

Review of compliance

Hallaton Manor Limited Hallaton Manor Limited	
Region:	East Midlands
Location address:	Hallaton Manor Cranoë Road, Hallaton Market Harborough Leicestershire LE16 8TZ
Type of service:	Care home service without nursing
Date of Publication:	July 2012
Overview of the service:	Hallaton Manor is a care home without nursing. The provider is registered to provide the regulated activity accommodation for persons who require nursing or personal care for a maximum of 41 people.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Hallaton Manor Limited was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 10 July 2012.

What people told us

People who used the service told us they liked the staff who cared for them. 'People said 'they always treat us in a respectful and kind way' People told us they were given choice and had their wishes and feelings taken into account.

What we found about the standards we reviewed and how well Hallaton Manor Limited was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this regulation. People's privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this regulation. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider was compliant with this regulation.

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

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was compliant with this regulation. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was compliant with this regulation. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was compliant with this regulation. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with four people who used the service. People said that staff respected their privacy and dignity. Where possible, people who used the service were involved in making decisions about their care, treatment and support. One person told us 'staff are lovely, they go that extra mile and are always there for you'.

Other evidence

People who use the service understood the care and treatment choices available to them.

People were encouraged to visit and spend time at the home before moving in. Written information about the service provided was available. This document 'The service user's guide' informed people who used the service about Hallaton Manor, about the staff and about the fees and charges for services provided.

Residents meetings were held so that people who used the service could have their views and experiences taken into account in the way the service was provided delivered.

Independent advocates were involved in decision making regarding people's care, treatment and support where this was necessary. Where possible, people who used the service were involved in the assessing, planning and delivery of their care.

People's diversity, values and human rights were respected. For example if a person who used the service only wanted to receive care and support from a female or male staff member, then this was respected.

Our judgement

The provider was meeting this regulation. People's privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with four people who used the service. People felt they received the care and support they required. Two people told us they were sometimes bored. However, the provider was able to show us evidence of a wide range of activities on offer and opportunities to go out on shopping trips or for coffee.

One person told us 'I am able to do a variety of art and craft activities, sometimes I do a bit of ironing or laundry'.

Other evidence

Care and treatment was planned and delivered in a way that ensured people's safety and welfare

We looked at care records for four people who used the service. Where possible, staff had collected information about people's life histories. This helps staff to get to know the people that use services and is particularly important when people have disabilities that affect verbal communication.

Care plans were person focused and included people's preferences and spiritual and cultural needs. Risk assessments were also in place. People rights and safety were effectively balanced against the associated risk. One person preferred to be on the move for most of the time but did not have the mental capacity to make some decisions. Staff ensured that this person could move around safely and in the least restrictive way. Staff had also considered and taken professional advice about this

persons increased nutritional needs.

Staff knew about the Mental Capacity Act 2005 and associated deprivation of liberty safeguards. People who used the service would only have their liberty restricted following a best interest assessment.

There was an activities organiser employed at the home. We saw social activity care plans for some people. The activities organiser was in the process of developing these care plans. Care plans seen included people's preferences for social activity and their long and short term goals.

People had access to all appropriate health care services and these were accessed as required. Staff were provided with information about triggers or signs of deterioration in peoples mental health where this was appropriate. Staff knew what actions to take to keep people safe in response to deterioration in a person's mental health.

Our judgement

The provider was meeting this regulation. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People told us they felt safe living at Hallaton Manor. One person told us they would talk to staff if they had any concerns and felt sure they would listen and take appropriate action.

Other evidence

The provider responded appropriately to any allegation of abuse.

We spoke with three staff members about safeguarding people who use services from abuse. Staff knew what action to take in response to suspected abuse. They knew when to report any concerns and who to report to.

Staff had received training in safeguarding people from abuse.

Staff knew about the Mental Capacity Act 2005 and associated deprivation of liberty safeguards. People who used the service would only have their liberty restricted following a best interest assessment.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We spoke to two people who use the service about the support with medicines they received from the staff. One person said "They bring it to me whenever it's due. It's straight forward. They never miss it and I get it pronto".

Another person said "I get it regularly. I don't need to ask for it". Another person's relative said "Mum seems happy with the care staff administering medicines. I have seen the lunch time medication and it seems fine to me".

Other evidence

We looked at the storage of medicines and a selection of people's medication records and care plans.

The previous inspection in March 2012 revealed concerns that people accommodated for personal care were not protected against the risks associated with the unsafe use and management of medicines.

During this inspection we observed one staff member giving medicines to people. This was done correctly in a kindly and friendly manner. We saw that medicines were safely administered. We saw they consistently counted the stock balance of medicines and signed the medicine chart afterwards. However, we saw staff needed to improve their techniques when administering inhalers with a spacer.

