

Baba Sawan Lodge Limited

Hambleton House

Inspection report

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Leicester
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 and 12 May 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation the breaches. Those related to how people's needs were assessed and the management of risks associated with aspects of their health and wellbeing, improvements to the staffing numbers and deployment of staff, the premises and the use of the provider's quality assurance system

We undertook this focused inspection of this service on 4 December 2015 which was unannounced. The focus of the inspection was to check that they had followed their plan of action and to confirm that they now met legal requirements. This report only covers our findings in relation to the requirements and information gathered as

part of the inspection. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for Hambleton House on our website at www.cqc.org.uk

Hambleton House is a care home that provides residential care for up to 16 people with learning disabilities. At the time of our inspection there were 14 people in residence.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the provider had taken action and made the required improvements to meet the legal requirements in relation to the breaches.

Summary of findings

People were supported by knowledgeable staff who understood people's individual and diverse needs and how to support them to keep them safe. People's care needs were assessed including risks to their health and safety. The plans of care provided staff with the information they needed to manage those risks, which helped them to keep people safe.

People told us there were enough staff on duty to meet their needs and to enable them to go out with staff support, when needed, and to access local services. Staff were trained, supported and had clear roles and responsibilities in promoting people's independence and wellbeing.

We found repairs had been carried out to the premises. The premises were clean and regular checks were carried out to ensure the environment was maintained to protect people's safety.

The provider's quality governance and assurance systems were used effectively to ensure people's health, safety and welfare. Regular internal audits were carried out and information gathered from those including views from people who used the service and staff were used to continually develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe with regards to how risk to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to meet people's needs. Staff were trained and supported.

People lived in an environment that was safe and well maintained.

Good



Is the service well-led?

The service was well led with regards to a sustained quality assurance system to monitor the quality of the service provided. Regular checks and audits were carried out to monitor and assess the quality of care provided and the provider took account of the views of people who used the service, their relatives and staff.

Good



Hambleton House

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Hambleton House on 4 December 2015.

This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 11 and 12 May 2015 had been made.

We inspected the service against two of the five key questions we ask about services: is the service 'safe' and is this service 'well-led'. This was because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector.

During our inspection we spoke with five people using the service. We also spoke with the registered manager and three staff.

We looked at four people's care records and specifically at the risk assessments and the plans of care. We looked at the management of staffing levels and the quality assurance system, which included a range of audits and the minutes of staff meetings. We also looked at the premises where repairs and improvements were needed and the audits and maintenance records for the premises.

Is the service safe?

Our findings

At our previous inspection of 11 and 12 May 2015 we found that the safe care and treatment of people using the service was not met. The provider did not assess and manage risks safely. We found that guidance provided by health care professionals to safely support people with their eating and drinking had not been followed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan outlining how they would make improvements, which they planned to address immediately.

At this inspection people's care records we looked at showed risks identified in relation to their health had been assessed. Two people who were identified at risk of choking and had swallowing difficulties had been referred to health care professionals such as the dietician and speech and language therapist for further assessments.

We found that improvements had been made to people's plans of care which now included the recommendations made by the dietician. There was clear guidance for staff as how to prepare thickened drinks to prevent any choking risk and a soft diet to manage swallowing difficulties. Staff we spoke with described how they prepared thickened drinks for people at risk of choking and swallowing difficulties, which was consistent with their plans of care.

At lunch time we saw a member of staff supervise one person whilst they ate their meal which showed that staff followed the plan of care. That meant people's needs were met safely because staff followed the guidance to support them correctly and consistently.

At our previous inspection we found that the premises were not clean, secure or properly maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan outlining how they would make improvements, which they planned to address immediately.

At this inspection we found improvements were made to the premises. The registered manager told us that action had been taken to address the issues raised by the local authority food safety agency. We found that Hambleton

House was awarded four stars by the food safety agency in September 2015. That meant the people could be assured that the service met the standards with regards to food safety.

