

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Hallaton Manor Limited

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Harborough, LE16 8TZ

Tel: 01858555271

Date of Inspection: 29 May 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Hallaton Manor Limited
Registered Manager	Mr Barry James Heery
Overview of the service	Hallaton Manor is a care home without nursing. The provider is registered to accommodate a maximum of 41 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 29 May 2014, talked with people who use the service and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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### What people told us and what we found

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Our inspection team was made up of an inspector and an expert by experience. During our inspection we spoke with 12 people who used the service and with four members of staff.

Below is a summary of what we found. The summary describes what people using the service and the staff told us and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve. Staff knew about risk management plans and told us about how they had followed them. People were not put at unnecessary risk but also had access to choice and remained in control of decisions about their care and lives.

Policies and procedures were in place to make sure that people's medicines were managed in a safe way.

The home had proper policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Relevant staff had been trained to understand when an application should be made, and in how to submit one. This meant that people would be safeguarded as required.

The service was safe, clean and hygienic. The premises and equipment were well maintained and serviced regularly therefore not putting people at unnecessary risk.

Is the service effective?

People's health and care needs were assessed and a care plan was in place for each assessed need. People said they received the care and support they required. One person said "The staff are alright here, it's clean, I feel safe and I'm well fed. What more could I want?"

Staff had received the training they required to meet people's needs and keep them safe.

Is the service caring?

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. People commented, "Oh yes, you can always shout for a worker and they'll come if you need anything. Always helpful, always kind".

People were enabled to maintain relationships with people who were important to them. One person was regularly taken out to visit their family member.

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

People completed a range of activities in and outside the service regularly. The provider had its own adapted minibuss, which helped to keep people involved with their local community.

People knew how to make a complaint if they were unhappy. We saw that the registered manager spent time speaking with people who used the service and their relatives throughout the day during our visit.

People using the service, their relatives, friends and other professionals involved with the service completed an annual satisfaction survey. Where shortfalls or concerns were raised these were addressed.

Staff were responsive to people's cultural and religious needs. People were able to attend their places of worship and were supplied with culturally appropriate food.

Is the service well led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had a quality assurance system, records seen by us showed that identified shortfalls were addressed promptly. As a result the quality of the service was continually improving.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and quality assurance processes were in place.

This helped to ensure that people received a good quality service at all times.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at care and assessment records for four people who used the service. We were told that the care record documentation was being updated. We saw that the new documentation was more user friendly. This meant that staff could more easily access the information they required. Each person had a care plan and risk assessment. There was a plan of care in place for each identified need and a risk assessment for each identified risk. For example, people had their risk of developing pressure ulcers and risk of becoming malnourished assessed. Where risk was identified management plans were in place. Staff took appropriate action such as referring to the person to the dietician and or community nursing team.

We spoke with 12 people who used the service. They told us they received the care and support they required. One person said "The staff here are great, they go at my pace (because I'm not as quick as I used to be)." Another person said "They encourage my independence, they don't patronise me."

We observed staff interacting with people who used the service. We saw that staff were professional and friendly when speaking with people who used the service. Staff we spoke with had a good understanding of people's individual needs.

We looked at staffing numbers and skill mix. The provider may like to note that there was no evidence of any tools being used to decide on the numbers of staff required. Therefore it was difficult to establish if numbers were sufficient. The majority of people we spoke with said that staffing numbers were sufficient during the day and at night. People said that there was always a member of staff available when they needed them. Staff we spoke with told us that at times they were very busy and would like more time to spend interacting with people who used the service.

We looked at the social and recreational activities available to people. We saw that staff

recorded information about people's likes and interests. There was an activities organiser employed. We saw that people had opportunities to go out. There was a minibus to take people out into the local community. Some people were supported to visit friends and relatives. Other people went out shopping or out for lunch. Some people we spoke with felt that the activities organiser was too busy taking individual people out and this meant there was less time for organised activities in the home. We saw there was a four week programme of planned activities on display in the reception area. Two people who used the service were participating in weekly education sessions that were held at the service by a visiting teacher.

The Deprivation of Liberty Safeguards (DoLS) were only used when it was considered to be in the person's best interest. When people who lacked the mental capacity to make a decision had their liberty deprived in order to keep them safe, staff had followed the correct procedures and consulted the DoLS team. At the time of our visit there were two people who used the service subject to a DoLS authorisation. We looked at care records and saw that the care plan for one person clearly set out the limitations of the deprivation and provided staff with clear instructions about how to provide care and support in the least restrictive way. The second care plan was being updated at the time of our visit. The registered manager had self-referred to the local authority quality improvement team (QIT). During our visit we spoke with a member of the QIT team and they were very positive about the improvements being made.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to the obtaining, recording, administration, security and disposal of medicine. We looked at storage areas and medicine administration records. We saw that medicines were stored securely and appropriately.