We observed that the folder with medicine charts had photographs to identify people in the home. When we looked at a sample of medicine charts we found people allergic to a class of antibiotics, or other information was clearly written on the medicine charts to alert all staff. This meant medicines were handled and given to people appropriately.

We found that not all medicine information leaflets were filed away with the medicine chart or a folder for staff to refer to. Staff were sometimes unable to tell us what a particular medicine which they had administered to a person was used for.

Some people were prescribed medicines to be taken only 'when required'. People were asked if they wanted their "when required" medicines and administration was correctly recorded on medicine charts. Staff could describe how they administered these medicines to people and to those who could not communicate. Although details were found in peoples care plans, the provider may like to note that there were no individual protocols with the medication administration records to ensure that these medicines are used consistently.

We saw one person in the service had medicines given covertly and documentation was available ensuring agreement was in place with a multidisciplinary team and the person's best interests were protected.

Daily recordings were made of the fridge temperatures which were within the correct range. However, the provider may find it useful to note that recordings of the room temperature were not made, to ensure room temperatures were stable to store medicines appropriately.

We saw a detailed audit system was in place to check that people had been given their medicines, and staff had signed the medicine charts.

Following a compliance action made at the previous inspection, staff had responded appropriately and had commenced entering a daily stock balance of medicines after administration. However, not all the staff administering medicines were doing this.

We saw that staff audited the quantity of all medicines in stock administered to people in the service. However nutritional supplements were not included in these audits.

Although the medicines were kept securely, the provider may find it useful to note that we observed that staff found difficulty in storing all people's medicines in the drug trolley and cupboards available. The storage system was not sufficient to store appropriately all people's medicines and controlled drugs which may potentially be received into the home.

We were shown random audit documents and informed of competency assessments undertaken by staff administering medicines. We were informed that the manager will continue to do these audits, and fully document their competency to ensure medicines were safely administered.

Our judgement

The provider was compliant with this regulation.

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

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

We spoke with four people who used the service. People told us there were enough staff on duty to meet their needs. One person said, 'they are not short of staff, there is always somebody there if you want to talk'. Another person said 'you don't have to wait for long when you need staff to help you'.

Other evidence

Staff spoken with said the staff team worked well together. Some staff said they needed more staff on duty in order to provide more activities for people who used the service.

We looked at staff rosters to see how many staff were on duty on each shift. There were only two members of staff on duty at night, yet there were nine people who used the service with high dependency needs for moving and transferring. Staff told us that there was flexibility in the staff team and that extra staff could be called in at short notice.

We were satisfied that the provider would and could respond to changing circumstances in the service such as staff sickness or an increase in dependency. We were also satisfied that staffing numbers were sufficient to allow people who used the service to exercise autonomy and choice over their day to day lives i.e. what time they went to bed or got up in the morning.

There was no formal risk assessment and needs analyses done in order to calculate staffing numbers. The acting manager told us that a weekly meeting was held to

discuss staffing numbers. The management team were working towards improvements in the deployment of staff. This was to ensure that staff were working in an efficient and effective way and to check that staffing numbers were sufficient.

Our judgement

The provider was compliant with this regulation. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We spoke with four people who used the service. People said that staff were trained and knew how to do their jobs. One person said 'staff are trained and competent'.

Other evidence

We spoke with staff about the training and support they received. All staff had received induction training when they first started working at Hallaton Manor. Staff confirmed that they had either received or were due to receive supervision from their manager.

Supervision enables staff to discuss their performance and any training and development needs with their manager.

Staff also said they could approach the acting manager with any concerns and ideas they may have and that she would listen and take appropriate action.

We spoke with the training manager and looked at records of staff training and supervision. There was an ongoing training programme in place. The training manager confirmed to us that all staff will have received the training they require by the end of July 2012.

Our judgement

The provider was compliant with this regulation. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We spoke with four people who used the service. People told us they had attended residents meetings in the past. People said they were not formally asked for feedback about the service they received but could speak to the staff if they had any concerns.

Other evidence

We spoke with the training and quality manager about assessing and monitoring the quality of the service. We were shown the results and action plan for the most recent resident survey. Where dissatisfaction had been noted, a corresponding action plan was in place along with the deadline for action and person responsible for carrying out the action.

An ongoing programme of audit was in place. We saw examples of these and they included an audit of care plans, staff training and health and safety.

We spoke with the training and quality manager about accidents and incident. We were told that this information would be used to trend and analyse incidents and accidents.

We saw evidence that where people had an accident such as a fall. Action was taken to minimise future risk. This included consulting with other healthcare professionals.

Our judgement

The provider was compliant with this regulation. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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