

## Baba Sawan Lodge Limited

# Hambleton House

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

This inspection took place on 11 May 2015 and was unannounced. We returned on the 12 May 2015 announced.

Hambleton House is a care home that provides residential care for up to 16 people with learning disabilities who require personal care. At the time of our inspection there were 15 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 the premises had not been well maintained, clean or safe. There were also issues with the management of infection prevention and control. Actions and improvements were not made in a timely manner to remedy issues identified through the provider's internal audits and external inspections carried out by the fire

# Summary of findings

officer and environmental health officer. That meant improvements were needed to ensure people lived in service that was safe and clean to ensure their health and welfare was protected.

People's care needs were assessed including risks to their health and safety. Where appropriate, referrals were made to the relevant health care professionals in order to manage those risks safely. However, we found that staff were not always aware of the guidance provided by the professionals because the care plans did not include the information or staff were not available at that time. That meant people could not be assured that their care needs and risks to their health and wellbeing were managed consistently or safely.

The registered manager understood their responsibilities and they acknowledged the need for improvements to the service. The provider's policies and procedures did not give clear guidance as to the actions staff should take in relation to identifying and managing risks to people. The provider's quality governance and assurance systems were not used effectively and consistently to ensure people's health, safety and welfare.

People told us they felt safe at Hambleton House and we found that staff had a good understanding of safeguarding (protecting people from abuse).

Medicines were stored safely and people received their medicines at the right time. Further action was needed to ensure staff were aware the safe temperatures for medicines that needed to be refrigerated and follow the procedure for recording of the medicines that needed to be tightly controlled.

People's told us that their care needs were met although there were times when staff were not available when people needed support to go out or to minimise the risks to people's health and wellbeing. There was no clear system to determine the numbers of staff that were required to meet the care and support needs of people who used the service.

Staff were recruited in accordance with the provider's recruitment procedures. People who used the service were encouraged to be involved in staff recruitment process which ensured staff were qualified and suitable to work with people.

Staff received an induction when they commenced work but the completion of their induction training was not always monitored. Although staff were confident in the delivery of care, the staff training matrix showed gaps in the training of staff. The systems for monitoring and planning of staff training was not used effectively to ensure staff's on-going training, skills and knowledge was kept up to date.

Staff felt supported by the registered manager and provider. Although staff supervisions and appraisals were not up to date, staff felt supported and confident to approach staff to discuss any concerns that they had. The registered manager had started to conduct staff supervisions and planned to ensure staff team received timely support.

People were protected under the Mental Capacity Act and Deprivation of Liberty Safeguards. The registered manager and some staff understood their role in supporting people to maintain control and make decisions which affected their daily lives. Referrals, where appropriate, had been made to supervisory bodies where people did not have capacity to make decisions or restrictions were placed upon them.

People were provided with a choice of meals that met their dietary needs. People had access to appropriate health support and referrals were made to relevant health care professionals where there were concerns about people's health.

People had opportunities to pursue their interests and hobbies including observing their faith. Staff were knowledgeable of people's interests, preferences and some were supported to access educational training and voluntary work. People had been on holidays and outings. However, they and the staff felt more opportunities could be provided to support and promote people's independence and in the development of their life skills.

People told us that they were treated with care and that staff were helpful. We observed staff respected people's dignity when they needed assistance.

People were involved in making decisions about their care. People's views were sought through satisfaction surveys and at meetings. People were asked about the development of the service and decisions about how their quality of life and service provided could be

# Summary of findings

improved. However, records did not always accurately reflect the discussions and actions that the registered manager needed to take in order for the improvements to be monitored.

People knew how to raise any issues, concerns or to make complaints, and were confident that they would be listened to and issues would be acted on appropriately. Records showed complaints received were addressed.

Staff knew they could make comments or raise concerns with the management team about the way the service was run and knew it would be acted on.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# 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 not consistently safe.

People's assessed needs and risks identified were not always managed safely. The safety and cleanliness of the premises were not adequately maintained to protect people's safety consistently.

People felt safe. Staff knew their responsibilities on how to keep people safe and what to do if they were concerned about their safety and welfare. People received their medicines at the right time and their medicines were stored safely.

Safe recruitment procedures were followed. There were times when there were not sufficient numbers of staff available to manage risk and meet needs safely.

