

Baba Sawan Lodge Limited

Hambleton House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Hambleton House is a residential care home providing personal care to up to 18 people. The service provides support to people with Learning Disabilities and Mental Health support needs. At the time of our inspection there were 17 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Right Support: We identified some potential environmental risks. However, the provider told us what action was going to be taken to remove these risks. Some people's care plans were missing information about risks related to their care needs. The provider immediately updated these care plans during our inspection.

We were mostly assured infection prevention and control was well managed at the service. Safe recruitment checks were in place and the provider obtained employment references to ensure staff were suitable. People were protected by an effective safeguarding system and people told us they felt safe. Staff were trained in safeguarding and understood how and when to raise concerns.

There was an effective system in place to monitor incidents. This was reviewed to identify themes and make service improvements. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People's medicines records were well managed supporting safe medicines practices. People received their medicines as prescribed. Medicines were safely stored, and regular stock checks and audits took place.

There was consistent evidence that people's health and wellbeing improved after they moved to the service. Key workers gained regular feedback from the people they supported regarding their likes and dislikes. People were supported to access treatment from health care professionals.

Right Culture: Some quality assurance systems were not always effective. The provider described what they would do to improve their quality oversight systems. There was a good range of skills across the management

team and directors, creating an effective and dynamic team. Feedback about the directors and management team was positive and staff were clear about their roles and responsibilities.

We observed positive and friendly interactions between staff and residents. The provider sought involvement from the local authority to support people to achieve good outcomes.

The provider understood their legal responsibilities in relation to duty of candour. The provider was open and forthcoming during the inspection and demonstrated commitment to the staff and residents at the service.

There was an effective on call system in place to provide staff with managerial support out of hours. Regular staff and resident meetings took place to encourage people to provide feedback. There was an effective system in place that supported staff development and continuous learning.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 March 2020)

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to the management of people's finances, the management of medicines, and staff conduct. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns.

The overall rating for the service has remained good. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Please see the Safe and Well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hambleton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors.

Service and service type

Hambleton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hambleton House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people living at the service and 3 relatives, to gain feedback on their experiences of using the service. We spoke with 8 staff including one of the directors and the acting managers. We reviewed a selection of records including 7 people's care files and multiple medication records. We looked at 4 staff files in relation to recruitment and reviewed the providers monitoring documents for staff training and supervisions for all staff. A variety of records relating to the management of the service, including policies and procedures were examined.

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.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The environment was mostly well maintained and free from risk. However, there were some low-level potential risks identified. For example, gas fires in communal areas had protruding edges that presented a potential risk in the event of a fall. However, these had been in situ for many years and no incidents had occurred. The provider told us these fires were no longer in use and planned to have them removed.
- Some people's care plans were missing information about risks related to their care needs. However, staff had good knowledge about people's care needs and associated risks. The provider immediately updated these care plans during our inspection.
- Staff were well trained and knew how to minimise risk during daily support. For example, staff told us they keep the service free from trip hazards and report any concerns to the management team.
- Risks related to people's health care needs were considered in personalised risk assessments. For example, risks relating to falls and choking were considered and support was in place to ensure safe care. We observed people with specialist diets being supported in line with their assessments.

Using medicines safely

- Staff had good knowledge about people's wishes and needs in relation to medicines and we observed medicines being safely administered. However, some people's medicine care plans lacked personalisation. We raised this with the provider, and they told us they would update the care plans. They were able to tell us what information was needed.
- People spoke positively about the support they received from staff with their medicines. One person told us, "The staff are really helpful. They support me with my medicines, they order new medicines when they run out."
- People received their 'as and when required' medicines as prescribed. There was a good level of detail in people's care plans and medicine protocols about when these medicines were needed.
- Medicines were safely stored, and regular stock checks took place.
- People's medicine administration records were fully completed and well managed, supporting safe medicines practices.

Preventing and controlling infection

- We were somewhat assured that the provider was minimising the spread of infection, promoting safety through hygiene practices, and was making sure infection outbreaks can be effectively prevented or

managed. There was some low-level environmental related Infection Prevention and Control risks. For example, dining tables had textured porous surfaces that are difficult to sanitise effectively. However, cleaning schedules were in place, and we observed regular cleaning taking place during our inspection, minimising any related risk. Feedback from people who visited the service regularly described the service as being clean and tidy.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were protected by an effective safeguarding system. Concerns were logged, action was taken to keep people safe, and information was shared with the care team to ensure continuity of care.
- People told us they felt safe. One person told us, "I do feel safe here. If I had concerns, I would speak to [staff name]. I like [staff name], they help me get ready."
- Feedback from people's relatives was positive. They described how they felt their family members were well cared for and safe.
- Staff were trained in safeguarding and understood how and when to raise concerns.

Staffing and recruitment

- Safe recruitment checks were in place. The provider checked identification documents and completed DBS checks: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- The provider obtained employment references and checked previous qualifications to ensure staff had the right skills and experience.

Learning lessons when things go wrong

- There was an effective system in place to monitor incidents. This was reviewed to identify themes and make service improvements. Incidents were well communicated with the care team.
- Staff knew how to record and report incidents, and escalate any health concerns to health professionals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Visiting in care homes

- People were supported to have visitors and feedback from relatives indicated they visited frequently.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were in place, however, they were not always effective. For example, people's finances were not always thoroughly audited. However, we did not identify any related concerns. We raised this with the managers at the service and they described what they would do to improve their quality oversight systems. We will check these systems have been effectively embedded at our next inspection.
- The provider maintained oversight of the service through monthly audits and regular visits. However, shortfalls in care planning and quality oversight systems had not been identified or addressed.
- There was a good range of skills across the management team and directors, creating an effective and dynamic team.
- Feedback about the directors and management team was very positive.
- Staff were clear about their roles and responsibilities and people spoke highly of them. One person told us, "Staff are brilliant. They're very friendly."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- We observed positive and friendly interactions between staff and residents. Staff were responsive to people's needs and people appeared comfortable with staff.
- People's assessment documents and daily records indicated the provider sought involvement from the local authority to support people to achieve good outcomes.
- There was consistent evidence that people's health and wellbeing improved after they moved to the service. One person told us, "I used to have my own flat but then I went to hospital. I have felt much better since living here." One relative told us, "We had some bad experiences before [person] moved here, but they have improved lots. They have become more independent and is more interested in their appearance again."
- People and their family members described how staff support them to access health and social care services. One relative told us, "They've been really good with the GP. If they ring to make appointments, they will let me know and make arrangements for support." The systems and processes put in place by the provider supported this practice.
- During our inspection, we observed people receiving treatment from visiting health care professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal responsibilities in relation to duty of candour. Notifications were submitted to the Care Quality Commission as required. It is the providers legal obligation to notify us about certain changes, events and incidents that affect their service or the people who use it.
- The provider was open and forthcoming during the inspection and demonstrated commitment to the staff and residents at the service.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Key workers gained regular feedback from the people they supported regarding their likes and dislikes.
- Assessments were completed before people moved to the service, and these considered their equality characteristics such as age, disability, and cultural beliefs.
- The provider maintained direct contact with people's relatives. One relative told us, "If I have any problems, I text the director and he sorts things out for me."
- The provider involved people's relatives in their care. One relative told us, "We have an annual meeting to discuss [Name's] care."
- There was an effective on call system in place to provide staff with managerial support out of hours.
- Regular staff and resident meetings took place to encourage people to provide feedback and contribute towards the running of the service.
- Staff had opportunity to raise feedback during 1:1 supervision with management. There was an effective system in place that supported staff development and continuous learning.