

Hallaton Manor Limited

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Inspection report

Hallaton Manor
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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 well-led?

Requires Improvement 

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 supports younger and older people living with mental health, dementia and who may have a history of substance or alcohol misuse. Accommodation is provided in an adapted manor house with vast external grounds. At the time of our inspection 34 people were using the service.

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

The provider had not consistently acted in accordance with the requirements of the Mental Capacity Act 2005 where people lacked mental capacity to make informed choices around their care and support. Best interest processes were not always followed.

Risk assessments required improvement. Not all known risks to people had sufficiently detailed and documented risk assessments in place. However, staff knew people well and knew what to do to keep them safe. Areas of the premises required remedial action to ensure the safety of people of using the service and timely redecoration.

The provider had systems in place to check the quality and safety of the services provided. However, not all the shortfalls we found during the inspection had been identified. There was no service improvement plan in place to evidence who was responsible for remedial actions and how and when these would be made.

Overall, people were protected from infection. However, the practice of using a shared hoist sling for a standing aid did not support effective infection control. The manager told us they would address this immediately following our inspection visit. Staff wore appropriate personal protective equipment and the home appeared clean and odour free.

People were protected from abuse, systems and processes were in place to identify and report any abuse or harm. People were supported by a consistent team of staff who knew them well. There were enough staff deployed to meet people's needs. Staff had been safely recruited, though this was not always evidenced in staff recruitment files.

People were supported to take their medicines safely and as prescribed. Staff encouraged people to eat and drink a balanced diet which took account of their needs and preferences. Staff ensured people had access to a full range of health and social care services to maintain their well-being.

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 20 January 2021)

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service experienced abuse. This incident is subject to further investigation. As a result, this inspection did not examine the circumstances of the incident. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit. 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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

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 carried out by two inspectors and an Expert-by-Experience. An Expert-by-Experience is someone who has experience of this type of service.

Service and service type

Hallaton Manor Limited 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 did not have a manager registered with the Care Quality Commission. At the time of this inspection, a manager had been newly appointed and was in the process of applying for registration with the Commission. The provider was 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 local authority who work with the service. The provider completed a provider information return

prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with 10 staff, including the registered manager, the nominated individual, care staff, an activity co-ordinator and housekeeping staff. We observed care and interactions between people and staff in communal areas.

We reviewed a range of documents and records including the care plans and records for four people, sampled medicine records, three staff recruitment files and staff training records. We also looked at records that related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found around staff training information.

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 this key question was rated as Good. At this inspection the rating has deteriorated to 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

- Risk assessments did not always include information on the measures staff needed to take to keep people safe. Although staff were aware of the potential risks, records did not reflect this knowledge. For example, where people required assistance and/or equipment to change position and mobilise, records did not include information about the person's ability, specific equipment to be used, for example, size of sling, or specific instructions to staff to keep the person safe during actual transfer.
- Where a person required staff support to monitor their health condition, records did not indicate normal ranges for that person or the action staff should take if readings were outside of this range.
- Where people experienced distressed behaviours, care records required further improvement to ensure they included likely triggers and specific interventions and responses to reduce the person's anxiety and distress.
- We discussed these concerns with the manager who had identified these concerns prior to our visit and was in the process of updating people's care plans and records. We looked at records they had begun to update and these were more detailed and person-centred.
- Areas of the premises required refurbishment to reduce potential trip hazards and risks. For example, flooring in the lift was ripped and flooring in a person's en-suite room was not sealed around the edges. We saw flooring was in the process of being replaced whilst we were on site. The manager told us they would include these areas to be replaced.

Staffing and recruitment

- Staff recruitment files required improvement to ensure they contained evidence of robust pre-employment checks. These are important to ensure staff were safe and suitable to work in the service.
- We found files lacked evidence that gaps in employment history had been explored and proof of identity and right to work documents had not been signed to confirm originals had been reviewed. References had not always been obtained from most recent employer. The employer had ensured staff undertook a Disclosure and Barring Service (DBS) check prior to working in the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, records did not confirm outcomes of checks, i.e. if DBS results were positive or negative.
- We found sufficient numbers of staff were deployed on the day of inspection to meet people's needs. Rotas evidenced suitable numbers of staff were maintained and people and staff confirmed there were always enough staff on duty.
- The provider had failed to ensure staff received appropriate training and induction to ensure they had the relevant skills to support people appropriately. This was because the in-house trainer qualifications had

been found to have lapsed during a recent local authority visit, making any training undertaken unqualified.

