

Baba Sawan Lodge Limited

Hambleton House

Inspection report

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Date of inspection visit:
22 January 2020

Date of publication:
03 March 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hambleton House is a residential care home providing personal to 17 adults with a learning disability, autism and mental health difficulties at the time of the inspection. The service can support up to 18 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People's safety continued to be promoted through effective systems to protect people from abuse. Potential risks to people had been assessed and care was planned to keep them safe. Staff knew how to report concerns when people's safety and wellbeing was at risk. People's care and support needs were met by staff who knew them well and enjoyed working with them.

People's dietary needs were met, and healthy eating was promoted. People received their medicines at the right times. Staff ensured people's healthcare needs were met. Staff were alert and responsive to any changes in people's needs and liaised with health care professionals.

People were supported by kind and caring staff who they trusted. Staff had undergone a robust recruitment process. There were enough staff to support people and they worked flexibly to promote their independence and social engagement. The staff team was established, experienced, and trained.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People maintained relationships with family and friends, and had develop new friendships. People's independence and social engagement was promoted. People felt valued members of the community as they pursued hobbies, social and sporting activities and voluntary work.

People received person centred care that met their needs. Care plans reflected individual preferences, diverse cultural needs and how they wished to be supported. Staff ensured people's dignity and respect was always promoted and protected. People had developed positive relations with staff who were committed to

non-discriminatory practices. People were confident complaints would be listened to and acted on.

The provider had effective systems in place to monitor the quality of care provided. Policies, procedures and other information was made available to people in formats that met their communication needs, such as easy read and picture styles. Staff were happy working for the service and felt supported by the registered manager. Partnership with health and social care professionals and various community services ensured people received joined up care.

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 26 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our well-led findings below.

Good ●

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an inspection manager.

Service and service type

Hambleton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 Healthwatch, local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and two care workers. 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received clarification from the provider to validate evidence found in relation to staff training, minutes of meetings and medicine audits. We sought feedback from a health professional who regularly visits the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff and with the support they received. One person told us they would speak with the registered manager or staff if they felt unsafe or at risk of harm. Another person said, "This is my family. We look out for each other."
- Staff training in safeguarding adults and health and safety was kept up to date and records confirmed this. Staff knew how to identify signs of abuse and were aware of the action they should take. They were confident the registered manager would address concerns and make the required safeguarding referrals to the local authority.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans included clear guidance for staff to follow to minimise risks such as falling and to promote positive risk taking, such as road safety. Referrals to professionals for advice and support was made in a timely way to promote people's safety.
- Staff received training in safe moving and handling and used mobility equipment in a safe way. A staff member told us they encouraged people to do as much as they could for themselves and supported them as required to reduced risks.
- Fire and health and safety checks were carried out regularly on the premises and equipment. Evacuation plans were in place to ensure people and staff knew how to leave the premises safely in an emergency.

Staffing and recruitment

- Safe staff recruitment practices were followed. All employee Disclosure and Barring Service (DBS) status was checked and references were obtained. Existing staff's DBS status was checked periodically to ensure they remained suitable to work with people.
- People said there were enough staff to meet their needs. We observed staff provided one to one support based on a person's assessed needs and staff were responsive to people's requests.
- Staff worked flexibly to support people access the wider community, social amenities and to go shopping at times when it was not too crowded or noisy. This showed best practice guidance was followed as staffing numbers were planned around people's individual needs and the activity to promote their wellbeing and independence.

Using medicines safely

- People continued to receive their medicines in a safe way. Medicines were safely administered by only trained staff and they knew how people preferred to take their medicines. People we spoke with told us they received their medicine on time and as they wanted. One person said, "I only take a [paracetamol] when I'm

not feeling well."

- Medicines were stored securely. Medicines and the medicine administration records in use were accurate and regularly checked for gaps and errors. Records showed where people's medicines had not been delivered on time staff chased them with the GP practice and pharmacy.

Preventing and controlling infection

- People lived in a clean, tidy and well-maintained homely environment. We observed staff supported people to keep their bedrooms tidy. One person proudly showed us their room and said, "Staff help me to clean my room."
- People told us, and we observed, staff used personal protective equipment (PPE) such as disposable gloves and aprons when providing personal care and handling food.
- The local authority had rated the kitchen area in the service where the meals were prepared a five rating (very good) for food hygiene practices.

