

Hallaton Manor Limited

# Hallaton Manor Limited

## Inspection report

Hallaton Manor  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Hallaton Manor Limited is a residential care home providing personal care for up to 41 people. The service provides support to a range of people some of whom may be living with dementia, people with mental health needs, people with a physical disability, people who misuse drugs and alcohol and younger adults. At the time of our inspection there were 38 people using the service. Accommodation is provided in one adapted building across 2 floors and has a mixture of smaller and larger communal areas and extensive gardens and grounds for people to use.

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

Risks associated with people's care and support had been assessed. Records required further detail to ensure sufficient guidance was available to support staff to mitigate known risks. Daily monitoring records were not always completed consistently to demonstrate identified measures were followed to protect people from the risk of dehydration.

The registered manager and provider were responsive to feedback during and after the inspection and demonstrated some immediate improvements were undertaken. These included improvements to care plans and environmental concerns.

There were effective safeguarding systems in place and safeguarding concerns were managed promptly. Staff understood their responsibilities in relation to safeguarding and felt comfortable to raise concerns. People received their medicines safely and as prescribed.

The provider had improved the approach to infection prevention and control, undertaking refurbishment work and reviewing practices. There were sufficient staff to keep people safe; staff had been safely recruited and trained to provide consistency in care. People felt safe and relatives provided positive feedback.

People were supported to have maximum choice and control of their lives and to live in the least restrictive way possible and in their best interests; policies and systems in the service supported this practice.

The provider worked collaboratively across services to understand and meet people's needs, and people experienced positive outcomes regarding their health and well-being. The service had a positive culture that was person-centred and empowering. People, their relatives and staff spoke positively about the registered manager and felt involved with the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 30 June 2021) and we found a breach of regulations. At this inspection we found improvements had been made and the provider was no longer in

breach of regulations.

#### Why we inspected

We undertook this focused inspection to check the provider had made improvements and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to good. This is based on the findings at this inspection

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hallaton Manor Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

**Good** ●

# Hallaton Manor Limited

## 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

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hallaton Manor Limited 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. Hallaton Manor Limited 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 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 4 people to understand their experience of the service and observed interactions between people and staff in communal areas. We met with 2 people's relatives and telephoned a further 8 relatives as part of this inspection. We also spoke with 8 staff including the registered manager, the nominated individual, an activity co-ordinator and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 4 people's care plans and care records and sampled medicine records. We reviewed staffing training information and 3 staff recruitment files. We also reviewed a range of other records relating to the day to day management of the service, including policies and procedures.

# 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 requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified but some care records required further development to provide detailed information around minimising risks occurring.
- For example, care plans included positive behaviour support plans which guided staff on how to support people when they became distressed or frustrated. We found plans required further development to clarify early signs that a person was becoming anxious and how staff should respond. Additionally, plans did not always include what behaviours looked like when a person reached a crisis in their distress.
- We were assured staff provided safe and effective support when people became distressed; therefore these concerns were around documentation. We observed staff and saw they understood people's needs and provided timely support when needed. Where people required constant supervision and timely intervention to keep them safe, we saw this was in place and used effectively.
- Core safety information, such as fluid intakes where people were at risk of dehydration, were not consistently recorded. The registered manager had recognised that some of these records needed to be more detailed to be effective and was working to address this. We observed people received support to have sufficient to eat and drink throughout our inspection visit, but this was not clearly reflected in people's care records.
- Personalised Emergency Evacuation Plans (PEEP) were in place although we found one person's plan required updating to reflect changes in their physical needs. The registered manager updated this immediately after our inspection visit.
- The registered manager and provider ensured utilities and emergency equipment were regularly tested and risk assessments were in place to ensure the environment was safe. We found potential risks with a window restrictor and a cracked window. The registered manager took immediate action to mitigate risks during our inspection visit.

### Preventing and controlling infection

- The provider had made improvements to the environment including the refurbishment of communal toilets. Improvements were on-going at the time of our inspection.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. We found one shower room which was dirty and required a deep clean to remove a build up of dirt and debris. The registered manager told us they had arranged this following our inspection visit.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.

- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to have visits from family and friends. During the inspection we observed visits taking place with families and friends. Relatives told us they could visit when they wanted.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place that reduced the risk of abuse.
- The registered manager escalated safeguarding concerns and liaised promptly with external agencies to ensure lessons could be learned to improve safeguarding practices. For example, recent safeguarding incidents had been analysed and reviewed to make improvements to admission processes and placement reviews.
- Staff had received safeguarding training. They were able to describe the actions they would take if, for instance, people had a fall, or there was an incident. They knew how to raise concerns and they acted to keep people safe.
- People and relatives told us they had confidence staff could keep people safe. One person told us, "The manager and staff are on the ball and know what they are doing. They know what we need which helps to keep us safe." A relative told us, "Staff have got strategies and skills to defuse [Name] and keep them safe. They spend time talking with people and the level of staff interaction makes such a difference."
- The provider had a process in place to review all accidents and incidents. The registered manager and staff responded and reviewed these and lessons were learnt to drive improvements. For example, referrals were made to other agencies or additional resources, such as increased supervision were put in place.

#### Staffing and recruitment

- There were enough staff to ensure people received safe care. We observed staff providing support and engaging in a meaningful and positive way. People said, "The place went through a rocky patch but they have new staff now who are trained and know what they are doing," and "The staff know me and help me when I need it. They are good staff."
- Relatives felt staff knew people well and there were enough staff to meet people's needs. One relative told us, "When [Name] first arrived staffing was very inconsistent and there weren't enough of them. They have recruited new staff who seem to be more consistent and know what they are doing. For example, [Name's] health condition is now really well managed."
- Staff, including overseas staff, were recruited safely and the provider completed the necessary pre-employment checks. These included overseas police checks, pre-employment checks and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely. Staff had a good understanding of people's medicines needs. Staff were suitably trained and their competence was regularly assessed.
- Audits and stock checks were in place to help reduce errors.
- Protocols were in place for medicines which were to be administered with food or drink (known as covert



medicines) or medicines to be taken as and when required. This supported staff to follow good practice in administering medicines.

- We observed staff were skilled in administering medicines and gave people time to understand and consent to these.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found the provider had not always followed best interests processes or had robust mental capacity assessments in place to support people to make choices and decisions. This was a breach of Regulation 11 consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvements had been made and the provider was no longer in breach of this regulation.

- The provider was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Care records showed staff ensured any conditions stated in legal authorisations were met.
- People's care plans included mental capacity assessments that were specific to decisions and choices about their care and support.
- Where people lacked capacity to make decisions, best interest processes had been followed and outcomes recorded in care plans.
- We observed staff seeking consent before assisting people and respecting people's decisions and choices. A relative told us, "Staff chat to [Name] when they're doing anything with them and do tell [Name] what they're going to do before they do it."
- People told us staff respected their wishes and choices, including their right to make informed, unwise choices where they had capacity to do so.

Staff support: induction, training, skills and experience

- Staff completed a range of training which was kept up to date. Additional training courses had been completed to ensure staff were able to understand and meet people's specific needs, such as catheter care.

One staff member told us, "We have good support and training. For example, I have completed training in diabetes and was assessed to make sure I knew what I was doing."

- Staff completed an induction to enable them to provide effective care. One person told us, "Staff are well trained as they know us and know what we need. They are on the ball." A relative told us, "It's a multinational team. They are well trained and are really effective."
- Staff told us they felt supported by the registered manager who undertook regular supervision of staff. A staff member told us, "We can seek support from anyone but the manager is available 24/7 for support and advice."

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

- The registered manager undertook an assessment of people's needs to determine if the service and its combination of natural and complementary therapies were suitable to meet their needs.
- People's lifestyle choices, wishes and aspirations were used to form the basis of their care plan. For example, people had aspirations of living in a community, whilst others wanted safety and security.
- The registered manager and staff understood best practice in supporting people with long term mental health needs and health conditions and this was reflected in people's admission assessments and care plans.

