

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

## Baba Sawan Lodge

11 Bodnant Avenue, Leicester, LE5 5RB

Tel: 01162730008

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

<b>Care and welfare of people who use services</b>	✘	Action needed
<b>Safety and suitability of premises</b>	✔	Met this standard
<b>Supporting workers</b>	✔	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✘	Action needed

## Details about this location

Registered Provider	Baba Sawan Lodge Limited
Registered Manager	Ms. Vanita Solanki
Overview of the service	Baba Sawan Lodge provides care and accommodation for up to ten people with learning disabilities. It is situated in a three storey detached house in Evington, a residential area of Leicester. There is a good range of local amenities within walking distance of the home including shops, parks, and transport links.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether Baba Sawan Lodge had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safety and suitability of premises
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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### What people told us and what we found

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Although some improvements had been made to the home outstanding issues remained under Outcomes 4 and 16.

As at our previous inspection, we observed staff were consistently caring and kind to the people who used the service and got on well with them.

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

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### What we have told the provider to do

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We have asked the provider to send us a report by 20 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where we have identified a breach of a regulation during inspection which is more serious, we will make sure action is taken. We will report on this when it is complete.

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.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✘ Action needed

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

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### Our judgement

The provider was not meeting this standard.

Care and treatment was not being planned and delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a moderate impact on people who use the service. This is being followed up and we will report on any action when it is complete.

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### Reasons for our judgement

Since we last inspected people's care files had been reviewed and updated to include person centred care and health booklets, a review sheet, and improved risk and health and safety assessments. This was an improvement and would make it easier for staff to plan and deliver people's care. However some care plans were still not fit for purpose and/or being used appropriately by staff.

One care plan, dated 18 October 2013, showed one of the people who used the service (A) had been assessed as at risk of losing weight. We looked to see whether there were procedures in place to ensure this issue was being addressed. A's care plan stated they were to be weighed monthly and if there were any changes in their weight or appetite staff should inform the home's manager who would inform the GP.

However records showed this person hadn't been weighed since May 2013 as they were 'unable to stand on scale' (this person was by then a wheelchair user.) There was no record of any action being taken to address this situation and make alternative arrangements for A to be weighed. Nor was there any record of staff informing the manager that they were unable to weigh A due to the scales being unsuitable. In addition A had not been referred to a GP despite the difficulty staff were having monitoring their weight and their previously recorded weight loss.

A also had a care plan in place dated 18 October 2013 stating that A 'does not have the ability to make own decisions'. This was incorrect as, using Makaton sign language, A communicated to us that they would like a cup of tea and a cigarette. However A's care plan for communication did not state that A was able to use this form of communication.

The care plan for another person (B) stated they engaged in behaviour that challenges us.

This included 'flapping', 'pacing up and down', 'ripping paper', 'biting hands', 'jumping up and down and crying', 'smearing faeces', 'urinating where (the person) wants' and 'taking other service users food'. When these behaviours occurred the care plan stated staff should 'offer (B) the opportunity to go to a quiet area to calm down'.

During the inspection we observed B continually 'flapping' a paper hand towel and 'pacing up and down' in the lounge area. We reported this to staff who took the paper hand towel away. B then became agitated and distressed. Staff gave B the paper towel back and the agitation and distress subsided and B went back to 'flapping' and 'pacing up and down'.

It was unclear whether or not staff had responded appropriately. B's care plan said that if they were 'flapping' and 'pacing up and down' staff should 'offer (B) the opportunity to go to a quiet area to calm down'. This was not done. Nor were there any instructions in place for alternative ways of addressing behaviours such as 'flapping' and 'pacing up and down'.

B's care plan also said they suffered from pica (a disorder characterized by an appetite for substances largely non-nutritive) and stated B 'will eat and drink anything (B) wants with disregard to whether or not it is harmful'. Their care plan referred to their 'pica plan' which stated 'has pica type behaviours, (A) will place items in (...) mouth such as pebbles, leaves, liquids such as soap, requiring close supervision'.

B's care plan also stated 'staff should always make sure any food or liquid that could cause harm is locked away out of sight'. There was no mention of what type of 'close supervision' B should have, and it was not acknowledged that whereas certain 'food' or 'liquid' could be locked away, other non-food items could possibly not be.

B's care plan also stated '(B) needs to be monitored constantly within the home due to choking risk'. (It was unclear whether this related to his 'pica type behaviours' or to standard eating and drinking). During our inspection B was left unsupervised on a number of occasions, once for 26 minutes in the lounge, this period being observed by our Expert by Experience.

We discussed these with the owner's representative who said B's pica was less serious than it had been and no longer presented a significant risk. If this was the case then B's care plan (dated 27 September 2013) which stated B 'will eat and drink anything (B) wants with disregard to whether or not it is harmful' was not up to date. In addition the instruction to staff to lock away 'food' and 'liquid' put restrictions on B that were no longer necessary.

From reading B's care plan and talking to staff it was unclear whether B's 'pica type behaviours' presented a risk or not, and how staff should address these behaviours if they did appear. Consequently B's care plan was not fit for purpose and it was impossible to ascertain whether B's needs were being met.