Requires improvement



### Is the service effective?

The service was not consistently effective

People were supported by some staff who knew how to support people. Timely support for staff and effective systems to monitor of staff skills and knowledge would ensure people received personalised care.

Staff obtained people's consent before supporting them. The registered manager understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, which had been put into practice to ensure people's human and legal rights, were respected.

People's nutritional needs were met. People were referred to the relevant health care professionals to promote their health and wellbeing.

Requires improvement



### Is the service caring?

The service was caring.

People were treated with kindness, their privacy and dignity was respected. People were involved in making decisions about their daily care needs, which helped staff to know their choices, likes and dislikes.

Good



### Is the service responsive?

The service was not consistently responsive.

People's needs were assessed and staff were aware of their individual preferences and lifestyle. However, some care records did not contain the essential information and guidance staff needed to provide person centred care.

Requires improvement



# Summary of findings

People were encouraged to pursue their hobbies, interests, practice their faith, and maintain contact with family and friends. However, staff were not always available to support people to do this at the times people preferred.

People were encouraged to make comments about the quality of service provided. People felt confident that their concerns were listened to and acted upon. Complaints were managed but the investigation records were not always clear.

## Is the service well-led?

The service was not consistently well led.

The provider's quality assurance systems were not implemented or used effectively to bring about improvements to the service.

There was a registered manager in post and they had a good understanding of their management responsibility and the improvements needed to the service.

Staff were clear about their roles and responsibilities and found the management team were approachable and supportive. The systems to support and appraise staff were not consistently applied.

People had opportunities to put suggestions forward and influence the quality and running of the service.

**Requires improvement**



# 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 over two days. We arrived unannounced on 11 May 2015 and returned announced on 12 May 2015. The inspection was carried by two inspectors on 11 May 2015 and by one inspector on 12 May 2015.

Before the inspection, we asked the provider to complete 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. The provider had returned the PIR.

We looked at the information we held about the service, which included information of concern received and 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information sent to us from people who used the service, relatives of people who used the service and health and social care professionals.

We contacted health care professionals and social care commissioners responsible for funding some of the people who used the service and asked them for their views about the service.

During the inspection visit we spoke with seven people who used the service. We also spoke with a visitor whose family member used the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager and five care staff. We spoke with the provider who was present during our visit to the service. We also spoke with the fire safety officer and the environmental health officer who were conducting their own inspection of the service.

We pathway tracked the care and support of four people, which included looking at their care records. We looked at staff recruitment and training records. We looked at records in relation to the maintenance of the environment and equipment, complaints and the quality assurance and governance.

We requested additional information from the provider in relation to staff training, an updated statement of purpose, staff supervision and appraisal policy and action plan in relation to the issues we had identified. We received this information in a timely manner. We also received the fire safety officer's report from their visit.

# Is the service safe?

## Our findings

We looked at how risks associated with people's care and support were managed. People told us that the staff gave them information and explained things to them in order for them to make decisions about their daily lives. This included any potential risks to their health, safety and welfare. Care records we looked at showed that risk assessments had been carried out and advice was sought from health care professionals about how those risks should be managed.

We found that whilst people had been referred to relevant health care professionals where a risk to their health and safety had been identified, staff had not always followed the recommended guidance and measures. For example, a person who was at risk of choking and had a swallowing difficulty had been referred to the speech and language therapist (SALT) for assessment. This was to seek appropriate professional advice about how to manage this risk. However, the health professional's instructions for staff about how to manage this risk had not been included in the person's care plan. We observed staff preparing drinks for this person and saw that the thickened drinks were not prepared correctly and consistently in line with the health professional's advice. This posed a choking risk for this person. We also found other examples of where risk management plans lacked sufficient guidance for staff to follow. We discussed this with the registered manager and provider who told us that they would ensure that the guidance from health care professionals were detailed in the care plans for staff to refer to and that they would observe staff practices to ensure plans were followed.

We saw that the fire safety equipment had been serviced and was easily accessible in an emergency. However, we found a number of risks to the premises, which could place people using the service and staff at risk in the event of an emergency. We found one of the two fire doors was kept locked. When we raised this with the registered manager they requested an urgent visit from an external fire safety contractor to review the fire exits. As a result the provider was required to install suitable locking mechanism and assured us this would be done promptly.

The registered manager showed us the fire risk assessments and fire safety report which was carried out by an external contractor in April 2013. The report showed that

recommendations with timescales for completion had been identified. We found that the timescales had not been met and that the provider was still making improvements to the safety of the premises.

