

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Hambleton House

337 Scraptoft Lane, Leicester, LE5 2HU

Tel: 01162433806

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Baba Sawan Lodge Limited
Registered Manager	Mrs. Maureen Baines
Overview of the service	Hambleton House is registered to provide accommodation for up to 18 persons who require nursing or personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	5
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Staffing	8
Assessing and monitoring the quality of service provision	9
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	10
<hr/>	
About CQC Inspections	11
<hr/>	
How we define our judgements	12
<hr/>	
Glossary of terms we use in this report	14
<hr/>	
Contact us	16

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 October 2012, talked with people who use the service and talked with staff.

What people told us and what we found

People told us that they liked living at the home. People told us that staff were kind and that staff listened to them. People liked that they had a variety of meaningful activities to participate in if they wanted to. We found that people had been supported to enjoy their hobbies and interests at the home and in the community. People were positive about their experience of the home. However, people's care plan documentation contained very limited evidence that people's needs had been re-assessed, planned and delivered

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 21 December 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

The service was meeting this standard. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People's care plans contained evidence that people or their relatives had been involved in the assessments of people's needs and the development of plans for how those needs would be met. The service had used information about people's hobbies and interests to identify and offer suitable activities for people that encouraged them to maintain as much independence as possible at the home and in the community.

People who used the service understood the care and treatment choices available to them because information in care plans had been presented in ways that were easy to understand. People had expressed their views about their care at reviews of their care plans and had therefore been involved in making decisions about their care and treatment.

We observed that people had a good rapport with staff. Staff spoke politely to people, always referring to them by their preferred name. People had access to well furnished and equipped communal areas. People's rooms were personalised and reflected their hobbies and interests.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

The service was not meeting this standard. There was limited documented evidence that people experienced care, treatment and support that met their needs and protected their rights.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's needs were assessed and care and treatment was planned when people first began to use the service. Care plans had been reviewed but the outcome of reviews had not always been recorded or detailed. People who used the service had completed questionnaires through which they gave positive feedback about what they thought of the care they had received.

Documentation related to the monitoring of people's health was incomplete. There were gaps in records (for example whether people had been weighed); daily notes of whether people had been supported with personal care had not always been completed and risk assessments had not been regularly reviewed. However, we did see evidence that people had been supported to attend appointments with health professionals who attended to people's nursing and medical needs.

The service had supported people to participate in activities that they were interested in and which helped them maintain as much independence as possible in the home and in the wider community..

The service had a business continuity plan, but the plan did not contain details of action to take in the event of an emergency to ensure continued provision of care to people who used the service.

We found that care plans did not include information about what the aims and objectives of people's care plans were. Documentation in care plans was disorganised and sometimes incomplete which made it very difficult to see whether people's needs had been reassessed and planned and delivered in a way that met people's individual needs.

The service had begun a process of introducing new person centred care plans for all of the people who used the service.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

The service was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Seventeen people lived at the home at the time of our inspection. We observed that the people who used the service had a good rapport with each other and with staff. Care workers understood people's needs and engaged with them in a way that supported people to be as independent as possible. The service encouraged people to express their views about aspects of the service, for example about choices of meals and leisure activities.

Staff had received training in the safeguarding of vulnerable adults and understood how to raise concerns about people's safety and welfare.

People's care plans included a section for documenting what personal valuable possessions people had, but those sections of the care plans had not been completed. Care plans lacked information about the extent to which the service supported people to manage and access their finances. The provider may wish to note that those omissions could be addressed during the period that new style care plans are introduced in order to minimise the risk of financial abuse.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

The service was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with staff about the people who lived at the home and looked at people's care plans. None of the 17 people who used the service had been assessed as having high dependency needs in terms of personal care or mobility. Ten people regularly went into the community without the need of a care worker escort because they were sufficiently independent. Four staff, the registered manager and three care workers were always on duty during the day and one person during the night. That provided a ratio of one staff to four people. A care worker we spoke with told us that they felt that enough staff were always on duty to meet the needs of people who used the service. In total, the service employed 13 staff.

We looked at staff training records and found that those records were not up to date. The records did not include information about training records for two of the staff, but the other staff were shown as having attended appropriate training. The provider may wish to update the training record and include a future training plan to ensure that staff are aware of the latest developments in adult social care, for example in relation to personalisation of care and support.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The service was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service and their representatives had been asked their views about their care and treatment and they were acted on. This had been especially evident in relation to activities that had supported people to be as independent as they wanted to be. The service was considering whether to introduce a survey of health professionals who visited the service to attend to the health and nursing needs of people.

The registered manager and deputy manager had carried out assessment and monitoring activities through spot checks and regular dialogue with people who used the service. The deputy manager was in the process of introducing new person centred care plans that would be at the core of future assessment and monitoring activity at the service. Other monitoring activity included an annual self assessment of compliance with the Care Quality Commission's essential standards of quality and safety.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: Care plans did not include information about what the aims and objectives of people's care plans were. Documentation in care plans was disorganised and sometimes incomplete which made it very difficult to see whether people's needs had been reassessed and planned and delivered in a way that met people's individual needs. Regulation 9 (1)(a)(b)(i)(ii).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 21 December 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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