

Key inspection report

Care homes for older people

Name:	Hallaton Manor
Address:	Cranoe Road Hallaton Market Harborough Leicestershire LE16 8TZ

The quality rating for this care home is:	one star adequate service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Kim Cowley	0 7 0 5 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Hallaton Manor
Address:	Cranoe Road Hallaton Market Harborough Leicestershire LE16 8TZ
Telephone number:	01858555271
Fax number:	01858555332
Email address:	elainefarrall@aol.com
Provider web address:	

Name of registered provider(s):	Hallaton Manor Limited
Name of registered manager (if applicable)	
Type of registration:	care home
Number of places registered:	41

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
past or present alcohol dependence	41	0
dementia	0	41
learning disability	6	0
mental disorder, excluding learning disability or dementia	41	0
old age, not falling within any other category	0	41
physical disability	33	0
Additional conditions:		
Nobody falling within the category LD may be admitted to the home when there are 6 persons already accommodated in that category.		
Nobody falling within the category PD may be admitted to the home when there are 33 persons already accommodated in that category.		
The maximum number of people who can be accommodated is: 41.		

The registered persons may provide the following category of service only: Care home only - Code PC to service users of the following gender: Either whose primary care needs on admission are within the following category: Old age, not falling within any other category - Code OP Physical Disability - Code PD : over the age of 40 years Alcohol dependency - Code A:over the age of 40 years Mental disability - Code MD:over the age of 40 years Learning disability - Code LD:over the age of 40 years Dementia - Code DE(E):over the age of 65 years.

Date of last inspection

0	2	1	2	2	0	0	9
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Brief description of the care home

Hallaton Manor is a care home providing personal care and accommodation for up to 41 residents ranging from older people, to those with mental health problems, dementia, past or present alcohol dependency, and learning disabilities.

The home is a large converted country house approximately one mile from the village of Hallaton. Accommodation is on two floors that can be accessed via stairs or a passenger lift. Both single and double bedrooms are available, and all have ensuite facilities. There are a variety of sitting rooms and a dining room. A small smoking room is available for resident use.

The home has extensive gardens and countryside views. There is a small gymnasium in the grounds, and minibus transport for the people who live in the home.

Fees are negotiable depending on care needs. Further information about the home is available from the Manager.

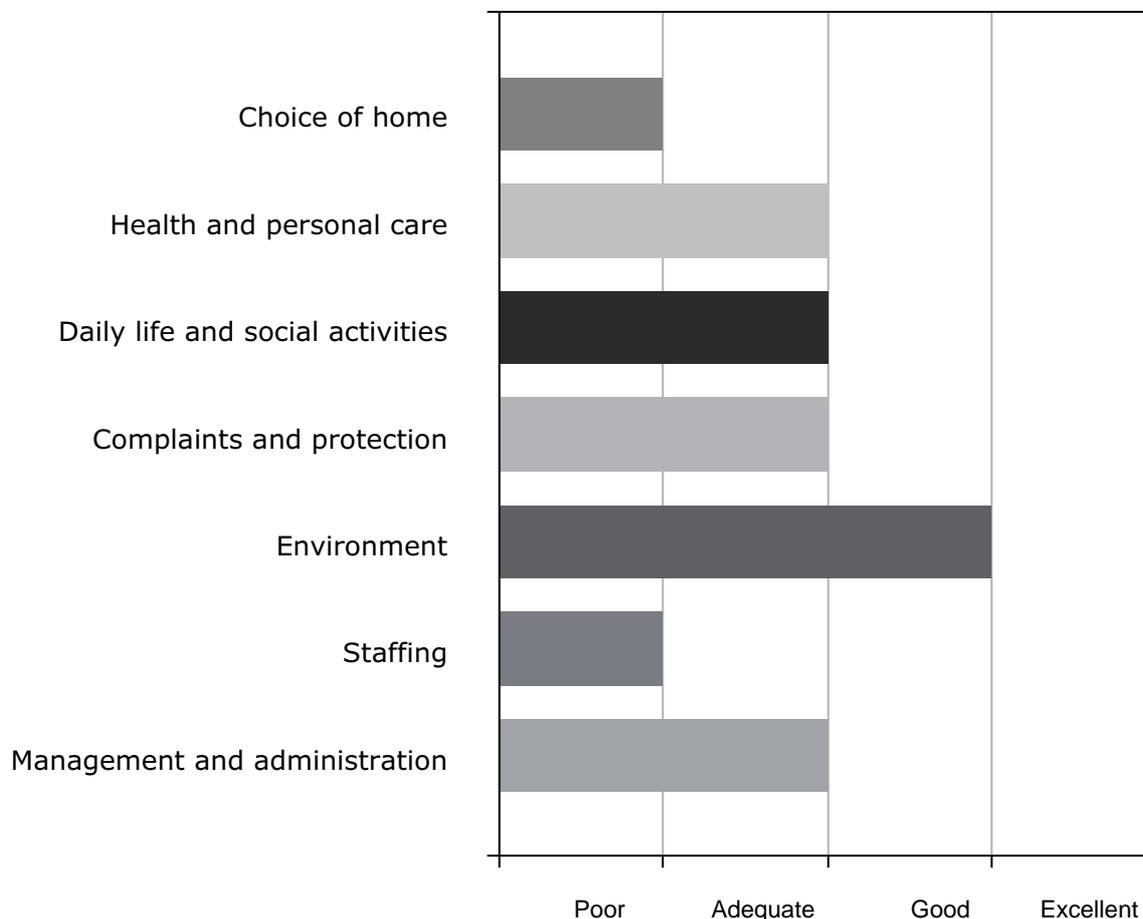
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This was a key inspection that included a visit to the home and inspection planning. Prior to the visit, we (throughout the report the use of 'we' indicates the Care Quality Commission) spent half a day reviewing information relating to the home.

