

Hallaton Manor Limited

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## Inspection report

Hallaton Manor  
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## 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

We inspected the service on 19 December 2018. The inspection was unannounced.

Hallaton Manor Ltd 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 is registered to provide accommodation and personal care for up to 41 people and accommodates older people, people with mental health issues, people with learning disabilities and autism, people with alcohol and drugs issues, people with dementia, people with physical disabilities and younger adults. At the time of our inspection there were 36 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report these types of concerns to management.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's right to take risks and become more independent.

There were sufficient staff to support people with their required needs, though staff time was not always available to provide one-to-one time with people.

Effective recruitment processes were in place and followed by the provider. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. Processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were not fully knowledgeable of this guidance but correct processes were in place to protect people.

Staff gained consent before supporting people. People were encouraged to have choice and control of their lives and staff supported them in the least restrictive way possible.

Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people, though more training was needed on people's health conditions. Staff were also supported by managers through supervisions.

People could make choices about the food and drink they had, and staff gave support when required to enable people to have a balanced diet.

People were supported to see a variety of health professionals when required, including opticians and doctors, to make sure they received healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where able and appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests.

There was a complaints procedure which was accessible. A system was in place to respond to complaints appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service remains Good.

### **Is the service effective?**

**Good** ●

The service remains Good.

### **Is the service caring?**

**Good** ●

The service remains Good.

### **Is the service responsive?**

**Good** ●

The service remains Good.

### **Is the service well-led?**

**Good** ●

The service remains Good.

# Hallaton Manor Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit was unannounced and took place on 19 December 2018. The inspection team consisted of one inspector 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. Our expert by experience had experience of the care of older people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist with planning the inspection.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes the service's aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about Hallaton Manor Limited. No information of concern was held about the current provision of personal care to people using the service.

Some of the people living at the service were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. Therefore, we used the short observational framework tool (SOFI) to help assess whether people's needs were appropriately met and identify if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection visit we spoke with seven people using the service, the acting manager (the registered manager was taking a period of absence), the training manager, a housekeeper, the activities organiser, the maintenance person and four care staff.

We looked at the care and support provided to two people who lived in the service, including their care records. We also looked at audits on the running of the service and two staff recruitment records.

# Is the service safe?

## Our findings

People said they felt safe. A person told us, "Yes I feel safe. I did fall down, but staff came very quickly to help me." A person's representative told us, "I have never come across abuse or aggressive behaviour on visits. Staff know how to de-escalate and calm residents showing anger."

We observed people being moved safely. Staff helped people to walk independently with frames. A hairdresser told us, "One resident is very unsteady and wants to wander and they help her and then get her to sit down. The staff are very caring." People said they had moving equipment such as walking sticks, walking frames, wheelchairs and lifting apparatus to help them move around the home safely.

People said staff responded quickly to calls for help and they received care in good time. One person said, "Staff come quickly if I need them."

Staff were trained in safeguarding and understood the provider's safeguarding policies and procedures. They said if they had concerns about a person's well-being, they would raise it with the acting manager or person in charge.

Each person had risk assessments for the activities they might need support with. Risk assessments included those for managing behaviour that challenged the service and epilepsy. This meant staff had clear information about how to protect people from risks to their health and welfare.

The premises were risk assessed to identify hazards and action taken to minimise risks to people. This included ensuring safe hot water temperatures and having window restrictors to prevent falls from windows. Fire precautions were in place such as regular fire drills and checks to fire systems.

Staff were aware of how to keep people safe, such as checking water temperatures before people bathed. Staff dealt with incidents of behaviour that challenged in a calm and measured way to de-escalate the behaviour.

There were enough staff employed to meet people's needs and keep them safe. Records showed staff had been safely recruited, so they were safe to work with people using care services.

People received their medicines safely and when they required them. No problems were expressed about medication. One person told us, "I have never missed any of my medicines." Another person said, "I get tablets twice a day from the staff. They write down what I had." Medication audits were carried out to identify possible errors or problems. Staff who gave medication had been trained in the safe management of medicines.