Five people showed us their bedrooms, which were clean, decorated and personalised to reflect their interests. Some bedrooms had new carpets fitted. One person showed us the new bedding purchased of their favourite local sports team, which matched the colour scheme of their bedroom. Another person told us that they were clearing their room and had chosen the colour for their bedroom as it was to be decorated next.

We found cleaning schedules in place helped staff to ensure the premises were kept clean and hygienic. Repairs had been carried out to the bathroom. New locks were fitted to the fire exit door, as recommended by the fire officer and the ventilation had improved in the laundry room. The registered manager carried out regular checks on the premises and records showed they monitored the maintenance and ensured repairs were carried out promptly. That meant the provider had made the required improvements in accordance with the action plan sent to us, which helped to assure people lived in an environment that was maintained and safe.

At our previous inspection we found there were no systems in place to ensure sufficient numbers of staff were available to meet the needs of people using the service, who were trained and supported. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan outlining how they would make improvements, which they planned to address immediately.

At this inspection people told us that staff were available and supported them with their meals and to go out or access community facilities. One person told us that staff spent time with them to make their Christmas shopping list. Another said, "It's better now because we don't have to wait until one of them [staff] is free to go out with us."

We asked the staff on duty for their views about the staffing levels. They all spoke positively about the changes made to the staffing and had clear roles and responsibilities towards the people using the service. Staff told us they spent quality

Is the service safe?

time with people and encouraged them to be more independent and to develop their daily living skills. For instance, one person prepares their own packed lunch with the support of staff.

The registered manager had undertaken an individual needs assessment for each person using the service. We saw the dependency tool used, which took account of the needs of people, the staff skills and numbers of staff needed to support people using the service safely. The registered manager told us that as a result a minimum of three staff for the day and waking night staff was increased to two. Staff had clear roles and responsibilities with regards to supporting people and the day to day management of the service.

The staff rota for the month of November 2015 showed that the staffing levels had been maintained and the registered manager providing the on-call support in an emergency.

The staffing on the day was consistent with the staff rota and showed staffing was planned consistently for the month in advance so that any changes could be managed. That meant people were helped to stay safe and supported with their daily needs. That showed the provider had taken steps to ensure people using the service were supported by sufficient numbers of staff.

Staff felt supported by the registered manager and had regular supervisions where they could discuss their work, training and development needs. We saw the registered manager had scheduled supervisions meetings with all the staff. The staff training information we looked at was kept up to date. The registered manager had identified and planned training for staff to ensure their skills, practice and knowledge was kept up to date. That meant the provider had taken steps to ensure people using the service were supported trained and supervised staff.

Is the service well-led?

Our findings

At our previous inspection we found the provider's quality assurance system was not used consistently to determine the quality of care provided and to make improvements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan outlining how they would make improvements, which they planned to address immediately.

At this inspection we found improvements were made in accordance with the provider's action plan. The registered manager had further developed the provider's quality assurance system and used it consistently. There were regular audits carried out on the premises, quality of care provided and the management of records. These also included checks on people's care records to ensure they were reviewed regularly and reflective of people's needs. Where any issues were identified, they took action to make improvements and monitored the quality of care provided.

Staff meetings were held regularly to discuss any concerns, comment on the quality of the service and made

suggestions about how the service could be improved. Staff told us that they felt confident that any concerns raised with the registered manager would be addressed promptly.

People told us that they had regular 'residents meetings' where they discussed how the service was managed and made decisions about social events and outings. At the last meeting they made plans for Christmas outings such as the Christmas meal with all the staff and Christmas shopping.

The registered manager told us they met with the provider regularly and felt supported to continuously look to developing the service and the quality of care provided. Records of those provider visits showed the areas that were checked, what they had found and action taken to address any shortfalls. For instance, improvements identified to the décor in the lounge and dining room in the annexe were being planned. They took account of the staff and resident meetings, and also checked people's care records. That meant people using the service could be confident that the provider monitored that the service was well-managed and was assured that the service continued to provide quality care that promoted people's wellbeing.