During the course of the inspection, which lasted seven hours, we checked the 'key' standards as identified in the National Minimum Standards. This was achieved through a method called case tracking. Case tracking means we looked at the care provided to three residents living at the home by meeting them; talking with the staff who support their care; checking records relating to their health and welfare; and viewing their personal accommodation as well as communal living areas.

Other issues relating to the running of the home, including health and safety and management issues, were examined. We also talked to two other residents, the Operations Manager, Deputy Manager, Administrator, Handyman, and three care

assistants.

What the care home does well:

The home, a large converted country house, was clean, tidy, and fresh. There are a variety of sitting rooms and a dining room so residents have a choice as to where they socialise. We looked at four bedrooms and all were personalised and unique to their occupants. The home is set in extensive gardens which were well-maintained.

Records showed that some residents were leading full and active lives at the home. For example one resident's activities during the week of inspection included a trip to the polling station to vote, an accompanied walk to the village, shopping trips in the mini bus to both Leicester and Market Harborough, making hanging baskets, and a self-service breakfast. Programmes like this will help the people who live at Hallaton Manor to increase their independence.

A meal was served during the inspection in the home's spacious dining room. Residents had a choice of menu items and the food appeared wholesome and well presented. Main meals are organised in three sittings so staff can help those who need assistance when eating. One resident told us, 'I like all the food here.'

What has improved since the last inspection?

A full-time activities coordinator has been recruited. He runs a varied programme of activities consisting of both life skills and leisure pursuits. New initiatives include a self-service breakfast, regular trips out in the home's mini bus, gardening, and badminton.

What they could do better:

The home's Statement of Purpose is out of date. The assessment process is unacceptable.

Care plans and risk assessments are in need of improvement.

Not all residents' social and cultural needs are being met.

The home's complaints procedure is still in the process of being updated.

Staff recruitment procedures and training are in need of improvement.

Improvements are needed to the way the home is run.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home's Statement of Purpose is out of date. The assessment process is unacceptable.

Evidence:

The home does not have an up-to-date and comprehensive Statement of Purpose. This was the case at two previous key inspections (in June 2008 and July 2009). Some improvement was noted at the last 'random' inspection (in December 2009), but the Statement of Purpose was still not complete at that time. The Statement of Purpose is an important document which tells people coming to the home what they can expect from the service. It must be updated and made available to potential residents and their representatives on request.

The home's assessment process is also unacceptable. We looked at the file of a person who had recently been admitted to the home. Although it contained a brief assessment by the placing authority, there no evidence of this person being assessed

Evidence:

by staff at Hallaton Manor.

Assessments were also an issue at the last key inspection (June 2008) when a Requirement was made to improve their quality. At the last 'random' inspection (December 2009) we noted that progress had been made. However this has not been sustained. The home must not admit residents in future unless they have been appropriately assessed.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Care plans and staff attitudes are in need of improvement. Residents' health care needs are met.

Evidence:

Care plans are in need of substantial improvement. Those we viewed were basic and did not make it clear how staff should meet residents' needs. For example, one stated, 'carers should encourage X to follow an established routine for his personal hygiene needs and meals'. But it did not say what that routine was. Another read 'carers should encourage X to receive the level of care he requires even if he feels that is not necessary'. It was unclear what this meant, and how staff should provide care for this resident. And one resident was seen in the lounge bent over in his chair and uncommunicative. Staff told us he was 'often like that', but there was no mention of this in his care plan.