The premises were largely clean, odour free and tidy. One toilet was observed to be dirty, although this had been cleaned by the time we went back to check. The acting manager said domestic staff, due to sickness reasons, were reduced, though staff came in later and this may have been the reason for this shortfall.

Toilets are to be upgraded by the summer of 2019. Staff were trained in infection control and were aware of using protective equipment. This reduced the risk of infection being passed on.

The acting manager said that lessons would be learnt if things went wrong.

## Is the service effective?

### Our findings

People told us staff were trained to provide care that was needed. One person said, "They (staff) are very efficient. There are people here who need help and they know how to help them." We observed staff put their training into practice and calm behaviour that challenged the service.

The provider used an assessment process to identify people's needs and choices before they began to use the service.

Staff were knowledgeable about how to provide effective care and support. Records showed they completed detailed induction training and other additional courses including how to safeguard people and managing behaviour that challenged the service. However, staff had not received training in people's specific health conditions such as epilepsy. The acting manager assured us this training would be provided by January 2019.

Staff had one-to-one supervisions and attended meetings where people's care needs and training were discussed to ensure they received appropriate support from management. Staff said they were satisfied with their training and could ask for extra training if they felt they needed it.

People received appropriate support with their eating and drinking. They were provided with a diet of their choice. Staff took care to help people to eat at their own pace and encouraged people to eat. A person told us, "Yes, the food is lovely. It's different every day. I have no problems with diet and can eat what I like." Another person said, "I like the food. I'd give it 10 out of 10. I get Asian food if I want."

People could eat at a time that suited them. People who needed help to eat could have their meals in lounges so that it was quiet for them. The dining room had been transformed into an attractive café style room and snacks and drinks were always available for people.

People said they had medical care when they needed it. One person told us, "I can get a doctor if I want." Another person said, "I have seen an optician for my eyes."

Staff told us people's health needs were planned and met. They told us people had seen health care professionals when needed, such as specialist health professionals and GPs. If people were feeling unwell, then staff would make a GP appointment for them. A visiting nurse told us staff always helped to support people's health needs. Staff worked with health care professionals, including GPs, dentists, and opticians and followed their advice.

The premises were comfortable and facilities were accessible to people. We observed two bedrooms that were clean, comfortable and personalised with people's possessions.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through Mental Capacity Act 2005 (MCA) application

procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The acting manager was aware of the legal requirement to notify the Commission of any DoLS that were authorised by the local authority and had sent notifications in relation to this. Some staff were not aware of DoLS conditions. The acting manager said staff would be reminded of this information. Staff acted within the principles of the MCA and asked for people's consent when providing personal care to them.

## Is the service caring?

### Our findings

People said staff were friendly and kind. We observed staff to be kind and gentle and they showed empathy to people whilst caring for them. One person said, "The staff are nice. They are friendly to me."

People said they had been involved in planning their care. One person said, "Me and my family had a chat about my care. I got what I wanted across."

We saw some people in lounges who had little input from staff. Some staff told us they did not always have time to build one-to-one relationships with people. The acting manager assured us this issue would be reviewed to increase the time available for staff to spend with people, but said staff would be reminded to sit and speak with people when they had time.

Staff told us about people and were knowledgeable about them. They knew about people's likes and dislikes and the lifestyle they wanted to follow.

We saw thoughtful interactions between staff and people. Staff greeted people and asked them how they were feeling. Staff responded calmly and positively to any issues.

People made choices about their daily lives. People got up at different times of their choosing and could have breakfast when they wanted. A female person said they preferred female staff for intimate care and this was respected by management.

The home's literature emphasised people's right to be treated with respect and dignity and to be involved in how they wanted the home to be run. People told us staff encouraged them to make choices about their lives and they felt free to live their lives as they wished to, given the restrictions of their conditions. For example, people could go out if they wanted to.

All but one person said staff knocked on people's doors before they entered and respected people's privacy. A person said, "The door to my room is always locked when I get personal care." Staff told us people could spend time alone as and when they wanted to.

People felt respected. One person said, "I feel understood and respected. They know about my past. I think they know what my interests are."