We found repairs were needed to some bedrooms and bathrooms to protect people's health and safety such as the missing cover for the fluorescent light fittings and water damaged side panel in a bathroom. The provider's systems to monitor safety and risk management of the premises were not used effectively and recommendations made by health, social care and fire professionals were not always addressed in a timely manner. This meant the service does not manage risks effectively to ensure to people's health and safety.

This was a breach of Regulation 12 (1)(2)(a)(b) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We found the premises were not adequately maintained and was dirty in places, for example, cobwebs and settled dust was evident throughout the service. It was evident that appropriate steps had not been taken to maintain and manage the control and prevention of infection. The laundry room furniture and fixtures was damaged cause by moisture and the lack of ventilation, which also increased the risk of infection spreading. Some bedroom carpets were stained and the bathrooms and toilets were unhygienic. Spillages found on work surfaces and the floors in both kitchens were not cleaned up.

Following our inspection visit the provider wrote to us and told us that the laundry room has been updated and an extractor fan has been fitted.

Staff told us that whilst they encouraged people to develop daily living tasks such as cleaning, most people relied on staff to clean the premises. The staff training records showed that some staff had received training in infection prevention and control. However, it was evidence from our observations that learning from the training had not been put into practice to protect people's health and wellbeing.

The local authority environmental health officer had awarded the service a hygiene rating of '1' in August 2014, which meant major improvements were necessary. Whilst the provider continued to address those issues we still

## Is the service safe?

found the service had not sufficiently maintained the improvements. For instance, the rim to the chest freezer was still dirty and there was no system in place to ensure staff maintained the required hygiene standards.

On the second day of our inspection visit the environmental health officer visited to review the standard of hygiene in the kitchen. They told us that whilst there had been some improvement, further work was needed.

The registered manager told us that they had the lead responsibility for infection prevention and would carry out regular audits from now.

This was a breach Regulation 15(a)(b)(e) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us that they were supported by staff who had got to know them well. People spoke positively and complimented the staff team, however, they also told us that staff were not always available at the times they needed them. Some of the comments received included, “I want to go out but staff are busy at the moment” “They [staff] will take you out if they are free but that doesn't always happen.”

Staff we spoke with had mixed views about the staffing levels but felt there were enough staff to meet people's physical care needs. They told us that they did not always have enough time to sit and talk with people or to take them out. During our visit we saw that staff spoke with people whilst carrying out their tasks, however they were not always available to support people with their individual needs. For instance, people told us they were not able to go out or access community services because no staff were available. We read the care plan for a person who needed constant supervision during meal times as they were at risk of choking. However, at lunchtime we saw this same person was left for short periods to assist other people because other staff were not available or were administering medicines. This meant there was a risk to people's health and welfare because staff were not available to support people.

The registered manager told us that the numbers of staff on duty had increased recently from two to three and the staff rota reflected the three staff on duty. We found that the registered manager maintained the staffing numbers, which had been approved by the provider. However, we could not establish how staffing levels had been

determined. A dependency assessment had not been undertaken for each person to determine their needs and the number of staff required to meet their needs. This further supported our observations during the visit as staff were not always available at the times people needed their support.

This was a breach Regulation 18(1) under the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider's staff recruitment procedures were robust. Staff recruitment records we looked at confirmed that relevant checks had been completed before staff worked unsupervised. A staff member told us that the interview panel included a person who used the service to ensure people felt confident that the applicant had the required skills and qualities to support them. People were positively encouraged to be involved in the selection of staff and their views were valued and respected.

People we spoke with said they felt safe. They told us that if they had any concerns they would speak with staff or the registered manager. One person said, “We all look after each other and the staff here make sure we're all ok.”

We looked at how the provider had protected people and kept them safe. The provider had a safeguarding (protecting people from abuse) policy. It provided staff with the guidance about the action they should take if they had any concerns about the safety and welfare of people. Staff we spoke with felt people were safe. They had a good understanding of the provider's safeguarding policy and told us how they would respond if they saw suspected abuse or if abuse was reported to them. Staff were clear about their role and responsibilities to protect people. They were aware of the provider's whistle-blowing procedure and the external authorities that they would report concerns to.