We also found that a number of care plans were neither signed nor dated so it was unclear who had written them and when. Others gave clear instructions to staff which had not been followed, for example one said a resident should be weighed on a

Evidence:

monthly basis, but there was no record on file that this had been done.

Risk assessments were also basic, or non-existent. For example, one resident who had a history of challenging behaviour, had no risk assessments in place for this. Although staff had documented incidents he had been involved in, they had not followed this up with appropriate risk assessments.

Another resident told us he had been involved in altercations with another person who lived in the home, but there were no risk assessment for this, despite staff being aware there was an ongoing problem between these two residents.

However it was recognised that some care plans/risk assessments had been reviewed and updated by the Operations Manager and were of a good standard. All other care plans/risk assessments must now be improved in this way.

Records showed that residents' health needs were identified and met. A visiting health care professional told us that care in the home appeared good, and that nursing staff were called to the home where necessary.

At the time of the inspection arrangements for medication storage and administration were under investigation by social service and other agencies following a concern being raised. For this reason we did not inspect these arrangements. However the Operations Manager told us that she was in the process of putting new systems in place to help ensure that medication was properly managed by the home.

Standard 10 - please see 'Staffing'.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Not all residents' social and cultural needs are being met.

Evidence:

Since the last inspection the home has employed a full-time activities coordinator who runs a varied programme of activities for the people who live there. These consist of both life skills and leisure pursuits. New initiatives include a self-service breakfast facilitated by the activities organiser, regular trips out in the home's mini bus, gardening, and badminton.

Records showed that some residents were leading full and active lives at the home. For example one resident's activities during the week of inspection included a trip to the polling station to vote, an accompanied walk to the village, shopping trips in the mini bus to both Leicester and Market Harborough, making hanging baskets, and a self-service breakfast. Programmes like this will help the people who live at Hallaton Manor to increase their independence.

However another resident's activity programme was less successful. We visited a frail resident in their room and found they were listening to pop music. The resident, who was unable to give their views, had a tense expression on their face. We queried

Evidence:

whether the music being played was suitable, and a staff member changed the channel to one playing classical music. This had a dramatic effect on the resident who immediately appeared to relax, close their eyes, and smile.

We looked at this resident's file and found that they 'enjoyed classical music very much' and used to play an instrument themselves. However there was no activity plan in place for them. We discussed this with the home's Operations Manager. She said she would ensure that in future staff put on the music the resident wanted, rather than what they wanted. However a week later social services contacted CQC to say they had visited this resident and found that yet again pop music was being played in their room. This issue must be addressed to ensure this resident's preferences are respected.

Two visitors said they were always made welcome at the home and could visit any any time.

A meal was served during the inspection in the home's spacious dining room. Residents had a choice of menu items and the food appeared wholesome and well presented. Main meals are organised in three sittings so staff can help those who need assistance when eating. One resident told us, 'I like all the food here.'

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home's complaints procedure is still in the process of being updated. All staff must be trained in safeguarding.

Evidence:

All the relatives and residents we spoke to said they knew what to do if they had a complaint about the service. A resident told us, 'I'd tell Elaine (the Provider), or if she wasn't around I'd tell a member of staff.' A relative commented, 'We have spoken to Elaine about things in the past and she's always been willing to listen.'

The home's complaints procedure was not available at the inspection as it was in the process of being updated, along with the Statement of Purpose and Service Users Guide.

CQC have received one complaint about the service since the last inspection. This is currently being investigated by Social Services.

Most staff have had safeguarding (protecting vulnerable adults from abuse) training in the last year. However records showed that one member of staff, who had recently started working for the home, had had no training in safeguarding. All staff who work at the home, including those working under supervision, must have a knowledge of safeguarding, and this must be evidenced in the home's records.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents live in an environment that is safe, comfortable, and well maintained.

Evidence:

The home is a large converted country house approximately one mile from the village of Hallaton. Accommodation is on two floors that can be accessed via stairs or a passenger lift. There are a variety of sitting rooms and a dining room so residents have a choice as to where they socialise. A small smoking room is available for residents who wish to use it.

The building is of historical interest, being built in Hallaton 400 years ago, and then moved, stone by stone, to its present site. It is set in three acres of gardens and has panoramic views of the surrounding countryside. The home's office is situated in the grounds, along with a small gym for residents' use.