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents. There was a clear investigation record and details of the actions taken to prevent a similar occurrence.
- All incidents and accidents were audited monthly by the registered manager to identify any re-occurrences or trends, so action could be taken. Any learning from incidents was shared with staff. For example, a care plan included the guidance from health care professionals to enable a staff to support a person to manage their health condition.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People felt confident and trusted the staff to meet their needs. We observed a staff member supported a person to move around the service in a safe way and followed the guidance provided by health professionals.
- Staff were trained for their roles and responsibilities to provide effective care. All new staff completed a planned induction, shadowed experienced staff to gain practical experience and their practice was checked. Staff had time to get to read the care plans, which provided a good insight into people's care needs and how they liked to be supported. Staff who had not worked in care before were required to complete the Care Certificate. This is a set of standards which ensure staff had the basic skills needed to provide safe care.
- Staff completed ongoing training to ensure that their skills remained up to date and were encouraged to complete a nationally recognised qualification in health and social care. Staff received regular supervision and guidance to support them in their roles. Staff told us they found this useful and the registered manager was very supportive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home. This helped the provider to ensure staff understood people's needs, and staff had the required skills to meet those needs.
- Assessment documentation showed all aspects of a person's care and social needs were considered including the characteristics identified under the Equality Act such as race, sexuality, religion and cultural needs.
- The provider worked in line with good practice guidance when assessing people's risks, needs and planning their care. This ensured assessments were consistent and reliable and were reviewed regularly.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were met. People told us they were involved planning the menus and could have alternatives such as jacket potatoes if they did like the main meal options. One person told us they occasionally went out for a meal at the local pub, which they enjoyed.
- People had their own routines and meals were either prepared by staff or by the person. For example, people prepared their own pack-lunch on days they were working. People were provided with drinks and snacks throughout the day. At lunch time staff prepared soup and sandwich for one person and supported another person to prepare their own lunch.
- Staff had a good insight about people's dietary needs and preferences. Where people had special diets, their care plans provided information for staff to ensure these needs were met.
- Staff supported people to learn about healthier food choices and exercise to maintain good health. Staff

supported people eat and drink as required. For example, a person was reminded to eat slowly to prevent the risk of choking. A staff member described the layout of the plated meal so the person with a visual impairment could eat independently.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access health care services when needed. One person said, "I've been to the dentist and optician. I can see my doctor if I'm not well. I exercise by walking and riding my bike stay fit."
- Staff sought advice from the GP when people showed signs of illness. For example, when one person said they were experiencing pain and discomfort to a limb, this was checked by the registered manager and the person was supported to make an appointment with GP.
- Staff were aware of people's health conditions and knew what action to take when someone was unwell. Records showed that staff people attended routine health check, preventative care such as flu vaccines and were seen by their GP when they were not well.

Adapting service, design, decoration to meet people's needs

- The environment was adapted to enable people to move freely round the home. The signage and the decoration had improved to meet people's needs and promoted their independence.
- People's rooms were personalised to reflect their individual interests and choice of décor. For example, photographs of family members and favourite sporting team memorabilia.
- The improvements to the service included a new wet room designed to promote people's independence and safety. The refurbished laundry room meant people were able to do their own laundry with staff supervision as required.
- There was plenty of outside space for people to use. One person told us they mowed the lawn in the summer and kept the garden tidy. The registered manager spoke about the plans to improve the outdoor space and to create a levels patio area with suitable seating and shade to protect people from direct sunlight and breeze.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service continued to work within the principles of the MCA, and conditions on authorisations to deprive a person of their liberty were being met.
- People we spoke with confirmed staff sought their consent. Staff demonstrated they understood the principles of MCA, sought consent and supported people to make decisions about their day to day care. Staff presented information to people in a way they could easily understand and make choices and decisions.
- People's ability to make individual decisions was recorded in their care plans and there was evidence of mental capacity assessments and their outcomes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and staff had caring relationships. A staff member said, "It's rewarding to see the difference we make to people's lives especially when they have new experiences and grow in confidence."
- Staff knew about people's lives, hobbies and interests and took time to sit and chat with people. People looked relaxed and chose who and where they wished to spend their time. For example, doing a puzzle, listening to music in the dining room, reading and chatting with staff. One person told us the provider had treated everyone who celebrated Christmas to a meal at a restaurant. For those who did not celebrate the festivities or preferred not to go for a meal were supported to stay at home with staff.
- People's diversity was respected, and staff ensured people were supported to practice their faith and beliefs. Care plans contained information about people's cultural and religious beliefs, sexuality and their personal relationships and circle of support. The registered manager had identified local support groups for people and staff, should they wish to access support in confidence in relation to diverse lifestyle choices.

Supporting people to express their views and be involved in making decisions about their care

- Staff were skilled in communicating with people and took time to support people communicate their wishes and make decisions.
- Regular house meetings and individual meetings took place to enable people to be involved in expressing their views and share ideas to develop the service. For example, one person's bedroom was decorated with photographs of friends and family members and a cosy area was created where they could relax. They told us they preferred to relax in their room at times. Another person told us the registered manager listened to their ideas and said, "We are getting new seating for the garden ready for the summer."