- The manager had taken immediate action to address this by arranging appropriate training for all staff, including moving and handling.

Preventing and controlling infection

- We were not fully assured the provider was promoting safety through the layout and hygiene practices of the premises. We observed three people were supported to use standing aid equipment using the same hoist sling. This does not support good hygiene or control potential cross-infections. We raised this concern with the manager who told us they would address this following our visit.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. People who were re-admitted from hospital were supported to isolate as a precaution. We observed staff following safe PPE (personal protective equipment) practices and all staff were clear around when isolation periods were due to end.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- Medicines were stored securely and supported by robust records.
- There were protocols in place where people required medicines to be administered as and when required or covertly (hidden in food or drink).
- People's medicines were reviewed regularly which helped to make sure they were not taking unnecessary medicines.
- Staff who supported people with their medicines had completed training. Competency assessments were carried out to check staff were following the correct procedures.

Systems and processes to safeguard people from the risk of abuse

- Staff received training and information on safeguarding and understood how to recognise and report abuse. Information and telephone numbers were readily available on communal notice boards.
- People told us they felt safe at Hallaton Manor. One person told us, "I feel safe because the staff are lovely and help me in the way I want. They respond to me when I need help." A relative told us, "[Family member] has been a resident at the home for now sometime now and likes it. [Family member] feels very comfortable and is not threatened by anyone or thing. [Family member] can lock their room and staff keep a close eye on them."

Learning lessons when things go wrong

- Systems were in place to record individual accidents and incidents. The manager undertook an analysis and overview of these to demonstrate they had been reviewed for any patterns and trends and to mitigate future risk.
- For example, where a person experienced an increase in falls, records showed appropriate referrals had been made and equipment put in place to reduce the risk of further incidents as far as possible.
- Relatives confirmed they felt their family member's were safe, were kept informed of any incidents or accidents, and consulted on proposed measures to reduce risks.

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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had not acted consistently in accordance with the requirements of the Mental Capacity Act 2005 to ensure, where people lacked mental capacity, consent was sought to all areas of their care and support.
- In relation to a specific incident involving a person using the service, staff had sought consent from family members who did not have legal authority to make decisions on the person's behalf and had not been provided with all relevant information regarding risks associated with the decision making. Best interest processes had not been followed.

This was a breach of Regulation 11 (need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- DoLS applications had not been made in a timely manner where people were at risk of being deprived of their liberty. The manager was in the process of completing mental capacity assessments and DoLS applications for people to consent to areas around their care and support. These had not been fully completed at the time of our inspection.
- Staff understood the importance of supporting people to make decisions about their day to day lives. Where decisions had been made in people's best interests, these were recorded.
- The provider promoted a culture of reducing restrictions. People had freedom to spend their time as they

wished and move freely around their environment.

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

- People's needs were assessed before the service agreed to any placements. The person, and those who knew them well, were included in agreeing to the needs assessment. This helped to ensure the service would be able to meet a person's needs and expectations. The manager used the needs assessment to develop individual care plans which guided staff on how to support people.

Staff support: induction, training, skills and experience

- At the time of our inspection, the manager had introduced new training for all staff across a range of essential areas, including moving and handling and first aid. This was because the in-house trainer was no longer qualified to carry out training with staff.
- Staff were positive about the training they were undertaking. Comments included, "The training has really improved, I am looking forward to completing all the new training," and "We are encouraged to get involved in care plans where we weren't before and to have meaningful keyworker roles with people. The training is helping us all to develop together."
- The manager had developed a new induction programme to ensure all new staff complete an induction into the service and modules based on the Care Certificate.
- Staff felt they received good support, though some had not received regular formal supervision. Staff felt supported by the manager and felt able to raise concerns and these were listened to and acted on.