People said their independence was encouraged and respected. One person said, "I can do what I like. I do go outside and we've been on trips to places." One person had a motor scooter they could use to go out into the garden area and to be mobile around the home. People were encouraged to wash themselves and get their own drinks.

People's religious and cultural needs were respected. People who wished to practice their faith could do so and the church visited the home. One person said, "I join in the church service here." One person was

religious and had in the past regularly been to their temple.

The acting manager said any food supplied to people would be reviewed to see that it was in line with people's culture and their wishes.

## Is the service responsive?

### Our findings

People said they were provided with the care they needed. One person said, "I had major operations in the past. The staff here looked after me well. I needed a lot of care then and I got it." A staff member said, "I noticed a resident had swollen ankles and mentioned it to the manager and wrote it down. The manager called the district nurse to see to it. If I mention if a room is cold or the light bulbs have gone, maintenance sorts it out."

People's care was planned and reviewed with the involvement of people where possible. Staff provided personalised care that was responsive to people's needs. They communicated with people to ensure the care and support provided met people's preferences.

There was information about people that told staff about them, their personal histories, likes and dislikes, hopes and fears and what was important to them. Staff were aware of individual information in care plans. There was a handover of information between shifts so staff were up to date with people's needs and whether these had changed.

Staff were aware of people's preferred activities. There were activities held during the inspection visit. One person knitted and a number of people actively watched TV programmes of their choice. People could go outside if they wished to smoke. The activity coordinator told us, "I take into account people's interests and get a bit of life history when they arrive including their family's views. You get to know what people like. I do sensory work and have sensory materials I can use. We're getting there on activity resources."

A noticeboard displayed photographs of people engaged in activities and at celebratory events.

There was a garden area for people to use in good weather. People were seen to wander safely about in this area. The provider also kept chickens that people could tend and clean out their coop.

No one had felt it necessary to make a complaint but felt confident they would be listened to and their concerns acted upon. Staff said they did not know of any complaints from people or relatives. Records supported this. Only one formal complaint had been made by a relative since the previous inspection. This had been investigated and a response sent to the complainant.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information in the home was presented, as far as possible, so people could understand it. People's communication needs had been assessed and acted on. For example, people had pictures of food so they could understand what choices they had at mealtimes.

At the time of our inspection the home was not providing end of life care. However, there was relevant information in care plans. The acting manager said people's end-of-life wishes would be respected. For

example, where they wanted to live at the end of their lives.

## Is the service well-led?

### Our findings

People thought the service was well managed and said they would recommend it to others. One person said, "I would say it was well run." Another person told us, "I like it here and would tell others. Everything is great for me."

People and staff were positive of management and considered them approachable. The deputy manager was observed to walk about the home and talk to people and greet them.

People told us the home's facilities had improved. One person said, "A lot has improved. It (the home) has been tidied up a lot. Better decorations to brighten it up."

There was a relaxed atmosphere in the service. Staff assisted people and people took part in various activities. Staff told us the acting manager was friendly and efficient. Communication between staff and people living in the home was positive. Staff said they would recommend the service.

The acting manager said that staff were praised daily for their work with people and their friendly approach and high standards of providing care to people.

Staff said there was a culture of openness at the service and the acting manager was supportive. One staff member told us, "We know we can go to the office and ask anything at any time."

Supervision sessions and staff meetings also helped to ensure that staff were aware of how to provide good quality care. Staff told us any issues or problems were dealt with swiftly by the acting manager.

People had the opportunity to attend 'residents' meetings'. They were held to check that people were happy with the service on issues such as food and activities.

The auditing process was in place such as for care plans, risk assessments and health and safety to ensure people were provided with a quality service. Auditing of staff training was to take place in the near future. Audits were used to identify areas where improvements were needed.

The service worked with other professionals such as SALT (Speech and Language Therapy), physiotherapy and the local hospice to ensure positive care outcomes for people.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had prominently displayed their rating in the home and on their web site. The provider was also aware of the responsibility to submit notifications and other required information to CQC and had provided the appropriate information.