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

- People were supported to have enough to eat and drink. People were able to get their own drinks and snacks where they were able to, or these were regularly served by staff throughout the day.
- People were able to choose meals from the daily menu board and we saw food looked appetising. The cook was aware of people's dietary needs and ensured these were met. For example, where people required pureed foods, ingredients were pureed separately and well presented when plated.
- Staff monitored people's weights and referred people to appropriate health care professionals when required.

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

- Staff worked well with a range of health and social care professionals to ensure people's needs were met.
- People's care records showed they were supported to access routine in addition to specialist appointments to maintain their health and wellbeing.
- People's care plans included information on how staff should support the person to maintain good oral health care.
- Relatives felt staff responded well to any changes in people's wellbeing. A relative told us, "Staff have had to call the doctor more than once for [Name]. The manager always rings me to tell me what's happening, and the outcome."

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

- The provider and registered manager had made improvements to the decor and maintenance of the service to make it more homely. Work was on-going at the time of our inspection. A relative told us, "The environment was poor a couple of years ago. The decor has changed and improved recently."
- People were able to access a range of communal areas and outdoor spaces which meant, where people were able to, they moved around the service freely.
- People were encouraged to interact with the extensive outdoor grounds which included animal therapy. A person told us, "I like watching the animals and being with them. I like that animals are here."

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider had made some positive changes to the service; work was still in-progress at the time of our inspection. For example, through action planning, improvements had been made to mental capacity and staffing. Care planning and care record improvements were still in progress and were not fully embedded in staff working practices.
- The registered manager undertook a range of audits and checks. These included audits of records, the environment, safety, medicines and staffing. Records showed these were used to identify and drive improvements. For example, audits of accidents and incidents were completed to ensure remedial action had been considered and, where required, implemented. Audits had not identified the issues we found, though these were quickly addressed by the registered manager.
- Staff were clear on their role and responsibilities. Staff told us they were well supported and given clear guidance and direction by the registered manager.
- The registered manager was committed to their role and people, relatives and staff spoke highly of them. A person told us, "[Name] is the best manager we have had. I can talk to them about anything and they really listen to me." A relative told us, "The manager knows [family member] really well and they manage their staff very well."
- The registered manager took time to discuss key issues with staff to ensure lessons were learnt and shared. For example, lessons learnt from safeguarding incidents or changes in best practice were discussed at staff meetings.

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

- The registered manager and provider had developed an open and honest culture. People and staff told us they could speak to the registered manager if they had any concerns.
- Care plans were focused on people's abilities and aspirations and care was provided to enable people to achieve the best possible outcomes.
- The environment was calm and welcoming. Staff interacted patiently and compassionately with people throughout our inspection. Relatives told us they were involved in care planning and reviews and felt the care provided was very personalised.

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 responsibilities under the duty of candour.
- The registered manager demonstrated an open and transparent approach and was aware of their obligations for submitting notifications to CQC, as required by law.
- Relatives felt the registered manager was honest and open with them. A relative told us, "They share an open door policy and are happy to discuss anything I raise. When I have a particular issue, which is rare, they respond fast to discuss and resolve it."

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

- Staff had team meetings. This provided an opportunity to discuss issues that were important to them. Staff told us they felt they were able to make suggestions and these were listened to.
- Staff described positive teamwork built on mutual respect and support. A staff member told us, "I am happy here. It is a good place to work as we all help each other. It is so supportive."
- People were consulted about their care and support and able to feedback about the service through meetings and surveys. For example, people were consulted about meals and choice of activities and outings. People demonstrated a good understanding of changes and improvements at the service which demonstrated they had been consulted and engaged by staff.
- Relatives and stakeholders were engaged individually and invited to complete surveys around their experience of the service. These were used to drive improvements. We reviewed recent surveys which praised the registered manager and staff for their communication and knowledge, and for noted improvements to people who had recently begun to use the service.

Working in partnership with others

- We saw evidence staff were working well and in partnership with community professionals and organisations to meet people's needs.
- Relatives felt staff were skilled in identifying and meeting their family member's needs, which are times were complex. A relative told us, "Staff are really good, skilled at meeting changing circumstances; especially [Name's] continuing deterioration."