Respecting and promoting people's privacy, dignity and independence

- Staff were always mindful of respecting people's privacy and dignity. People told us they found staff were attentive and respectful towards them. We observed staff knocked on people's doors, before entering and closed the door when people were being supported with their personal care.
- Staff encouraged and promoted people's independence. They supported people to maintain and develop daily living skills. Staff were observed to treat people with dignity and were respectful in their approach at all times. Assistive technology was used to promote people's privacy and independence. For example, a room sensor alerted the person when someone had entered their room.
- People's information was stored securely, and staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive care and support that was planned and delivered in a person-centred way. People had been involved in creating, reviewing regularly and updating their care plans and staff encouraged them to make decisions about their day to day care and their lives. Staff followed specific guidance in the care plans to enable people to achieve personal goals, such as planning and preparing a meal.
- People were respected by staff who promoted equality and diversity and ensured people were not discriminated against due to their age, race, sexuality, religion or diverse lifestyle choices.
- People and staff had positive relationships and enjoyed spending time together. Staff took the time to find out about people's backgrounds and knew what was important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available in range of formats such as easy read and electronic.
- People's communication needs had been identified which included if they needed glasses to read. Care plans detailed how people preferred to communicate, and what they found difficult such as written or verbal information and alternative forms of communication staff could use.
- Staff knew how to communicate effectively with people. Staff were observant of people's body language and responded appropriately. Staff considered whether people needed an advocate and ensured one was provided. Advocates were independent of the service and supported people to decide what they wanted and communicate their wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People felt valued members of the community and were supported to follow their interests. People attended weekly events at the local community centres and social clubs and some had regular voluntary work. One person described the personal satisfaction of working which included increased confidence to use the public transport or to cycle to work, improved wellbeing and fitness, and they enjoyed making new friends and engaging with members of the public.
- Staff recognised risks of social isolation and encouraged people to identify new hobbies and interests. People told us they enjoyed spending social time at home and watching sporting events. Weekly activity

pictorial timetables enabled people to focus and plan their day. Photographs of these events were displayed on the notice board and in people's bedrooms.

- Staff respected people's cultural, religious and spiritual beliefs. This included supporting people to attend a place of worship.

Improving care quality in response to complaints or concerns

- People were confident they could raise any concerns with the registered manager and staff and were confident action would be taken to resolve the concern. People knew they could access advocacy services to support them to raise any complaints.
- Information was available for people and relatives on the complaints policy and procedure.
- No complaints had been received over the last 12 months.

End of life care and support

- No end of life care was being delivered at the time of inspection.
- People's end of life wishes were explored when they felt ready to talk about this subject. Their wishes were recorded in their care plan along with any advanced decisions.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff promoted a positive person-centred and inclusive culture whereby people were at the heart of everything the service did. People were involved in all decisions about their care as much as possible.
- Staff believed in the people they supported and enabled them to be independent as possible and to enjoy different activities and life experiences, such as employment and making new friends. There was a relaxed atmosphere as people spent time doing what they enjoyed, which ranged from reading, watching tv or going to local groups and activities.
- Staff told us they felt supported by the registered manager. They told us staff morale was good, and they took pride in working at the home and supporting people to live fulfilled lives.

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 registered manager had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed in the home and had notified us about events which happened in the home.
- The registered manager understood the duty of candour and information sharing requirements when concerns were identified. They supported staff to learn from incidents and actions taken to prevent similar occurrences.

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

- Staff were valued and involved in driving improvements to the service. Staff training was monitored and kept up to date. Staff supervisions and team meetings were used to check their understanding of policies, procedures and practices.
- The provider had systems to monitor quality of care. Audits and checks carried out on the care plans and medicines management showed any issues found had been addressed. Weekly environmental checks were carried out, but no record was kept of what was found and the action taken. The registered manager assured us they would make the required improvements. Following the inspection, they wrote to tell us they action they had taken, and shared examples of the new documentation being used.
- The registered manager was responsive to feedback given during the inspection and was keen to improve the service. For example, the meeting minutes for residents and staff now included a review of actions from the previous meeting.

- Policies and procedures were in place and supported best practice. The business continuity plan had been reviewed to ensure the service delivery would not be interrupted by any unforeseen events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's individuality and diverse needs were celebrated. People's equality characteristics were considered when sharing information. The registered manager had developed links with local community and support groups should people and staff need to access support in confidence.
- People gave positive feedback regarding the staff and the registered manager. They told us their views about their care were sought through review meetings. People were consulted and involved in decisions made about any changes made to the home. Suggestions made had been acted on such as the improvements being made to the outdoor space and social events and outings planned for the year. A sample of the completed surveys viewed were all positive.
- Staff felt supported and valued by the registered manager. They were confident concerns raised would be resolved.

Continuous learning and improving care; Working in partnership with others

- The registered manager shared learning from audits, complaints and feedback from professionals with the staff to develop their knowledge and improve the quality of care provided.
- The registered manager kept themselves up to date with changes in best practice by reviewing the CQC guidance and changes in legislation. They attended forums and conferences to keep up to date with changes in requirements. They shared information with staff to enhance and develop working practices.
- The registered manager and staff worked with professionals and where appropriate with people's family to ensure the service continued to meet people's needs.