Prior to the inspection the registered manager had reported a safeguarding incident us and to the local authority safeguarding team. Whilst the concern investigated by the safeguarding team was inconclusive it showed that staff understood and followed the reporting procedures. As a result of the safeguarding investigation the registered manager took action to minimise the risk of a concern of a similar nature from occurring again.

People told us that they received their medicines at the right time and knew what they were for. One person told us, “Staff look after the medicine; they keep it safe and give it

## Is the service safe?

to you when it's time." People's records showed that their medicines were regularly reviewed by a range of health care professionals such as the doctor and the community psychiatric nurse to ensure that they were still needed and effective.

People's plans of care included information about the medication they were prescribed. This included protocols for the use of PRN medication which is to be taken only when required, for example for pain relief. Staff we spoke with were aware of when and how to administer PRN medication, which was consistent with the protocol. We saw this in practice when one person approached the staff member because they were experiencing symptoms of being unwell. The member of staff assessed the person's condition in line with their PRN medicine care plan and recorded the amount administered. That meant people's health was supported by the safe administration of medication.

The staff training records confirmed that staff had undertaken training and their competency had been

assessed in relation to the management and administration of medicines. Records showed that the registered manager carried out regular checks to ensure people received their medicines at the right time and that stock levels were maintained.

We found medicines were managed and disposed of safely. Medicines were kept in suitable locked storage including medicines that needed to be refrigerated and controlled drugs which have to be tightly controlled. Staff we spoke with were not aware of what the safe temperature range was for medicines that needed to be refrigerated, which could lead to medicines may be effective when administered. We also found that staff were not recording in line with the provider's medication procedure and the Safer Management of Controlled Drugs Regulations 2006, to ensure controlled drugs stored and administered were monitored correctly. When we raised this with the registered manager they assured us action would be taken to address both issues raised.

# Is the service effective?

## Our findings

People told us that staff supported them with their daily physical care needs and to access community facilities.

The training records we looked at showed that half of the staff group had not received training as required by the provider for their job role. For example, a member of staff had not yet completed the induction training even though they commenced employment in March 2015. This could result in the staff member may not be fully aware of their role and responsibilities in relation to the provider's policies in how to provide the care.

We found that there was no system in place to ensure staff training and skills was monitored to ensure their training was kept up to date. The training matrix we looked at was not up to date. Following our visit the registered manager sent us the updated training matrix, which showed gaps in staff training. For example, of the twelve staff including the registered manager, not all staff had received training in health and safety, manual handling, fire safety training, safeguarding adults, Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that the planned training for staff would be sent to us following our inspection visit but this was not received. Whilst the staff told us that they felt confident to provide the care people needed, the provider and registered manager should ensure staff's knowledge and training is kept up to date.

Staff told us that they had limited opportunities to their training and development needs and make suggestions about how to improve the care and support people received. We looked at the records for four staff. Only two staff had had two supervision meetings and an appraisal but these were not signed by the individual staff respectively since the registered manager was employed. We found that performance issues discussed were recorded but there was no information about the support to be provided and how this would be monitored. The registered manager told us their aim was for all staff to have at least six supervisions per year in line with the provider's procedure.

Following our inspection the registered manager sent us a copy of the staff supervision schedule for 2015.

We found that people had lived at the service from a few weeks to three years of more and were happy with the staff

that supported them. One person said, "Staff here help me a lot." Another said, "They [staff] know when something's upsetting me" and they went on to describe how staff supported them and where necessary sought medical advice.

Staff were familiar with the needs of people at the service. They had access to people's care records to familiarise themselves with the support each person required. One staff member described how they had put the first aid training into practice when a person was choking. This showed that the training they received had been effective. Staff demonstrated that they respected people had rights, choices and could make decisions about their daily lives. They were aware of people's routines, likes and dislikes.

We saw people were offered choices and staff sought their consent before they were assisted throughout the day. Although the registered manager was trained and aware of their responsibilities under MCA and DoLS, not all staff had received the same training and their knowledge varied.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. MCA and DoLS protects people who lack the mental capacity to make certain decisions about their own wellbeing or have restrictions place upon them. At the time of our visit no one was subject to an authorised DoLS. Records showed that staff had raised concerns where they felt people's liberty had been deprived and that the registered manager had sought advice and made appropriate referrals to the supervisory body.

People spoke positively about the choice of food and drink provided. Meals provided took account of people's dietary, religious and cultural needs. One person said, "I told them [staff] that I only eat halal food and that's what get. You can have something to eat whenever you're hungry." Another person told us that they had healthy meals to help them to manage their weight better.

