

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

Date of Inspection: 18 February 2014

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	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 with learning disabilities who require nursing or personal care. The home does not provide nursing care directly but has arrangements for district nurses to visit the home to attend to people's nursing needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Hambleton House had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Meeting nutritional needs
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Supporting workers
- Assessing and monitoring the quality of service provision

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 18 February 2014, talked with people who use the service and talked with staff. We talked with other authorities.

What people told us and what we found

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time.

We spoke with four people who used the service. Three of them spoke to us enthusiastically about improvements that had been made by the provider since our last inspection in November 2013. Two said, "It's better now." Another person told us, "I'm very happy. We have better choices."

The provider had taken action that helped people increase their knowledge and develop skills. People who used the service had attended a training session about food hygiene and nutrition. People now took a more active role in making their own meals and took more responsibility for helping keep their room and communal areas tidy. Those were important skills for people who were aiming to eventually move to their own flats in a supported living environment. The provider had also made it easier for people to manage their own money.

Staff we spoke with also told us that the home had improved. Staff had received training that had helped them understand and put into practice person centred care. They had received other training that had equipped them to carry out their roles more effectively.

We found that the provider had responded positively to our last inspection and had brought about necessary improvements.

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

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

At our inspection in November 2013 we found that people's care plans contained information to the effect that they wanted to achieve as much independence as possible. However, we found that some people had no practical involvement in activities or decisions that could have increased their independence in the home. People had not, for example, been involved in preparing their own drinks, snacks and meals. Those were things that people with capacity would do in their own home or if they wanted to live independently.

At our latest inspection we found that the provider had taken practical steps to help people become more independent. People who used the service had been supported to increase and further develop their skills. People took a more active role in preparing their meals. People took more responsibility for tidying their rooms and communal areas. We found that people were less dependent on staff than before because they had been encouraged to do more themselves.

The provider had taken action to make care plans more person centred. A key development had been an introduction of meetings called aspiration meetings between people who used the service and their key worker. That was an important development because it meant that staff better understood what a person wanted to achieve and how that person wanted to be supported.

A very important improvement that had been made was that staff had received training about the Mental Capacity Act and the Deprivation of Liberty safeguards. That was especially important in a service of this type. Staff now understood that people who used the service could only be deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards.

The provider had taken action to improve facilities available in a games room. The service had a programme of social activities at the home. From 23 February 2014 people who used the service had access to the internet.

We found that the provider had made the improvements we required at our previous inspection. The actions taken by the provider had resulted in people receiving care and support that met their individual needs.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

At our previous inspection in November 2013 we found that people had only a limited choice of meals. Often the difference between meals offered was a single item. We also found that people had very little involvement in preparation of meals and had no access to the kitchen. People were wholly dependent on staff to make them meals and drinks.

At our latest inspection we found that people were able to exercise much greater choice about meals. The food menus had been revamped with people's involvement. More people were involved in making their own drinks and meals. People now had access into the main kitchen and were able to make their own drinks and participate in making their own meals. People had more choice about where they ate their meals. Main meal times were more of a social occasion because people from the two residential areas of the home were able to enjoy meals together.

The provider has taken a creative step of organising a training session about food hygiene and nutrition for people who used the service. That was especially useful to those people who enjoyed cooking. The provider had also consulted a qualified nutritionist to help introduce a greater range of nutritious food into the home. People who used the service told us that the food was "better" and that they had "more choices."

We found that the provider had introduced improvements that were creative and effective. People now had a choice of suitable and nutritious food and drink.

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

Our judgement

The provider 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

At our previous inspection in November 2013 we found that people did not have free and easy access to their finances despite having been judged to have mental capacity to make their own decisions about their finances. We also found that staff had limited understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

At our latest inspection we found that the provider had reviewed the way that people were helped to manage and access their finances. The procedures in place protected people's interests. People's social workers had been involved in discussions about their finances whenever necessary. The provider had procedures to investigate any allegations of financial abuse.

In January 2014 all staff had attended training about the MCA, DoLS and safeguarding of vulnerable adults. Staff's knowledge of MCA, DoLS and safeguarding had been reinforced through staff meetings and one-to-one supervision meetings. That was an important improvement that had been successfully implemented by the provider. It was especially important in a social care setting such as Hambleton House that staff understood issues that affected vulnerable people. We saw evidence that staff had benefitted from that training and had put it into practice.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

The provider had a recruitment policy that met the requirements of this regulation. The recruitment policy set out to ensure that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

At our previous inspection in November 2013 we found that whilst the provider had a recruitment policy that met the requirements of this regulation, recruitment practice had departed from the policy.

At the latest inspection we found that staff files had been audited to ensure that all pre-employment checks had been carried out. No recruitment had taken place since our last inspection but the provider had taken action to ensure that future recruitment practice fully adhered to the recruitment policy.

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

Our judgement

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

Reasons for our judgement

At our previous inspection in November 2013 we found that staff had not received appropriate training, supervision or appraisal. That meant that staff had not received support to be able to meet the needs of the people who used the service.

Since that inspection the provider had commissioned a crisis management consultant to make improvements. Those improvements included delivery of key training subjects and the introduction of structured and regular supervision of staff and an appraisal system.

Staff had received training about the MCA and DoLS, safeguarding, food hygiene and nutrition. Staff had been made aware of the aims and objectives of the service. Training about person centred care had been scheduled. Staff we spoke with told us that they had recognised the changes that had been made. One member of staff told us, "The changes have made things a lot better." The acting manager told us, "Staff have responded fantastically to the changes."

The service had an interim management structure pending the appointment of registered manager.

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 provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had 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.

Reasons for our judgement

At our previous inspection in November 2013 we found that whilst the provider had a policy that clearly set out procedures for regularly assessing and monitoring the quality of service, that policy had not been adhered to.

At our latest inspection we found that the provider had reinstated procedures for regular assessment and monitoring by the manager of the service. Those procedures included scheduled audits, regular reviews of care plans and a maintenance schedule of the premises.

Reviews of care plans had identified what people who used the service wanted to achieve and experience. Those reviews recognised risks and obstacles to people's desired outcomes and how those risks would be managed.

The provider had reinstated opportunities for people who used the service, relatives and staff to make suggestions about how the service could be improved. A survey had already been carried out to obtain people's views about their experience of the service. Meetings of people who used the service (residents meetings), relatives meetings and staff meetings were scheduled.

The improvements that had been implemented since our last inspection had been led by a crisis management consultant. It was evident that the provider had responded positively to the report of our last inspection. It was equally evident that improvements had been effectively implemented and that staff and people who used the service had benefitted from those improvements

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.

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.

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