role was to ensure people also understood the implications if any, whilst accessing the wider community. Information about relevant local groups and websites was displayed on the notice board.

Staff showed a good insight and awareness about people's needs and how to support them in a positive and proactive manner. This was consistent with the guidance in people's care plans. We saw people were involved in reviewing their care plans. These had been updated to ensure they remained person-centred, accurately reflected any changes to the individual's needs and took account of people's goals and aspirations. This showed that the support people received was personalised to meet their needs and aspirations.

People knew how to complain or raise concerns and showed us the complaint procedure displayed. It was available in an easy read format using pictures, so that people who used the service could understand the process more easily.

People were confident that any concerns raised would be listened to and acted on. They said, "I would tell [staff name] or [the manager]" and "They [staff] do sort things out for me. When we have [residents] meetings they ask us if we have any complaints." A relative told us they found the manager was responsive and their concerns had been addressed to improve their family member's quality of life.

Staff told us if they received a complaint they would refer this on to the manager if they were unable to resolve the concern. The manager had an 'open door' policy and encouraged people, their relatives and professionals to raise concerns or discuss any issues that affected them or the care and support people received. That showed the service welcomed comments and complaints to improve the quality of service people received.

Is the service well-led?

Our findings

At the time our inspection visit the provider had appointed a manager. They had begun the process to become the registered manager. A registered manager is a person who has registered with us to manage the service and has the legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008.

We saw the current CQC rating was clearly displayed and a copy of the latest inspection report. The provider had sent statutory notifications to us when required. We found records were accurate and kept up to date.

Following our inspection visit the manager had successfully completed the registration process to become the registered manager. That meant the provider had met all conditions of registration with the CQC.

People told us the service was well run. They found the manager and staff were approachable, valued their opinion and were responsive. Their comments included, "This is my home. I love it here because I get a say about what happens here." And "[Manager] and all staff have been here nearly as long as I have and make things happen for me." A relative also felt the manager and staff team promoted a culture of openness, welcomed feedback and suggestions as to how to improve the service. They told us that they worked with the manager and staff to ensure Hambleton House was the right place for their family member and said, "It's the only place where [my relative] has been happy because of the staff and this manager."

Surveys were used to gather feedback about the service from people and their representatives. The manager was collating the feedback and a sample viewed showed that people were happy with the quality of care and support they received. The manager assured us that in the future surveys would be sent to health and social care professionals. This would ensure they continued to learn and develop the service in line with any changes in best practice.

Care records showed individuals and their representatives, where appropriate, were involved in the review of all aspect of their care and promoting independence. This also helped ensure information was accurate and kept up to date.

Records showed there were residents and staff meetings held. These meetings provided people and staff the opportunity to comment on the service and make suggestions to drive improvements. We noted that the meetings minutes did not always identify how issues raised at the previous meetings and what if any action had been taken. When we raised the issue about the quality of meeting minutes with the manager they assured us action would be taken.

Following our inspection visit the manager confirmed they would document issues from the previous meeting as, 'you said this and we did this'. That meant suggestions made could be monitored along with any improvement made to the service.

The manager had a clear view about the quality of service provided, which was person-centred and focused

on promoting independence. They were supported by a care manager and provided leadership and support to the staff team. Staff were able to describe the visions and values of the service, which reflected the provider and manager's approach to the delivery of good quality care. Staff told us they liked working for the service. We found systems were in place to ensure staff received training and support they needed. As a result staff felt confident in their own abilities and motivated to improve people's quality of life.

The provider had appointed a care manager to support the manager and develop a robust governance system to monitor the quality of service. A sample of the provider's policies and procedures we looked at had been updated to reflect changes in guidance and best practice.

A system to regularly assess and monitor the quality of service that people received was in place. We found audits and checks had been carried out in a range of areas. These included people's care records, medicines and finances, and safety checks on the environment, fire safety and equipment. Records showed that when any issues were identified action had been taken; for example, when the repairs had been completed the records were signed to confirm this. That meant people could be assured the provider and manager continued to provide a safe and well managed service.

Records showed the provider was actively involved and regularly visited the service. The feedback and observations made were used to influence areas the service needed to develop. For example, plans to improve the facilities to accommodate people's future needs and to promote their independence. Our findings supported the information documented in the PIR with regards the provider's development plans for the service.

We received positive feedback from health and social care professionals and the local authority commissioners responsible for the care of people who used the service. They told us the staff understood the diverse needs of people and provided a stable environment and promoted independence.