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

- People were supported to have sufficient amounts to eat and drink and encouraged to maintain a balanced diet. We observed staff were responsive in recognising when people wanted something to eat or drink between meals.
- People's preferences and needs were catered for. Where appropriate this included cultural and medical needs.
- People were positive about their meals. We observed the lunchtime meal and saw the food was appetizing. Where people required support to eat and drink, staff provided this in a dignified manner.
- People's weights were monitored, where required, and where people had specific needs external professionals such as Speech and Language Therapists were involved.

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

- People were supported to meet their health care needs.
- Care records contained information about people's health care needs and appointments with a range of external medical professionals.
- People were able to undertake natural exercise through accessing the premises and grounds and were supported to make healthy lifestyle choices.

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

- People benefited from a spacious environment which provided a range of rooms and areas which people could choose from.
- Some areas of the premises had recently been decorated and upgraded, including the care call system. Further work was in progress at the time of our inspection visit.
- We found communal toilets on the ground floor was in a particular poor state. This included broken tiles and no lock on the door. The manager told us they were in the process of obtaining quotes as the provider

planned to upgrade and improve this area.

- Some bedrooms did not have a door to the en-suite room. One shared room had a curtain across the doorway to the en-suite room, though this was not floor length. We asked the manager to assess this arrangement to ensure people's dignity was upheld.

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 now deteriorated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits were completed by the manager to maintain oversight of the service provided. These covered a variety of areas including care plans, medicines, staff files, and infection control. However, these were not robust enough to identify the areas of improvements we identified at this inspection. There was no action plan detailing how and when improvements would be made and sustained. For example, audits had failed to identify the in-house trainers' qualifications had expired until this was identified by an external agency. Audits had not identified staff recruitment files were not sufficiently robust to evidence safe pre-employment processes had been followed. Audits did not demonstrate timescales for the updating of care plans or the upgrading of the premises.
- The manager was new to the position and had already taken action to make urgent improvements including staff training, working practices around continence care, replacement of furniture and roles and responsibilities. An action plan would identify the support the manager needed to continue to make the required improvements and roles and responsibilities of senior managers involved in developing and improving the service.
- The staff understood people's individual needs. People and relatives told us staff responded to people and were kind. One person told us, "I am happy here, this is my home. I like them [staff]". A relative told us, "Staff are skilled and knowledgeable. Before this new manager the care was task orientated. Now it is more person orientated."
- Staff demonstrated they know people well and were enthusiastic about improvements and changes. Comments included, "Things are better with the new manager. They are on the floor and observe what is happening. We have more staff now and things are better organised," and "Things are moving in the right direction now and I am looking forward to being more involved in care planning and having more responsibility. The new manager is approachable and listens and acts on any concerns."
- Relatives told us they were kept up to date with relevant information regarding their family member. A relative said, "Staff have always been very good in giving me a regular update on [family member's] day to day needs via phone calls or zoom. Staff are very friendly and can communicate with my [family member] in their specific ways which [family member] understands."

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

- Complaints were appropriately recorded and managed. People and relatives told us they knew how to complain, and when they had concerns these were listened to and the concerns rectified.
- The provider understood their responsibility under the duty of candour and was aware of their legal responsibilities to report any notifiable incidents promptly to relevant agencies. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

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

- The feedback we received about the manager was positive. People and staff said they felt they were listened to and their views were considered. Staff told us they would recommend the service to family and friends, as a place to work and as a place to receive care.
- People who used the service and their relatives were given the opportunity to share their views on a daily basis and through regular communications with staff and the manager. People's views were used to inform change and develop the service. For example, activity provision.
- People's equality, diversity and human rights were respected. Staff had a shared vision and values which were centred around the people they supported.

Continuous learning and improving care; Working in partnership with others

- Staff were open and transparent throughout the inspection. Concerns raised during feedback were considered and we were assured actions would be taken to address these.
- The provider had plans in place for improvements to the environment and service delivery. These needed to be formalized into an action plan to demonstrate a systematic approach to improving the service.
- The manager was committed to improving and developing the service to achieve the best possible outcomes for people.
- We saw referrals were made to external professionals as required and their advice was followed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not always acted in accordance with the requirements of the Mental Capacity Act 2005 where people lacked capacity to consent to area of their care and support. Best interest processes were not consistently followed.

The enforcement action we took:

Requirement