As a result the provider was failing to take proper steps to ensure that the people who used the service were protected against the risks of receiving care or treatment that was inappropriate or unsafe by means of the planning and delivery of care in such a way that met people's needs and ensured their welfare and safety.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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Since we last inspected further improvements had been made to the premises. All areas we checked were cleaner and fresher. The home had a cleaning rota in place and the provider's representative told us the deputy manager did a premises audit every week to monitor the state of the home.

A new ground-floor shower room and toilet had been installed. This was accessible to people who were wheelchair-users and other with limited mobility. Staff told us these facilities made it easier to provide personal care to the people who used the service. The room next door, previously a toilet, had been converted into a laundry room.

Other changes had been made to the premises to make them more user-friendly and fit for purpose. The front door had been made wheelchair-accessible and a ramp provided in the lounge so it was easier for people to negotiate the two levels. In addition the boiler had been adjusted so hot water was more freely available and locks fitted on bathrooms and toilets to protect people's privacy. Liquid soap had also been provided in bathrooms and toilets.

The problem of keeping toilets and bathrooms stocked with toilet rolls, and paper hand towels had not been resolved. When we inspected two had no toilet rolls, and two had no paper or other hand towels, and two had no bins where used paper hand towels could be disposed of. Staff told us that these items were removed from some bathrooms and toilets during the day because a particular person who used the service tended to remove and destroy them. This meant people had to ask staff for supplies when they needed them. The provider might like to note this and consider putting a system in place to ensure the people who used the service had better access to the items they needed to maintain their personal hygiene.

Other areas still in need of improvement were identified as follows:

- The basin in the new shower/toilet had lever-style taps fitted which were easier for people with limited mobility to use. However other basins had twist-style taps which were less user-friendly

- The toilet seat in the new shower room/toilet was broken
- Most bedrooms had not yet been personalised which meant people had been unable to create a unique space they could call their own
- Some of the grouting in the second floor bathroom that had come away still needed replacing
- Drinking water was only available in the kitchen which could make it difficult for people to have a drink when they wanted to
- There was still no user-friendly signage in the home. Providing this would make it easier for people to find their way around and identify which room was which
- There was an exposed light fitting in the second floor bathroom in need of repair
- The lighting in the first floor and second floor corridors was poor or non-existent. At night the three people who lived on the second floor had to walk through a corridor with no light and then up a flight of stairs in the dark before they reached the only light switch. The light on the landing outside the first floor bathroom was not working.

The provider might like to note the above and take steps to bring about the necessary improvements so as to make the premises safer and more fit for purpose.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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As at our previous inspection, we did observe that staff were consistently caring and kind to the people who used the service and got on well with them.

Staffing levels had improved and the rota showed there were always two care staff on duty during the day. However staff did not appear to have much time to socially interact with the people who used the service and provide them with activities while in the home. During our visit staff member's time was taken up with cleaning and cooking (the home has no ancillary staff) and supporting people with personal care, although during the early evening one staff member did take two people to the temple. The provider may like to note this and to look at ways of giving staff more time to engage with the people who use the service to enhance their quality of life.

At our last inspection we noted that staff had not been trained in Makaton (basic sign language for people with learning disabilities) or managing the symptoms of autism, including challenging behaviour. This was concerning as the home provided a specialised service to people with learning disabilities, some of whom were non-verbal and/or diagnosed with autism, and some of whom used Makaton

Since then some of the staff had had Makaton training. However we did not see a single member of staff use any Makaton signs throughout our six-hour visit. When our expert by experience asked a staff member how to sign three simple words they did not know how to do this, despite having attended the Makaton course. They were unable to explain why this was. The provider might like to note this and take steps to find out why staff are not using Makaton in the home despite having had training in it.

Staff had still not had training in managing the symptoms of autism, including challenging behaviour. The provider's representative said a new deputy manager had been employed and part of his remit was to address this issue. The provider might like to note that this training should be provided to help ensure staff have the skills and knowledge they need to provide appropriate care to the people who used the service.

## Assessing and monitoring the quality of service provision

✘ Action needed

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

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### Our judgement

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The provider was not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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

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### Reasons for our judgement

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Following our inspection the local authority informed us their health and safety officer was satisfied that the majority of the work required to maintain health and safety in the home had been carried out. Some minor improvements were outstanding and the health and safety officer intended to re-inspect the home within the next 12 months to ensure these had been carried out.

However the records held at Baba Sawan Lodge still showed that whilst there were systems in place for care planning and assessing risk the provider was not assessing and monitoring whether they were being applied at the home. Consequently these systems were not working effectively.

As a result the provider was failing to take proper steps to ensure that the people who used the service were protected against the risks of receiving care or treatment that was inappropriate or unsafe. This must be rectified by means of planning and delivering care in such a way that meets people's needs and ensures their welfare and safety.

Although CQC recognises there have been some improvements to the home since our last inspection Outcomes 4 remains non-compliant. Action must now be taken to address this and identify why the home's systems are failing to manage risks to the health, safety and welfare of the people who use the service and others.

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	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Assessing and monitoring the quality of service provision</b>
	<b>How the regulation was not being met:</b> The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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 20 December 2013.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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