The meals provided on the day of our visit were nutritionally balanced with fresh seasonal salad and vegetables. Drinks and snacks were available throughout the day including healthy options such as fruit. The menu

## Is the service effective?

for the week showed there was a choice of meals available each day. We observed the support people received during lunch and we saw that staff supported a person who had a soft diet due to the risk of them choking.

Staff responsible for preparing meals had received training in food safety and the training matrix we viewed confirmed this. Staff had an understanding of people's nutritional needs and specialist diets. They were able to describe the requirements of each person's diets, individual preferences and specialist diets to manage health issues, weight and to meet people's religious needs.

Records showed that an assessment of their nutritional needs and plan of care was completed which took account of their dietary needs. People's weights were measured in accordance with their assessed need and were provided with the support they needed. Where concerns about people's food or fluid intake had been identified, they were referred to their GP, speech and language therapist (SALT) and the dietician.

People told us they were supported to maintain their health and had access to health care support as and when required. One person said, "We have a chiropodist visit, the

GP and the community nurses." Another person told us that staff had supported them to attend their annual health check appointments and for dental treatment essential for their health.

Staff spoken with understood people's physical and mental health care needs and how to monitor and support them with these. Staff supported people to make appointments and attend appointments if required.

People's care records showed that they received health care support from a range of health care professionals, such as doctors, optician and external medical appointments. Additional information known as 'my health for hospital' contained important information which would help inform health care professionals' about the person, their needs and their preferred form of communication, amongst others. We found that there was no record of people's advance wishes and plan of care in place with regards to emergency treatment and resuscitation. We raised this with the registered manager who assured us action would be taken, to identify people's wishes in order that staff act in accordance with their wishes.

# Is the service caring?

## Our findings

People spoke positively about the staff and their comments included, “I love the staff” and “The staff help me a lot, they listen and try to encourage me to do things that will make me happy.” One person told us that staff had supported them to find voluntary work. Another told us they visited their family and attended their place of worship. This showed people felt supported by the staff who cared for them.

When we arrived at the service, a person using the service answered the door asked us who we were and the purpose of our visit. They asked us to sign the visitors’ book and showed us the registered manager’s office. This person us that they liked the responsibility of welcoming people, which showed that they felt empowered and involved in the running of the service.

A visitor to the service whose family member had lived there up until recently told us that they were happy with the care provided to their family member and said, “If I have any problems [with their own independence], I’ll be booking in here.”

We saw a mixture of staff interactions with people. We saw a number of examples of where staff interacted with people in a caring manner when people needed support. However, at other times we saw that staff were focused on tasks that needed to be done, rather than taking the time to speak with people. We saw people were sat watching staff carrying out their duty rather than spending time with people and talking to them about things that are of interest to them. Staff recognised how people preferred to express themselves and knew how to support people when they became anxious. For instance, when we saw one person use gestures to express themselves staff understood what they wanted and assisted them to the bathroom in a caring manner. We observed this in practice during lunch time when a staff member comforted a person who became anxious and assured them that everything was fine.

People gave examples of the choices they made. One person said, “You get lots of food. We have Sunday roast beef, chicken, lamb, pork. The best is gammon.” People made choices about their daily routines. One person of who needed support to go out often had to wait until a member of staff was available. This person told us that they felt that at times staff were task focused and did not have time to sit and talk with them. That also supported our observations, which we shared with the registered manager who assured us they would address this.

Staff understood the importance of respecting and promoting people’s privacy and took care when they supported people. Staff had read people’s care records which contained information about what was important to them. Staff described ways in which they preserved people’s privacy and dignity. One said, “I always ask permission before I help with personal areas. I make sure doors are shut, put towels over people while we’re getting them dressed, make sure they’re wearing dressing gown and put signs outside the shower room so no one comes in.” One staff member felt they would be happy for their loved ones to live there and said, “I’d live here.”

We asked the registered manager about the steps taken by the provider that assured them that the service promoted people’s dignity, as the information sent to us prior to our inspection stated that training in dignity in care would be sourced. Staff told us that they had not received any specialist training to become known as ‘dignity champions’. Whilst the registered manager acknowledged that this training was yet to take place, they felt people were treated with care and their dignity respected. They assured us that whilst training was sourced for staff they would observe staff and seek people’s views about staff practices and address any issues, where identified.