Both single and double bedrooms are available, and all have ensuite facilities. We looked at four and all were personalised and unique to their occupants.

All areas inspected were clean, tidy, and fresh.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **poor** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff recruitment procedures and training are in need of improvement.

Evidence:

Staff competence and attitudes were mixed. Some staff appeared professional and knowledgeable about the residents they cared for, others lacked training and seemed unsure of their roles in the home.

On arrival at the home the front door was opened by a member of staff, who then turned her back and walked away, without asking us who we were or what we wanted. We were left in the reception area for 30 minutes (where we chatted to residents about the home) before a passing member of staff discovered us. This raises concern not only about staff attitudes, but also about security in the home. The Operations Manager spoke to staff about the incident during the inspection and when we re-entered the home at a later in the day (having been in the office in the grounds) we were properly greeted and our identity established before being let into the home.

Staff files were still in need of review and improvement. We sampled two, one for a member of staff who had recently been appointed, and one for a member of staff who had worked at the home for over a year. The recent recruit had no CRB and no references on file. The Operations Manager said they only worked under supervision, and their CRB and references had been applied for in writing. The other member of

Evidence:

staff had no CRB on file and no refernces. The Operations Manager said they did have a CRB, but kept forgetting to bring it in, and that there references had been applied for retrospectively. This standard of recruitment is not acceptable. All staff must have the correct documentation in place before starting work in the home.

We witnessed two members of staff moving a resident from a wheelchair to an easy chair. The resident was unable to hold the grab handle on the hoist, so it was left swinging, at one point nearly hitting the resident in the face. In addition the staff members carried out the procedure in complete silence, making no attempt to communicate with the resident. The Operations Manager, who also witnessed this incident, immediately spoke to the members of staff in question and explained to them what they did wrong.

We looked at the training records for these two staff members. One had had moving and handling training in 2009, the other had no training in this area. We discussed this with the Operations Manager, and it was agreed that moving and handling training would be provided for all staff who needed it.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Improvements are needed to the way the home is run.

Evidence:

On the day of inspection the home still did not have a Registered Manager, although efforts were being made to recruit a suitable person for this post. In the meantime the home was being run by the newly-appointed Operations Manager in conjunction with the Deputy Manager. (Following the inspection CQC were informed that a new Manager had been recruited and already started work in the home.)

The home's AQAA (Annual Quality Assurance Audit) had still not been submitted to CQC. This was initially requested on 2 Feb 2010, and then again on 19 March 2010. At the inspection the Operations Manager apologised for the late submission of this document, and explained this had been due to circumstances beyond the Provider's control. It was agreed that the AQAA would be submitted to CQC by the end of June 2010.

Evidence:

Comment cards were available in reception so residents and visitors could make their views about the home known to the Provider. Residents meetings were not being held but staff said they would be reinstated once a new Manager was in post.

Records showed that the Provider had taken the necessary steps to promote and protect the health, safety, and welfare of residents and staff. A full-time handyman is employed to oversee this area. We were unable to view the home's Fire Risk Assessment as it was not on the premises at the time of this inspection. The Fire Risk Assessment must be kept in the building at all times.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	1	6	The home's Statement of Purpose must be updated. To ensure that potential residents have the information they need about the home.	07/07/2010
2	3	14	Residents must be assessed prior to admission. To ensure the home will be able to meet their needs.	07/07/2010
3	7	15	Care plans/risk assessments must be updated and improved. To ensure staff have the information they need to meet residents' needs.	07/07/2010
4	12	16	Suitable activities must be provided for all residents. To help ensure they lead fulfilling lives.	07/07/2010
5	16	22	The home's complaints procedure must be updated.	07/07/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			To ensure residents and their representatives know how to complain.	
6	18	13	All staff must be trained in safeguarding. To ensure they know what to do if they become concerned about a resident's well being.	07/07/2010
7	28	18	Staff must be suitably trained and competent to do their jobs. To help ensure residents are kept safe and have their needs met.	07/07/2010
8	29	19	Appropriate documentation must be in place before staff start work in the home. To help ensure residents are safeguarded.	07/07/2010
9	32	24A	The home must produce an action plan. To demonstrate that the home is meeting its responsibilities as a registered care service.	07/07/2010
10	32	24	The home must submit its AQAA (Annual Quality Assurance Audit) to CQC.	07/07/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			To demonstrate that the home is meeting its responsibilities as a registered care service.	
11	38	23	The home's fire risk assessment must be kept in the building at all time. To comply with fire regulations.	07/07/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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