

Hallaton Manor Limited

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Inspection report

Hallaton Manor
Cranoe Road, Hallaton
Market Harborough
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LE16 8TZ

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hallaton Manor is residential care home providing personal care 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 34 people using the service.

Accommodation is split over two floors accessed by a lift. Communal areas included lounges, dining rooms and adapted bathrooms. The home had a visitor pod for social distanced visiting, a farm shop and a separate hair salon.

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

People we spoke with praised the home. People felt safe and well cared for.

There were sufficient numbers of staff employed to ensure people's needs were met.

Recruitment practices were safe, and staff received the training they required for their role.

Risks to people's health, safety and well-being were assessed and care plans were in place to ensure risks were mitigated as much as possible.

Staff were aware of their responsibilities to safeguard people and the home had robust procedures in place.

People received their medicines safely and as prescribed. Medicine management practices were safe.

Staff supported people to access healthcare services when required.

The service was provided in a pleasant and clean environment.

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided.

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 22 January 2019).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding and infection control. A decision was made for us to inspect and examine those risks.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hallaton Manor 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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

This inspection was carried out by one inspector, one specialist advisor who is a nurse and one 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 is a 'care are 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

The inspection was unannounced; however, we spoke to the nominated individual before entering the service. This supported the home and us to manage any potential risks associated with COVID -19.

What we did before 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. This information helps support our

inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three members of care staff, one domestic staff, the care manager and the nominated individual. We reviewed a range of records including six care records, medicine administration records, three staff recruitment files and training records. We also looked at a variety of other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policy and procedures. We spoke with the local authority who were undertaking a quality monitoring visit.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a robust safeguarding policy in place that sets out actions to take in the event of a safeguarding concern.
- Training records confirmed staff had completed safeguarding training and they were able to explain their role in safeguarding vulnerable adults and could tell us what they would do in the event of a safeguarding incident.
- The service was able to provide evidence that safeguarding incidents had been investigated however trend analysis and had not taken place. The manager confirmed during our inspection that audit processes were being reviewed and this would be implemented.

Assessing risk, safety monitoring and management

- Risk assessed and recorded within care plans. These covered a wide range of areas such as managing falls, manual handling and positive behaviour.
- Risk assessments were up to date and available to relevant staff.
- Essential services, such as gas, electricity and fire safety systems had been maintained and checked on a regular basis.

Staffing and recruitment

- Staff were recruited safely. The provider had carried out background checks and Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.
- The home had recently experienced recruitment issues however agency staff were being used to support regular staff. People we spoke to felt the home was safe and had no staffing concerns.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- There were safe arrangements in place to receive, store and dispose of medicines.

Preventing and controlling infection

- As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes. It was evidenced the home were meeting current guidelines relating to COVID 19.
- 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.
- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

Learning lessons when things go wrong

- Accidents, incidents and near misses were reported and investigated by the management team to reduce the risk of reoccurrence and identify learning.

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

- People and staff said the service was well managed.
- The manager promoted a positive culture across the service which was reflected by staff.
- Managers and staff, we spoke with all expressed a genuine interest and passion regarding the care of the people they looked after.

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 manager and provider understood their responsibilities under the duty of candour and was meeting these requirements. All managers and staff were open and honest about the service and challenges they faced and how they were looking to address these.

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

- The manager undertook audits in a key number of areas including medicines, the environment and hygiene. There were systems in place to prompt supervision, training, competency checks and monitoring falls.
- Staff were clear about their role and told us they were supported to do it.
- The manager had made notifications to CQC and the local authority as required to do so.
- Quality assurance processes, such as audits and resident and staff meetings, ensured the registered manager and provider had the information they required to monitor staff performance as well as the safety of care provided. Improvements were identified for the correlation of safeguarding data and the manager has assured us these will be actioned.

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

- The service actively sought feedback and involved people and their families in a meaningful way. People's records showed that reviews were completed which involved people directly or through observation of their choices and preferences.
- Staff told us they received regular and appropriate support from their managers and supervision records

confirmed this.

Continuous learning and improving care

- The manager was supported by a deputy manager and team leaders. Each had recognised responsibilities and there were clear lines of accountability.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed, for example on the day of our inspection an occupational therapist visited a person following a referral the manager made.