# Is the service responsive?

## Our findings

People were involved in discussions about how they would like to receive their care and support. They had discussed with staff what their preferences were, the support they needed and their interests. They all felt it was important for staff to read their care records. One person who was new to the service told us that they had visited the service to make sure Hambleton House was the right place for them and had been involved in the assessment process. Another person who lived at the service for many years felt Hambleton House was their home, and said “Staff know what I need and I’m very settled and happy.”

People’s care plans were not always fully completed or person centred, which meant people may not always receive care and support that met their needs in the way they preferred. There was inconsistency in the quality of information found in the care records, such as how the person wished to be supported. For example, one care plan included detailed information about a person’s individual preferences, religious and cultural needs and had guidance for staff to ensure they knew how to support the individual if they became anxious. This was not the case for the care records of other people we looked at. In addition, the advice given by health care professionals was also not included. We raised this with the registered manager. They assured us that people’s care records would be reviewed to ensure care plans were accurate and included the information staff needed to provide person centred care.

People’s religious and cultural needs were supported and respected. One person told us they had maintained links with family members and continued to practice their faith. Another person told us about their hobbies and that they visited their relatives regularly. One person had been to play snooker and another had been to the gym as this is what they had chosen to do. Throughout our visit we noted that people watched television, one person liked to knit. However, staff did little to encourage people to be involved in activities of daily living to promote their independence such as preparing meals or doing domestic tasks. Staff told us that they did encourage people to be involved and that people would do so if they wished to.

There was a board in the dining room which had a list of the activities planned for the week. Staff told us the plan was flexible if people chose to do something different. The information was not in a format that people could

understand. We found a pictorial activities board stored in a washroom, which was more suitable because there were more pictures depicting activities such as a games night, foot spa and karaoke. This was shared with the registered manager who removed the pictorial board from the washroom and told us they would discuss further with people about the activities that would be of interest to them.

Following the inspection the registered manager wrote to us and told us that they would use both forms of activity boards to show what activities were available to meet the communication needs of people who used the service.

Staff told us that they received information about the needs of new people that came to use the service so that steps could be taken to support them. An example of this related to the changes made to the shopping of groceries, which now included food items that were suitable for a person with specific religious and cultural needs.

Staff knew about people’s interests and preferred daily routines. This included people who had voluntary employment and those who attended social activities such as gardening clubs, exercise classes and discos. A member of staff said, “They [people using the service] all like going out for meals,” and “Three people have just been on holiday to Blackpool.” However, staff felt that people would benefit from more opportunities and activities available to them. Staff were not aware of the impact this would have on the staffing required to support people to pursue their hobbies and interests but felt people would benefit from receiving more person centred care and support.

People confirmed they knew how to make a complaint. They felt staff and the registered manager would listen and act on their concerns. One person said, “If there’s anything that isn’t right I would tell the manager.”

We saw the provider’s complaints procedure was provided in written and pictorial format to make it easier for people to understand. We found some information in relation to the handling of complaints was missing from the procedure or placed elsewhere. We also found there was no information about what people could do if they remained unhappy with how their complaint was handled. The provider had received two complaints which were also reported to the local authority and to us. Although both

## Is the service responsive?

complaints had been addressed, the audit trail of correspondence was not clear. We raised both issues with the registered manager who assured us action would be taken to address matters.

We saw a folder of thank you cards and letters received by the service. The comments within the cards were complimentary about the service people had received.

# Is the service well-led?

## Our findings

The provider had a quality assurance system in place, but it was not consistently applied in line with the provider's expectations. In addition, there was little evidence to show how the provider monitored the progress of improvements needed in response to shortfalls identified. There were a range of audit tools in place. These covered health and safety, the premises, management of medicines and monitoring of accidents and incidents. Whilst checks were undertaken and issues had been identified with regards to the premises, there was no action plan to show how these issues would be addressed, by whom and when. We also found that actions and improvements required following visits from fire officer and the environmental health officer had not been addressed in a timely manner.

We found that the quality of information in the care records varied. The provider's audit carried out on people's care records highlighted gaps but there was little evidence to show the action taken. For example, we found that the guidance for staff was not available in order to manage risk to a person's health and wellbeing even though professional advice had been received. Another example related to people's preferences as to how they wished to be supported which differed to what people and staff had told us. The registered manager acknowledged that they needed to add the advice and guidance from health professionals to ensure staff had sufficient guidance to provide the person centred care. They were confident that the provider would support them in the development of those plans.