Controlled medicines were stored separately and records were maintained in a separate register. We saw that two staff were required to administer and sign for controlled medicines. We checked the record and stock level for two controlled medicines and found them to be accurate and correct. The provider may like to note that staff did not routinely check the stock of all controlled medicines against the register. Some medicines were prescribed on an as required basis. Staff should carry out checks routinely to ensure the security of these medicines.

Medication administration records were accurate and up to date. We saw that staff wore a red tabard while administering medicine. The tabard instructed people not to disturb the staff member while they were administering medicine. This promoted safety because it allowed the staff member to concentrate without disturbance.

At the time of our visit the provider was in the process of changing pharmacy supplier. The provider was changing to a monitored dosage system. This meant that medicines were dispensed from pre-loaded blister packs. This made the administration process safer and allowed staff to easily visually check that medicine had been administered and at the right time.

We looked at systems in place for ordering and receiving medicine into the home. Two members of staff checked all medicines received and recorded the amount on the administration record. Medicines no longer required were returned to the pharmacist. Two staff members signed the record for all returned medicine.

At the time of our visit one person who used the service was managing their own medicines. This had been risk assessed and staff checked daily to ensure they had taken the right medicine and at the right time. This helped to maintain people's independence.

We were told that people had their prescribed medicine reviewed at least annually by the prescribing GP. Only staff who had received training were given the responsibility for managing people's medicines. We were told that staff had their competency assessed once they had completed their training. There were no formal records for competency assessments. We spoke with the registered manager who informed us that formal competency assessments would be recorded for each staff member responsible for managing medicines.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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We spoke with people who used the service however their feedback did not relate to this standard.

The provider has taken steps to provide care in an environment that was suitably designed and adequately maintained. We carried out a tour of the premises. We saw that the provider was redecorating many of the bedrooms and one of the lounges. Furniture and carpets were being replaced. People who used the service had access to all communal areas inside and out. There was a shaft lift and stair lift. The garden areas were well maintained and were also accessible.

A full time maintenance person was employed. We looked at records of routine maintenance and safety checks carried out. We saw that call bells were checked monthly to ensure they were in good working order. Appropriate checks were carried out on the fire equipment and fire alarm system.

There were valid certificates in place for safety checks carried out by appropriate engineers. For example, the electrical wiring circuits in the home had been checked. The provider had recently replaced the boiler. A legionella check carried out earlier in the year had resulted in a positive reading for legionella. The maintenance person had carried out all necessary remedial work such as the weekly flushing of all water outlets. Hot water checks were also carried out weekly to ensure that hot water was delivered at a safe temperature.

The premises were adequately secure. The main door was operated with a key code lock that only staff knew the code for.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff received appropriate professional development. We spoke with four members of staff about the training and supervision they received. They told us they had received induction training and mandatory training. Induction training was provided when staff first commenced employment. This ensured that staff were working to recognised standards in the sector.

The provider employed a quality and training manager. We looked at the staff training matrix. We saw that staff had received induction and mandatory training. A number of staff were working towards a nationally recognised qualification in care. Five members of staff had achieved this qualification.

Staff received 'supervision' from their line manager every three months. This meant that staff were given an opportunity to sit down with their manager and discuss any issues or concerns and their training and development needs. Staff meetings were held every six weeks. Staff we spoke with told us their manager was approachable and inclusive.

We spoke with 12 people who used the service. They told us they liked the staff. One person said "They are very adaptable if I change my mind at the last minute." Another person said "The care staff don't hassle me, just the right amount of care and concern. One member of the care team was praised by a number of people who used the service. Comments made included "He is special" "He will do anything for you" "He treats you like family"

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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People who used the service and their representatives were asked for their views about their care and treatment and they were acted on. We saw that the registered manager spent time speaking with people who used the service throughout the day during our visit.

Satisfaction questionnaires were sent to people who used the service and to relatives annually. The results of these were analysed and an action plan put in place. We were told that the latest satisfaction questionnaire had a very low response rate. The provider's quality and training manager told us they were re sending the questionnaires.

We were told there had been no complaints since our last inspection and therefore no records to look at. People we spoke with told us they knew how to make a complaint and felt sure that staff would listen to them.

Records were maintained of all accidents and incidents. These were analysed so that trends could be identified and action plans put in place to reduce further risk. For example, security of the premises had been increased in response to an incident.

There was an on-going programme of audit. We looked at audits and action plans. We saw that appropriate action had been taken where shortfalls were identified. For example, audits had identified shortfalls in staff training. An action plan was put in place to address these shortfalls. This meant the provider was monitoring the quality of the service and taking action to improve.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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