We looked at the provider's policies and procedures and found they referred to the previous 'essential standards of quality and safety', which is now out of date and has been replaced by the new regulations. These procedures did not stipulate the provider's expectations or the guidance for staff to be able to implement the procedure in relation to how to report incident for example. Staff knew about the provider's policies and procedures but they told us that they did not find them useful. They told us that they preferred to speak with the registered manager to ensure they received the right information and guidance to protect the people who used the service. We referred the registered

manager to the new regulations and their responsibilities to ensure they provided quality and safe services for all. They told us that they understood their responsibilities in relation to the new regulations.

The registered manager told us that the provider visited regularly and conducted their own quality checks of the service provided. We looked at the provider visit reports for October and November 2014, which covered the areas that they looked at and the findings. There was no record of any actions, strategies or how improvements needed from the previous visit would be monitored. Furthermore, during our visit we found that staff did not always follow the risk management plans properly to support people safely; there were issues with the premises, which had not consistently been identified through the provider's own audits and the quality of care provided was not always person centred. This showed that effective systems were not always in place to assess, monitor and improve the quality and safety of service people received.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People we spoke with made positive comments about the staff and the registered manager, which included "[Manager] is the best manager I've known. She's strong but she's nice with it. We have a laugh as well," and "The staff are great, friendly and funny but don't tell them I said so."

We spoke with a visitor whose family member had lived at the service. They also were complimentary about the staff that had supported and cared for their family member.

We saw people were asked for their opinions about the service they received through meetings and one to one discussions with staff. People told us they were asked for their views and involved in decisions made about planned activities, trips and the menu choices and complaints. The minutes of the meetings further confirmed what people had told us. However, the record of the meetings did not always detail the actions required or showed the progress of the issues raised at the previous meeting. We shared our findings with the registered manager who assured us action would be taken to ensure there was a clear and accurate record of meetings and actions taken.

People's views were also sought through satisfaction surveys. The most recent survey in October 2014 showed that people were satisfied with the service they received and made positive comments about their quality of life and

## Is the service well-led?

staff who supported them. The questionnaire was produced in written and pictorial format to enable people to understand the questions and respond in order to share their views.

The registered manager has been in post since six months. They felt supported by the provider and staff, and felt they all worked collaboratively to ensure people's care and support needs were met. They acknowledged more worked was needed to improve the environment, staff training and support, and the overall quality care and service provided.

Staff told us that opportunities for regular supervision were limited but felt supported by the registered manager who was available to speak with, when required. They had a good understanding of their role and responsibility for people's safety and meeting their care needs. Their comments included, "There's a lovely relationship with the staff and management. Any problems talk the manager and they will sort it or talk to the owner," and "I'm proud of the home. The workers are all friendly and the residents are lovely. It's well run, I've got no complaints."

Staff spoke positively about the staff meetings where they could discuss any concerns about people's wellbeing or safety and make suggestions about how the service could be improved. They felt the registered manager listened to their concerns and any suggestions made. For instance, they were able to take people out into the community when staffing had been planned in advance to accommodate it. The registered manager told us some staff were yet to receive their supervision and that they had already produced a schedule of staff appraisals to help them plan the support and training required, as there was no training programme in place.

We contacted the local authority responsible for the service they commissioned on behalf of some people who lived at Hambleton House and asked for their views about the service. They told us that they had not visited the service for over a year. They told us that the service had notified them of events and incidents in a timely manner, which was consistent with the statutory notifications that the registered manager had sent to us.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Safe care and treatment**

Providing care and treatment in a safe way.

Assessing the risks to health and safety of people receiving care or treatment.

The provider did not manage risks safely and follow guidance provided by health care professionals to mitigate any such risks.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**Premises and equipment**

Providing care and treatment in premises that are clean, secure and maintained.

The premises were not clean, secure or properly maintained.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Staffing**

Providing sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's needs.

The provider did not have robust system to ensure there were sufficient numbers of staff deployed to meet the needs of people receiving care and treatment.

Persons employed by the service provider in the provision of a regulated activity must receive such

This section is primarily information for the provider

## Action we have told the provider to take

appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out their duties they are employed to perform.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activities.

The quality assurance system was not used consistently in determining the safety and quality of care provided and not effectively bringing about improvements identified.